Public Council of Governors Meeting

Schedule	Thursday 25 January 2024, 14:00 — 16:00 GMT
Venue	Large Training Room, Learning Centre, Calderdale Royal Hospital
Organiser	Amber Fox

Agenda

14:00	1. Welcome and Introductions: Renee Comerford Gemma Berriman Cath Briggs To Note - Presented by Helen Hirst	1
14:01	2. Apologies for absence: Jo Kitchen Peter Wilkinson Brendan Brown (Anna Basford attending) Nigel Broadbent Pam Robinson Andy Nelson Dr Sara Eastburn Julie Williams Tim Busby Diane Cothey Abdirahman Duaale To Note - Presented by Helen Hirst	2
14:02	3. Declaration of Interests To Receive	3
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1. Welcome and Introductions:

Renee Comerford

Gemma Berriman

Cath Briggs

To Note

Presented by Helen Hirst

2. Apologies for absence:

Jo Kitchen

Peter Wilkinson

Brendan Brown (Anna Basford attending)

Nigel Broadbent

Pam Robinson

Andy Nelson

Dr Sara Eastburn

Julie Williams

Tim Busby

Diane Cothey

Abdirahman Duaale

To Note

Presented by Helen Hirst

3. Declaration of Interests

To Receive

4. Minutes of the last meeting held on 19 October 2023

To Approve

Presented by Helen Hirst

DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 2:00 PM ON THURSDAY 19 OCTOBER 2023 IN ROOMS 2 & 3, ACRE MILLS OUTPATIENTS & MICROSOFT TEAMS (HYBRID)

PRESENT:

Helen Hirst	Chair

PUBLIC ELECTED GOVERNORS

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

STAFF GOVERNORS

Emma Karim	Staff Elected – Nurses/Midwives
Jo Kitchen	Staff Elected – Ancillary

APPOINTED GOVERNORS

Julie Williams	South West Yorkshire NHS Foundation Trust
Cllr Joshua Fenton-Glynn	Calderdale Metropolitan Council

IN ATTENDANCE:

Andrea McCourt	Company Secretary
Victoria Pickles	Director of Corporate Affairs
Gary Boothby	Director of Finance
Karen Heaton (KH)	Deputy Chair and Non-Executive Director
Rob Aitchison	Deputy Chief Executive
Nigel Broadbent (NB)	Non-Executive Director
Andy Nelson (AN)	Non-Executive Director
Liz Morley	Associate Director of Nursing (item 68/23)
Michael Folan	Director of Operations, Community (item 68/23)
Vanessa Henderson	Membership and Engagement Manager
Lindsay Rudge	Chief Nurse

OBSERVERS

Arley Byrne	Senior Clinical Educator for AHPs / Shadow Board
Robin Cooper	Membership and Engagement Assistant

63/23 WELCOME AND INTRODUCTIONS

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

64/23 APOLOGIES FOR ABSENCE

Liam Stout, Staff Elected Governor
Cllr Jo Lawson, Kirklees Metropolitan Council
Kate Wileman, Public Elected Governor
Tim Busby, Non-Executive Director

Denise Sterling, Non-Executive Director
Pam Robinson, Public Elected Governor
Peter Wilkinson, Non-Executive Director
Dr Sara Eastburn, University of Huddersfield
Brendan Brown, Chief Executive
Jonathan Drury, Staff Elected Governor
Abdirahman Duaale, Calderdale and Huddersfield Solutions Ltd.
John Richardson, Public Elected Governor

65/23 DECLARATIONS OF INTEREST

Cllr Josh Fenton-Glynn declared an interest in any item relating to physicians associates as he works for the General Medical Council (GMC).

66/23 MINUTES OF THE LAST MEETING HELD ON 20 JULY 2023 & THE ANNUAL MEMBERS MEETING HELD ON 25 JULY 2023

Gina Choy highlighted a correction on page 4 of the minutes held on 20 July 2023 (Workforce Committee Highlight Report), she also referred to the impact difficult parking has on staff and patients. KH agreed these comments were made.

OUTCOME: The minutes of the previous meeting held on 25 July 2023 were **APPROVED** subject to the amendment above and the minutes of the Annual Members Meeting held on 25 July 2023 were **APPROVED** as a correct record.

67/23 ACTION LOG AND MATTERS ARISING

It was noted that all actions on the action log had been completed or were included on the agenda. The Company Secretary stated following a meeting with NHS Providers a slide has been included in the pack of papers on governor duties in relation to system working and reminded governors there is a partnership working training session scheduled on Wednesday 15 November 2023.

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

68/23 Update on 2023/24 Quality Account Priorities quarter 2

The Chief Nurse provided an update on the quality priorities below chosen by governors and presented slides showing August 2023 data. Colleagues were reminded that the three quality priorities are:

- Alternative to hospital admission
- % of episodes scoring NEWS of 5 or more going on to score higher
- % of adult patients that receive a MUST assessment within 24 hours of admission/transfer to the ward

The focus of the discussion was 'Alternatives to hospital admission in the frailty service' and Michael Folan and Liz Morley provided an update. They explained the service enables patients to receive the care and treatment they need in their own home, safely and conveniently rather than being in hospital, and reduce length of stay with early intervention.

- The key points noted were staffing across Locala has impacted the number of patients who can safely be cared for at home, so this has been reviewed weekly, virtual ward is offered where a patient still has some acute medical needs and requires acute oversight and the Trust work closely with the community to develop the wrap around care

- Having the right health and social care teams is critical for this to function and requires a multi-disciplinary team (MDT) approach
- We aim to adopt the same principles across Calderdale and Kirklees
- the importance of patient experience, with ways of gathering patient feedback described

In response to a question from Robert Markless on the extent to which care is integrated for patients with health and social needs provided by different organisations under financial pressure (Locala and the Council), Michael Folan responded there has been a significant improvement in integrated working though there is still work to do on a single referral, assessment and access point. Robert asked if the patient sees this as a single point of service, Michael responded that social care at Calderdale is the same team; however, there are two separate teams providing care at Kirklees.

Peter Bamber asked if there are any established metrics on integration of services to compare local and national performance. Michael responded the difference between pathways is length of stay and acute beds. He added there is work to do on the most effective integrated model and Calderdale and Kirklees are committed to full integration, which is a work in progress. The Chief Nurse added it is a change in culture to make sure clinicians understand this service and refer into it and there has been a great response in a short space of time.

Emma Karim shared an example where she discharged two patients to a virtual ward and they were sent home four days earlier.

AN explained the ambition for a shared patient record visible across systems i.e. social care record and Michael Folan confirmed there is work ongoing re visibility of shared records from acute to community systems, which is part of the work of the Yorkshire Care Record.

Lorraine Wolfenden asked if patients and families can be part of the improvements and provide feedback on the virtual ward and Liz Morley confirmed this is exactly what the Trust are looking for, that patients and families can shape what they would like to see going forward as a voice in this service.

The Chief Nurse added the Patient Experience Strategy has been re-drafted and includes experience, involvement and inclusion and she offered to share this. Lorraine offered her support on the patient experience element. Liz Morley also explained a Patients Charter for community has been developed with the help of Gina Choy and she offered to share this with Lorraine.

In terms of the quality account priority in relation to the deteriorating patient, the Chief Nurse advised that the target was 30%, with an August position of 34.5% of episodes scoring a NEWS of 5 or more going on to score higher. She advised that there has been a range between 27-37% and work was ongoing to ensure that the position is consistently 30% or less.

The Chief Nurse advised that there had been a positive improvement in the Malnutrition universal screening tool (MUST) score, which is an assessment of nutrition and hydration for every patient, and noted this has been a significant piece of work. Tony Wilkinson asked the Chief Nurse is there are targets for MUST training for staff. The Chief Nurse responded there are targets and the Trust is below where it should be; therefore, a data cleanse is taking place to ensure the Employee Staff Record (ESR) has the correct people in this cohort to ensure the correct staff receive the training. AN highlighted the dramatic improvement on the MUST tool

which had a STOP moment until this was completed. The Chief Nurse confirmed the Trust have now embedded this into the well organised ward programme which looks at interventions, leadership and MDT approaches in ward rounds. All assessments are undertaken before patients are moved and is about 'getting it right first time'.

The Chief Nurse stated dementia screening is starting to improve and the aim is to be on track by the end of the calendar year, which will be a positive piece of work.

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

Christine Mills and Jo Kitchen left the meeting. The meeting was no longer quorate.

69/23 CHAIR'S REPORT

1. Update from the Chair

The Chair's report for July and September 2023 Board of Directors was shared with governors for information.

2. Update from the Governor Workshop held on 21 September 2023 and Governor Allocation to Committees/Groups

Following the Governor Workshop on 21 September 2023, the allocation of governors to different Committee and groups was discussed and final allocations have been included in the papers.

The Chair stated following a discussion regarding a Governor advocate for Equality and Diversity, Gina Choy had offered to take this role.

The Chair explained the Trust would like to continue the Divisional Reference Groups (DRGs) provided attendance from governors improves. There was discussion that the governors find these meetings helpful to understand more about the work of the Divisions; however, recognised these meetings are not required as part of the governor role. Peter Bamber offered to take the Chair of the Estates and Facilities DRG.

The Chair highlighted a public elected governor has recently resigned, which creates a vacant seat for North Kirklees and on governor Committee and Group allocations. The Trust is looking for a governor to join the Charitable Funds Committee as a formal member, preferably a public elected governor. Brian Moore asked if there were any volunteers and offered to take on this Committee if needed. The Director of Finance explained this Committee meets four times a year and focuses on how to spend charitable funds money.

Julie Williams offered to be the new deputy governor for the Organ Donation Committee which meets twice a year.

OUTCOME: The Council of Governors **NOTED** the update from the Chair and governor allocations to Committees and Groups and **NOTED** the discussion regarding governor attendance at Divisional Reference Groups (DRGs).

GOVERNANCE

70/23 1. Update from Governors

Cllr Josh Fenton-Glynn from Calderdale Metropolitan Council explained he has been receiving emails regarding car parking charges at the Trust and had had feedback that some staff have to arrive much earlier than their shift start time to be able to park. The Director of Finance

responded the Trust has undertaken benchmarking of car parking charges and we are one of the lowest and he had previously suggested increasing the charges though this was rejected. He explained the focus is on longer term solution with work at the Calderdale Royal Hospital site planned to build a multi-storey car park. Emma Karim highlighted carers get free parking once they have been issued with a lanyard. She also explained palliative patients also do not have to pay and receive parking passes.

Brian Moore explained the governor visit to new Emergency Department at HRI went very well and governors were very impressed and look forward to the opening of the new Emergency Department.

Julie Williams shared she enjoyed the engagement event which took place a few weeks ago.

Lorraine Wolfenden commented she has recently attended an Observe and Act session and plans to attend a Youth Forum in Elland next week with the Membership and Engagement Manager.

Tony Wilkinson shared he recently visited Calderdale Royal Hospital to look at the general cleanliness and he was most impressed with a very clean hospital. Brian explained these are PLACE assessments and both hospitals are inspected by some staff, governors and members of the Trust every year and next year will be looking for volunteers.

Gina Choy highlighted she has been making links with her local community groups in Todmorden and Hebden Bridge where she can make a difference and encouraged governors for the Halifax area to contact local council clerks.

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

2. Amendment to Standing Orders of the Council of Governors

The Company Secretary proposed a quoracy amendment to the Standing Orders of the Council of Governors which currently states for the meeting to be quorate and make any constitutional changes it requires ten Council of Governors to be present in person or by proxy (six public governors, two staff governors and two appointment governors). A change is proposed as the Trust felt 10 out of 25 governors was quite a high number for quoracy. Following a discussion, the following options were proposed:

1. Remain with quoracy of **ten** governors comprising of six public governors, two staff governors and two appointed governors
2. Reduce the quoracy to allow <u>any mix</u> of **ten** governors to provide greater flexibility
3. Reduce the quoracy to **seven**, comprising of five public governors, one staff governor and one appointed governor
4. Remain with a quoracy of **ten** governors comprising of eight public governors, one staff and one appointed

There was discussion that arrangements should be made to share views (proxy votes) before a meeting if a governor was unable to attend.

Brian Moore suggested it would not be unreasonable to state eight public governors should attend which would be half of the total sixteen public elected governors.

Tony Wilkinson was in favour of a smaller number if it was easier to manage and supported the option to reduce to seven.

Cllr Josh stated it is an important role of a governor and the Trust should expect attendance and should manage lack of attendance.

It was noted the meeting was no longer quorate as one of the staff governors had left and therefore a decision could not be made. Robert Markless suggested the governors present propose a recommendation for sign-off by governors after the meeting.

The following votes were cast:

1. 0 votes to remain with the current quoracy of ten (six public, two staff and two appointed)
2. 0 votes to reduce the quoracy to allow any mix of ten governors
3. 9 votes (including Christine Mills) in favour of reducing the quoracy to seven governors comprising of five public, one staff and one appointed
4. 2 votes in favour of keeping a quoracy of **ten** comprising of **eight** public, one staff and one stakeholder

OUTCOME: The Council of Governors **PROPOSED** a recommendation to change the quoracy to seven governors in the Standing Orders of the Council of Governors subject to ratification by governors.

POST MEETING NOTE

To progress the proposal to write to governors to propose a reduction to quoracy, the Company Secretary reviewed the Standing Orders of the Council of Governors which form part of the Constitution. She confirmed to the Chair and the Director of Corporate Affairs that a variation to Standing Orders could not take place as planned due to the stipulation of two thirds of governors needing to be present to vary Standing Orders and also proxy voting not being permitted (Section 11.5). It was agreed that an amendment to the Standing Orders allowing for written resolutions be added to the Standing Orders and that this be presented to the governors at their meeting on 25 January 2024. The proposed reduction to quoracy would also be presented at the meeting on 25 January 2024 for a decision.

3. Verbal Outcome of the Non-Executive Directors Appraisals

This agenda item was taken at the end of the meeting.

4. Fit and Proper Persons Test – Verbal Update

The Company Secretary explained there has always been a fit and proper persons test requirement for Directors in Trusts and NHS England has enhanced these requirements in August 2023. As this will also affect Non-Executive Directors, confirmation of the enhancements will be brought to a Nominations and Remuneration Committee of the Council of Governors. Information regrading this has already been shared at the public Board of Directors in March; however, there is now a requirement to share with governors.

OUTCOME: The Council of Governors **NOTED** the update regarding Fit and Proper Persons Test that will be brought to a future Nominations and Remuneration Committee (COG).

PERFORMANCE AND STRATEGY

71/23 Feedback from Finance and Performance Committee

AN provided an update from the Finance and Performance Committee and highlighted the continued strong performance in Cancer with CHFT being the only Trust in the country hitting the key cancer targets. Recovery performance remained strong with the aim to reduce down to 40 week waits; however, the impact of strikes is affecting the Trust. Overall, the Trust are in a good place with elective recovery. The patient initiated follow up target is 5% and the Trust are beyond this. The MUST score shows a dramatic improvement. AN highlighted an issue regarding patients who were dropping off the e-referral system after 6 months and would appear on a spreadsheet managed through an internal follow up system. The Trust alerted NHS England to this during Covid to set a 2 year timeline and the aim is to clear the remaining 80 patients this month, one patient was waiting 104 weeks. When patients now reach a 6 month wait the Trust is taking control and pro-actively managing this rather than relying on the national system. Transfer of care remains a challenge with an ambitious aim to reduce lists to around 50 patients which is still around 100. AN confirmed the position on the financial plan and likely forecast scenarios affected by strikes, length of stay and discharge. There is an ambitious plan to reduce costs in ED with the workforce model which is being led by Rob Aitchison as Turnaround Executive lead, with actions taken leading to full savings next year. A further discussion will take place at Finance and Performance Committee next week.

Robert Markless felt that the overall summary of performance of the hospital was missing from the Integrated Performance Report. The Chair explained a stakeholder summary is produced every few weeks (more frequently in winter) that she shares with Brian Moore as Lead Governor which can be circulated to governors and shows a snapshot position in terms of A&E, transfers, OPEL scores, staff sickness, 4-hour target, transfers of care, bed capacity key info etc. She explained the trends are available to view in the Integrated Performance Report.

It was acknowledged that the Governors would benefit from a training session on the IPR as others had received. It would aid understanding of the language used and the interpretation of the report.

The Chief Nurse explained Trust performance on the inpatient survey is higher than any other organisation across WYAAT which is very positive and shows the patient experience; however, there are some areas of improvement. She explained the Trust are in the top 11 nationally for the Emergency Department survey.

Brian Moore asked if the Trust had been badly affected by the junior doctors and Consultant industrial action. *Gina Choy and Cllr Josh declared an interest in this item.* The Deputy Chief Executive responded the Trust mitigated this very well and has seen average rates of industrial action in Consultant and the registrar group; however, the Trust lost a significant amount of elective activity. The Trust followed national guidance and stepped things down which impacted on flow through the hospital. The Deputy Chief Executive added that the Trust mitigated and recognised the strain on those not involved in the industrial action and it was a great effort from the teams. The Director of Finance explained there has been a £2m cost so far to cover the backfill and the last period of industrial action had a greater impact than the previous strikes as it involved joint action by junior doctors and Consultants.

Tony Wilkinson asked if the Workforce team keep a record of staff activity relating to industrial action. The Deputy Chief Executive confirmed attendance activity is reported via the Workforce team. Emma Karim confirmed staff industrial action is on the roster.

OUTCOME: The Council of Governors **NOTED** the feedback from the Finance and Performance Committee.

72/23 Integrated Performance Report Overview

AN explained the Integrated Performance Report is a lengthy report; however, it is now more focused on performance, trends and provides a description of current performance and what action is being taken.

In relation to the performance report, Tony Wilkinson asked if the Care Quality Commission (CQC) viewed this, would they reach other conclusions. The Chief Nurse explained the CQC triangulate data and review the performance report. She explained the CQC would recognise if, for example, stroke was removed and it was not in line with performance and that the CQC do not look at this in isolation. The Chief Nurse confirmed the last time CQC inspected the Trust had received a rating of Good. She added that the CQC was moving to a more intelligent led approach and they had recently published a new single assessment framework, with a new process in place in terms of how they will collect data and she offered to discuss this with governors.

OUTCOME: The Council of Governors **RECEIVED** the Integrated Performance Report.

73/23 Feedback from Quality Committee

On behalf of Denise Sterling, KH provided an update from the Quality Committee and highlighted the information below.

The Quality Committee receives presentations on patient stories, the latest one focused on end-of-life experiences, this is not just the work of palliative care team, it is everyone's responsibility.

A new operating framework is to be aligned with the single assessment framework with the CQC.

There is lots of essential training in place across the Trust with another e-learning training package added on patient safety. The Committee received a detailed Patient Experience annual report. The infection prevention control report is presented regularly with a number of areas of improvements and healthcare associated infections needs improvement.

The Care Quality Commission recently undertook a maternity inspection and gave a rating of good. A huge amount of work went into this with a significant improvement plan. KH highlighted this good news all round and the team is very proud of this.

There is good progress with the medical examiner service and the Trust continue to build good relationships with the coroner's office.

The Integrated Performance Report was reviewed by the Committee, looking at the impact of industrial action which is hoping to be resolved soon.

Getting it Right First Time (GIRFT) is well regarded nationally and CHFT are seen as a leader in this which is a positive experience.

KH noted that year 5 of the Maternity Incentive Scheme had been launched with a submission date of 1 February 2024. Gina Choy, who observes Quality Committee, stated there may be an issue with the maternity incentive scheme submission due to staffing rotas. Gina asked for assurance that there is a plan for this and queried whether this had been reported to the

Board. The Chief Nurse responded a report on the Maternity Incentive Scheme will come to Quality Committee and then to the Board in January. She explained there is one issue around rotas and another, on the risk register, related to industrial action on PROMPT training which is multi professional training. This has been raised with NHS England and the Local Maternity System (LMS) are involved, as this impacts all organisations nationally. The Trust is asking NHS Resolution for advice on this particular indicator and CHFT have a plan to recover this. The Chief Nurse highlighted this has significant financial impact and the Trust received £1m on achieving this incentive scheme last year. The Director of Finance highlighted this is an incentive and there is a pot of money across all organisations for this, the Trust received an extra £500k in month 6 which suggests the Trust is ahead of others as this reflects some Trusts not receiving the incentive and the balance being shared amongst those who did. This will be included in the financial report for Board next week.

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

MEMBERSHIP AND ENGAGEMENT

74/23 Review Progress with Annual Plan for Membership Strategy, including engagement pledges

The Membership and Engagement Manager updated on progress on the goals from the strategy. An action plan with progress on each action was circulated. The Membership and Engagement Manager explained the team is now fully staffed which has impacted on activities over the last few months.

The Governor engagement pledges were also circulated in the papers following the development session held in September 2023.

The Membership and Engagement Manager explained member representation shows some slight improvement.

The Membership and Engagement Manager informed governors of the "Health Matters" event taking place on 14th November 2023, an engagement opportunity for governors to engage with the membership.

OUTCOME: The Council of Governors **NOTED** the progress with the Membership Strategy.

75/23 COMPANY SECRETARY REPORT

The following papers were received:

a. **Register of Council of Governors**
b. **Receive Council of Governors Register of Interests**
c. **Future and confirmed Council of Governor Meeting Dates 2023/24**

OUTCOME: The Council of Governors **RECEIVED** the updated Register of Council of Governors, Register of Interests and Council of Governor meeting dates for 2023/24.

76/23 Review any amendments to the draft Annual Council of Governors Workplan 2024

The Council of Governors received the draft 2024 Council of Governors Workplan.

OUTCOME: The Council of Governors **NOTED** the Council of Governors Workplan for 2024.

77/23 RECEIPT OF MINUTES FROM BOARD COMMITTEES

The minutes of the following meetings were received:

a. Quality Committee held on 21 June 2023, 24 July 2023
b. Workforce Committee held on 20 June 2023
c. Audit and Risk Committee held on 27 June 2023, 25 July 2023
d. Finance and Performance held on 28 June 2023, 1 August 2023
e. Charitable Funds Committee held on 9 August 2023

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

78/23 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 Workforce Committee

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

79/23 ANY OTHER BUSINESS

Peter Bamber asked about the Trust response to non-attendance by governors. The Company Secretary responded attendance from governors is actively monitored and governors are required to attend two of the public meetings a year. Brian Moore explained that governors have previously been asked to resign if they are unable to meet the meeting requirements due to personal circumstances.

Outcome of Non-Executive Director Appraisals

The Chair asked the Non-Executive Directors to leave the meeting for this item.

The Chair confirmed that she has conducted each of the Non-Executive Directors annual appraisal and reports and sent a collective report to NHS England as requested.

The Chair confirmed there are no areas of concern, explaining the two newest Non-Executive Directors have gone out of their way to understand the NHS better and take on every opportunity of learning. There was discussion that Andy Nelson is finishing his tenure slightly earlier in April and Karen Heaton is due to finish in February 2024. The Chair expressed that the Trust have very skilled, experienced Non-Executive Directors, Andy and Karen would be very much missed and the recruitment process is starting for these two upcoming vacant roles.

The Non-Executive Directors manage the Committee meetings very well and are excellent in Chairing the meetings, each have a different area of strength and focus. The Chair explained all the Non-Executive Directors are interested in getting involved in the wider health and care system.

It was noted that there may be future changes to Committee Chair / attendance once Karen Heaton and Andy Nelson have left. Robert Markless commented Nigel Broadbent has managed the Finance and Performance Committee well on those occasions when he chaired the meeting in the absence of the Chair.

Brian Moore asked if the Trust need a financially competent, accountant or equivalent when recruiting to the two vacant roles. The Chair confirmed the Trust already have two other Non-Executive Directors who are accountants in Tim Busby and Nigel Broadbent.

The Chair formally closed the meeting at approximately 16:10 pm.

Date and time of next meeting
Date: Thursday 25 January 2024
Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)
Venue: Large Training Room, Learning Centre, Calderdale Royal Hospital

5. Action Log and Matters Arising

To Note

Presented by Helen Hirst

ACTION LOG FOR COUNCIL OF GOVERNORS

Red	Amber	Green	Blue
Overdue	Due this meeting	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
20.04.23 27/23	Review of Constitution To consider at the Membership and Engagement Working Group how to fulfil new duty to engage the public at large	VH	To be discussed under matters arising on 19 October 2023.	October 2023		19.10.23

6. Length of Stay / Well Organised Ward Presentation

Presented by Renee Comerford and Gemma Berriman

To Note

7. Presentation on 2023/24 Quality Account Priorities

Focussed piece on ‘Care of Acutely Ill Patient’ Quality Priority

Presented by Cath Briggs, Senior Nurse

To Note

Presented by Lindsay Rudge

8. Proposals for Quality Account Priorities 2024/25 - Verbal

For Comment

Presented by Lindsay Rudge

9. CHAIR’S REPORT

a. Update from Chair

b. Governor Visibility

c. Associate Youth Governor

To Note

Presented by Helen Hirst

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	Thursday 25 January 2024
Meeting:	Council of Governors
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 Council of Governors 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**

Straight after our last Board meeting a number of us had the pleasure of attending the annual ChuFT awards. What a show of talent from CHFT, across a range of areas and all demonstrating that magic ingredient that is CHFT's USP – One Culture of Care.

Just before Christmas I also attended the THIS Staff Awards which again demonstrated the expertise, talent and skills we have supporting not just our health informatics service but teams across West Yorkshire.

I finally managed to do my first set of consultant interviews! Speaking to candidates beforehand, I asked why they were seeking roles at CHFT – all mentioned our digital environment and one culture of care. The majority had worked here at some point and were keen to return as consultants.

The Council of Governors and the Board held a joint workshop covering the financial position, performance and preparations for winter. Feedback suggests that these sessions would be improved if they were face to face and had more opportunity for discussion which is something we can build in for the future.

Another Health Matters members event was held in November and was very well attended by younger people from local colleges who were keen to hear about robotics and what goes on behind the scenes in an operating theatres. A number stayed behind after the session, keen to hear about career opportunities.

Along with Paul Knight and Jayne Greenhalgh, I attended the Autumn Yorkshire Organ and Tissue Donation Collaborative in York. As always with these events, there are opportunities for learning and improvement as we heard about activities in other Trusts as well as celebrating our successes.

The Charitable Funds Committee held a short meeting in November to sign off the Annual Report and Accounts.

Our Board development session this month focused on reflection of our year's Board development. We recognised our strengths as a board in terms of relationships, quality of discussion and debate and our areas for improvement in respect of broader visibility and connection to operational services.

Quite a lot of time this last few weeks has been dedicated to many conversations with prospective Non-Executive Directors as we recruit to replace Karen and Andy. We have had a lot of interest, not just for the roles we have at the moment but interest for the future when vacancies arise.

Finally, the update covering December wouldn't be complete without mentioning the delightful Christmas walkabouts I've done with the Workforce and OD Team. We had a bit of a theme in mine to seek out the teams who work a bit more behind the scenes such as

research, phlebotomy, pharmacy, medical records and pathology. I was accompanied on one set of visits by Pam Wood who used to run the apprenticeships programmes – what a treat this was as former apprentices stopped and chatted about the roles they were in now, the experiences they'd had and how much they enjoyed working at the Trust.

2. Health and Care System

West Yorkshire ICS Partnership Board was held on the 5th December. It was in two halves – a formal meeting available to watch online and a development session where we discussed our collective and sector specific influence following the Autumn Statement. At the formal meeting where we were joined by West Yorkshire's Mayor, Tracey Brabin, we heard an update on and the ambition to address inequalities; the plans to reduce suicide by 10% and some interesting interventions from Leeds Health and Care Academy to reduce inequalities through inclusive recruitment.

A meeting of West Yorkshire NHS Chairs preceded the Board where we discussed the work, we are doing to support new chairs and NEDs recruitment and development, relationships between provider collaboratives and the thinking on separation of senior independent director roles from deputy chairs.

WYAAT CIC was held at the end of October and as well as our usual updates and assurances on WYAAT strategy and programmes of work we were joined by some of those who had participated in the WYAAT Senior Leadership Programme. Between them they gave an overview of the programme, how theory had translated into practice, how the placements had worked and what changes they would recommend following evaluation. The Committee also approved the Annual Report of the Collaborative and had a brief discussion about the changes to the EPRR compliance process.

As well as the routine business of the Board on quality, safety, performance and finance, Calderdale Cares Partnership Board this month had a specific focus on the future model of hospital care in Calderdale through a great presentation from Anna Basford.

3. National/other

I haven't attended any national events since the last report.

As Board colleagues are aware, I am currently the interim Chair at Bradford Teaching Hospital NHSFT. Interviews for the substantive position take place at the beginning of February 2024.

Helen Hirst
Chair
2 January 2024

GOVERNANCE

10. Brief Update from Governors

- Feedback on car parking

To Note

11. Membership and Engagement Working Group Meeting Notes of meeting held on 10 January 2024

Presented by Brian Moore, Lead Governor

To Note

Calderdale and Huddersfield
NHS Foundation Trust

COUNCIL OF GOVERNORS
Membership and Engagement Working Group Meeting
NOTES of meeting held on Tuesday 10/01/24

1. Welcome and introductions

Attendees:

Brian Moore	Public Governor (Chair)
Gina Choy	Public Governor
Kate Wileman	Public Governor
Lorraine Wolfenden	Public Governor
Sheila Taylor	Public Member
Tony Thomas	Public Member
Charles Rapley	Public Member
Vanessa Henderson	Membership and Engagement Manager
Robin Cooper	Membership and Engagement Assistant

2. Apologies:

Pam Robinson	Public Governor
Christine Mills	Public Governor
Kathy Green	Public Member
Karen Huntley	Director - Healthwatch Calderdale
Jacqui Booth	Communications Manager
Carys Bentley	Colleague Engagement Advisor

3. Notes from the last meeting – 25th October 2023

- Notes approved.

4. Actions from the last meeting

4.1 Nextdoor app

The Communications Team has confirmed that the Nextdoor app can be used for community engagement. Guidance has now been produced for users, it was stressed that the app was not mandatory and only for those comfortable using it. Support with the app will be provided by the Membership Office team if needed. Volunteers requested to use the app to promote the next Health Matters event – Lorraine volunteered.

4.2 Publicity material in different languages

Agreed that all promotional material would contain a rider, in the seven most common non-English languages, that the material is available in another language upon request.

4.3 Membership of the group

New members were introduced by Brian Moore. New MEWG members are Lorraine Wolfenden, Kate Wileman and Pam Robinson. Carys Bentley to continue to provide support to the group via Membership and Engagement team, information will be shared with Vanessa Henderson, who will feedback to the MEWG.

4.4 Volunteer Services

Andrea McCourt is communicating outside of the MEWG with the Workforce and OD directorate about who is responsible for coordinating all the volunteers.

4.5 Patient Participation Groups

Brian Moore, Sheila Taylor and Tony Thomas have had limited involvement in their PPGs so far but will report back at a future meeting. It was noted that attendance at PPGs could result in negative feedback so caution needs to be taken.

5. Membership and Engagement Strategy for 2023-2026

5.1. Update on action plan for Year 1

Highlights:

Youth involvement

Two Associate Youth Governors are being welcomed to the Trust. They will be providing feedback on the views of younger service users to the Council of Governors. This is a very positive step for the Trust.

Younger member recruitment/representation

Great successes in the recruitment of younger people were reported, improving representation of an underrepresented demographic. In the months of October and November approximately 85 young people signed up as Trust members.

'Health Matters' events

The Health Matters event held in October 2023 resulted in the recruitment of a number of students from Calderdale College who attended. The next event, Pathology – Under the Microscope, will take place on 23rd April 2024.

University recruitment event

As a result of the event at the University of Huddersfield, the Trust recruited 53 new members. This was a great success and the number of younger members has increased significantly as a result.

Feedback from Dec-23 governor to member e-mail

Positive feedback from both staff and members of the public were read out. All attendees were very pleased with the response, noting the high praise from senior members of staff.

5.2. Priorities for Year 2 action plan:

BAME recruitment/engagement

The Trust plans to improve recruitment and engagement with the BAME community. Pam Robinson has several contacts in these communities and is keen to pursue this.

Staff governor profiles/engagement
Efforts to raise the profile and encourage engagement will continue with E-meet your governors sessions taking place in March 2024.

Staff survey
Staff will be surveyed on the effectiveness of the engagement from their staff governors, once the next round of meet your governors sessions have taken place.

Youth involvement/engagement
We will continue our work around engagement with younger people in Year 2.

Face-to-face 'meet your governor' sessions (public/staff)
Plans are underway to return to face-to-face meet your governor sessions. These sessions are to be expanded to include publicly elected governors.

Recruitment/engagement suggestions from group
Vanessa said she will be writing an action plan for Year 2 of the Membership and Engagement strategy and asked the group to send any suggestions for the actions for Year 2 to her via email.

Work with councils
It was acknowledged that progress with this in Calderdale has been difficult but efforts would continue. Opportunities in Kirklees would be revisited in Year 2 also.

6. **Dates of meetings for 2024:**
Tuesday 16 April 2024 (was Tuesday 9 April), 10.30 am to 11.30 am
Hybrid: MS Teams/ Room 4, 3rd floor, Acre Mills OPD.
Wednesday 10 July 2024, 11 am to 12 noon
Hybrid: MS Teams/Room 4, 3rd floor, Acre Mills OPD.
Tuesday 8 October 2024, 10 am to 11 am
Hybrid: MS Teams/Room 4, 3rd floor, Acre Mills OPD.

12. Review of the Constitution – Proposed amendments, including the Standing Orders of the Council of Governors

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 25 January 2024
Meeting:	Council of Governors
Title of report:	Review of the Trust Constitution and Standing Orders of the Council of Governors
Author:	Andrea McCourt, Company Secretary
Purpose of the Report	This report presents updates to the Trust Constitution for approval. It also presents for approval an updated Standing Orders of the Council of Governors following a routine review for approval as required by the Trust Constitution. It is 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.
Key Points to Note	The Trust Constitution sets out the principles and processes that the Directors and Council of Governors follow. Any proposed changes to the Constitution require approval by both the Council of Governors and the Board of Directors as per section 44 of the Trust Constitution. Amendments to the Constitution require more than half of the members of the Council of the Governors voting to approve the amendments. The proposed changes to the Constitution and Standing Orders of the Council of Governors are: **Summary Changes - Constitution** • Section 20 /21 - removal of reference to Annexe of Standing Orders of Council of Governors and minor text amendments • Section 25.2 - clarification re: Deputy Chair and Senior Independent Non-Executive Director roles and ratification by the Council of Governors • Removal of section 25.8 as it is a duplication of 25.2 • Section 32.1 - removal of reference to Annexe of Standing Orders of Board of Directors and minor text amendments • Annexes renamed Appendices and re-ordered more logically • Addition to Appendix 4 re membership re disqualification for serious incident or violence If approved, the updated Constitution will be considered by the Board of Directors on 7 March 2024 for approval. **Summary Changes – Standing Orders of the Council of Governors –** • Revisions to quorum - paragraph 3 • Clarification of arrangements for chairing due to absence / disqualification -paragraph 5.2 • Addition of written resolution - paragraph 10

	• Updated references to compliance with Fit and Proper Persons Policy – paragraph 17.12 • Addition of requirement for compliance Code of Conduct for governors – paragraph 17.13 • Non-material amendments highlighted in red text • Addition of Appendix A Dispute Resolution Procedure The main material changes are: ➢ 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 To note it was deemed, following a review of the Standing Orders of other Foundation Trusts, that proxy voting should not be allowed. Subject to approval of the above by the Council of Governors, approval from the Board of Directors for the changes will be sought at the Board of Directors meeting on 7 March 2024.
Recommendation	The Council of Governors is asked to: • **APPROVE** the updates to the Trust Constitution • **APPROVE** the updates to the Standing Orders of the Council of Governors • **APPROVE** 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.

UNIQUE IDENTIFIER NO: G-1C-2017
Review Date: April 2026
Review Lead: Company Secretary

CONSTITUTION OF THE

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

(A PUBLIC BENEFIT CORPORATION)

Version:	2.0 Review and update including: - Expenses clarification - References to Monitor / NHS Improvement - Typographical amends 2.1 Addition of partner governor May 2019 *3.0 April 2021* 14.1.5 An elected governor who completes the maximum 6 year tenure may stand for re-election after a period of 2 years has elapsed since the end of their tenure 14.3 removal of reserve register Annexe 1 - addition of Rest of England constituency *4.0 13 January 2022* 25.4 Change to NED eligibility criteria 5.0 July 2022 24.0 Change to the Board of Directors composition to increase the number of Non-Executive Directors to up to 7 and the number of Executive Directors to up to 7. 6 April 2023 Amendments to reflect the Health and Social Care Act 2022, the NHS England Code of Governance for Provider Trusts (October 2022), application for membership and nomination as a governor, voting for removal of a governor. Version 7 25 January 2024 Re-ordering of Annexes and removal of Standing Orders for Council of Governors and Board of Directors, non-material changes

Approved by:	Council of Governors
Date approved:	Version 1 - 17 January 2017 Version 2 - 17 October 2019 Version 3 - 22 April 2021 Version 4 - 13 January 2022 Version 5 – 7 July 2022 Version 6 – April 2023 Version 7 – March 2024
Date issued:	7 July 2022 To update once approved (7.3.24.)
Next Review date:	As required, as a minimum every three years (2027)

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CONSTITUTION FOR THE
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

1. Definitions

1.1. Unless otherwise stated words or expressions contained in this constitution bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 and the Health and Social Care Act 2022.

1.2. References in this constitution to legislation include all amendments, replacements, or re-enactments made.

1.3. Headings are for ease of reference only and are not to affect interpretation.

1.4. Words importing the masculine gender only shall include the feminine gender; words importing the singular shall include the plural and vice-versa.

1.5. In this constitution:

The Accounting Officer	is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.
The 2006 Act	means the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.
The 2012 Act	is the Health and Social Care Act 2012.
The 2022 Act	means the Health and Social Care Act 2022
Annual Members' Meeting	is defined in paragraph 10 of the constitution.
Appointed Governor Member	means those Governors appointed by the Appointing Organisations;
Appointing Organisations	means those organisations named in this constitution who are entitled to appoint Governors;
Areas of the Trust	the areas specified in Annexe 1;
Authorisation	means an authorisation given by NHS England
Board of Directors	means the Board of Directors as constituted in accordance with this constitution;
Code of Governance	means the NHS England Code of Governance for NHS Provider Trusts (October 2022)

Council of Governors	means the Council of Governors as constituted by this constitution and referred to as the Board of Governors/ Council of Governors in the 2006 Act;
Director	means a member of the Board of Directors
Elected Governor”	means those Governors elected by the public constituency and the staff constituency;
Financial year	means: (a) a period beginning with the date on which the Trust is authorised and ending with the next 31 March; and (b) each successive period of twelve months beginning with 1 April;
Integrated Care Board	An Integrated Care Board is a statutory organisation that brings NHS and care organisations together locally to improve population health and establish shared strategic priorities within the NHS
Integrated Care Partnership	An Integrated Care Partnership is a formal partnership of organisations working together to improve the health and care of the whole population they serve
Integrated Care System	An Integrated Care System (ICS) is a statutory partnership of organisations who plan, buy and provide health and care services in their geographical area. The organisations involved include the NHS, local authorities, voluntary and charity groups and independent care providers.
Local Authority Governor	means a Member of the Council of Governors appointed by one or more Local Authorities whose area includes the whole or part of the area of the Trust;
Member	means a Member of the Trust;
NHS England	The Health and Social Care Act 2022 has merged Monitor and the Trust Development Authority into NHS England and is now the Trust’s regulator
Non-Executive Directors	means the Chair and Non-Executives on the Board of Directors;

NHS Trust	means Calderdale and Huddersfield NHS Foundation Trust;
Other Partnership Governor	means a Member of the Council of Governors appointed by a Partnership Organisation other than a Primary Care Trust or Local Authority;
Public Constituency	means those individuals who live in an area specified as an area for any public constituency;
Public Governor	means a Member of the Council of Governors elected by the Members of the public constituency;
Secretary	means the Board Secretary of the Trust or any other person appointed to perform the duties of the Secretary;
Staff Constituency	means those individuals who are eligible for Trust membership by reason of 8.5-8.9 of this Constitution are referred to collectively as the Staff Constituency;
Staff Governor	means a Member of the Council of Governors appointed by the Members of one of the classes of the constituency of the staff membership;
The Trust	means Calderdale & Huddersfield NHS Foundation Trust.

2. Name and status

2.1. The name of this Trust is “Calderdale and Huddersfield NHS Foundation Trust”.

3. Head Office and Website

3.1. The Trust’s head office for the purpose of this Constitution is at Trust Offices, Huddersfield Royal Infirmary, Acre Street, Lindley, Huddersfield, HD3 3EA, or any other address decided by the Council of Governors.

3.2. The Trust will maintain a website, the address of which is www.cht.nhs.uk or any other address decided by the Council of Governors.

4. Purpose

4.1. The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

4.2. The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

4.3. The Trust may provide goods and services for any purposes related to:-

4.3.1. the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

4.3.2. the promotion and protection of public health.

4.4. The Trust may also carry out activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry out its principal purpose.

4.5. The Trust should be led by an effective and diverse Board that is innovative and flexible and whose role it is to promote the long term sustainability of the Trust as part of the ICS and wider healthcare system in England, generating value for members, patients and the public.

5. Powers

5.1. The powers of the Trust are set out in the 2006 Act.

5.2. All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

5.3. Any of these powers may be delegated to a committee of directors or to an executive director.

5.4. The Trust may do anything which appears to it to be necessary or desirable for the purposes of or in connection with its functions.

5.5. In particular it may:

5.5.1. acquire and dispose of property;

5.5.2. enter into contracts;

5.5.3. accept gifts of property (including property to be held on Trust for the purposes of the Trust or for any purposes relating to the health service);

5.5.4. employ staff.

5.6. Any power of the Trust to pay remuneration and allowances to any person includes the power to make arrangements for providing, or securing the provision of pensions or gratuities (including those payable by way of compensation for loss of employment or loss or reduction of pay).

5.7. The Trust may borrow money for the purposes of or in connection with its functions, subject to the limit published by NHS England from time to time.

5.8. The Trust may invest money (other than money held by it as Trustee) for the purposes of or in connection with its functions. The investment may include investment by:

5.8.1. forming, or participating in forming bodies corporate;

5.8.2. otherwise acquiring membership of bodies corporate.

5.9. The Trust may give financial assistance (whether by way of loan, guarantee or otherwise) to any person for the purposes of or in connection with its function.

6. Membership and Constituencies

6.1. The Trust shall have members, each of whom shall be a member of one of the following constituencies:
- 6.1.1. A public constituency
- 6.1.2. A staff constituency

7. Members

7.1. The Members of the Trust are those individuals whose names are entered in the register of members. Every Member is either a Member of one of the public constituencies or a Member of the staff constituency.

7.2. Subject to this Constitution, Membership is open to any individual who:
- 7.2.1. is over 16 years of age;
- 7.2.2. is entitled under this Constitution to be a Member of the public constituencies, or staff constituency; and
- 7.2.3. completes or has completed a membership application form in whatever form the Council of Governors approves or specifies.

Public Membership

7.3. There are eight public constituencies corresponding to the areas served by the Trust as set out in Annexe 1. Members of each constituency are to be individuals:
- 7.3.1. who live in the relevant area of the Trust;
- 7.3.2. who are not eligible to be Members of the staff constituency; and
- 7.3.3. who are not Members of another public constituency.

7.4. The minimum number of members of each of the public constituencies is to be 50.

Staff Membership

7.5. There is one staff constituency for staff membership. It is to divide into four classes as follows with five seats:
- 7.5.1. doctors or dentists (x1);
- 7.5.2. Allied Health Professionals, Health Care Scientists or Pharmacists (x1);
- 7.5.3. Management, administration and clerical (x1);
- 7.5.4. Nurses and midwives (x2).

7.6. Members of the staff constituency are to be individuals:
- 7.6.1. who are employed under a contract of employment by the Trust and who either:
  - 7.6.1.1. are employed by the Trust under a contract of employment which has no fixed term or a fixed term of at least 12 months, or
  - 7.6.1.2. who have been continuously employed by the Trust for at least 12 months; or
- 7.6.2. who are not so employed but who nevertheless exercise functions for the purposes of the Trust and have exercised the functions for the purposes of the Trust for at least 12 months.

7.7. Individuals entitled to be Members of the staff constituency are not eligible to be Members of the public constituency.

7.8. The Secretary is to decide to which class a staff member belongs.

7.9. The minimum number of members in each class of the staff membership is to be 20.

Automatic membership by default – Staff

7.10. An individual who is:
7.10.1. Eligible to become a member of the Staff Constituency, and
7.10.2. Invited by the Trust to become a member of the Staff Constituency,

Shall become a member of the Trust as a member of the Staff Constituency without an application being made, unless he / she informs the Trust that he / she does not wish to do so.

8. Disqualification from membership

8.1 When applying to be a member, an online literature review will be undertaken to check that there are no known concerns regarding an individual that would suggest the person would act in a manner detrimental to the interests of the Trust. This decision as to whether an individual is likely to act in a way detrimental to the interests of the Trust will be made by the Council of Governors (as per section 8.2 of the Trust Constitution).

8.2 A person may not be a member of the Trust if, in the opinion of the Council of Governors, there are reasonable grounds to believe that they are likely to act in a way detrimental to the interests of the Trust.

9. Termination of membership

9.1. A Member shall cease to be a Member if:
9.1.1. they resign by notice to the Company Secretary;
9.1.2. they die;
9.1.3. they are disqualified from Membership by paragraph 7 and 8;
9.1.4. they cease to be entitled under this Constitution to be a Member of any of the public constituencies or the staff constituency.

9.2. Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annexe 3 – Further Provisions.

10. Annual Members' Meetings

10.1. The Trust is to hold an annual meeting of its members. The Annual Members Meeting shall be open to members of the public.

10.2. Further provisions about the Annual Members' Meeting are set out in Annexe 4 – Annual Members' Meeting.

11. Council of Governors - composition

11.1. The Trust is to have a Council of Governors which shall comprise both elected and appointed governors.

11.2. The composition of the Council of Governors is specified in Appendix 6 – Composition of the Council of Governors.

11.3. The composition of the Council of Governors, subject to the 2006 Act, shall seek to ensure that:

11.3.1. the interests of the community served by the Trust are appropriately represented;

11.3.2. the level of representation of the public constituencies, the staff constituency and the partnership organisations strikes an appropriate balance having regard to their legitimate interest in the Trust's affairs.;

12. Council of Governors – elections of Governors

12.1. Public Governors are to be elected by Members of the public constituencies, and Staff Governors by Members of the staff constituency.

12.2. The Election procedures including the arrangements governing nominations, the advertisement of candidates, rules regarding canvassing voting, and the election of reserves to fill casual vacancies are to be determined by the election rules, set out in Annexe 2 – Election Rules.

13. Council of Governors - appointed Governors

13.1. Local Authority Governors

The Secretary, having consulted each Local Authority whose areas includes the whole or part of the area of the Trust is to adopt a process for agreeing the appointment of Local Authority Councils Member with those Local Authorities.

13.2. Partnership Governors

The Company Secretary, having consulted each partnership organisation is to adopt a process for agreeing the appointment of Partnership Governors with those partnership organisations.

14. Council of Governors - tenure for Governors

14.1. Elected Governors:

14.1.1. shall hold office for a period of three years commencing immediately after the annual members meeting at which their election is announced;

14.1.2. subject to the next sub-paragraph are eligible for re-election after the end of that period;

14.1.3. may not hold office for more than six consecutive years or two terms;

14.1.4. cease to hold office if they cease to be a Member of the constituency by which they were elected, or if they are disqualified for any of the reasons set out in this Constitution.

14.2. An elected governor who completes the maximum 6 year tenure may not stand for re-election to ensure that they retain the objectivity and independence required to fulfil their roles. Appointed Governors:

14.2.1. shall hold office for a period of 3 years commencing immediately after the annual members meeting at which their appointment is announced;
14.2.2. subject to the next sub-paragraph are eligible for re-appointment after the end of that period;
14.2.3. may not hold office for longer than 6 consecutive years;
14.2.4. shall cease to hold office if the Appointing Organisation terminates their appointment.
14.2.5. cease to hold office if they cease to be a Member of the constituency by which they were elected, or if they are disqualified for any of the reasons set out in this Constitution.

15. Council of Governors - vacancies amongst Governors

15.1. Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office, the following provisions will apply.

15.2. Where the vacancy arises amongst the Appointed Governors, the Secretary shall request that the Appointing Organisation appoints a replacement to hold office for the remainder of the term of office.

15.3. Where the vacancy arises amongst the elected Governor, the Council of Governors shall be at liberty either:

15.3.1. to call an election within three months to fill the seat for the remainder of that term of office, or
15.3.2. where a vacancy arises within 6 months to invite the next highest polling candidate for that seat at the most recent election, who is willing to take office to fill the seat until the next annual election, at which time the seat will become vacant and subject to election for any unexpired period of the term of office.
15.3.3. If the vacancy arises during the last 6 months of office, the office will remain vacant until it is filled at the next scheduled election term

16. Council of Governors – disqualification and removal

16.1. A person may not become a Governor of the Trust, and if already holding such office will immediately cease to do so if:
16.1.1. they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;
16.1.2. they have made a composition or arrangement with, or granted a Trust deed for, their creditors and have not been discharged in respect of it;
16.1.3. they have within the preceding five years, been convicted in the British Islands of any offence, and a sentence of imprisonment (whether

suspended or not) for a period of three months or more (without the option of a fine) was imposed on them.

16.1.4. they are a Director or Company Secretary of this Trust, a Director of another NHS Trust or a Governor or Non-Executive Director of another NHS Foundation Trust;

16.1.5. they are under 16 years of age;

16.1.6. they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;

16.1.7. their behaviour does not meet the Nolan principles / Standards of Public Life

16.1.8. they are a person whose tenure of office as the Chair or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;

17. Council of Governors - termination of office and removal of Governors

17.1. A person holding office as a Governor shall immediately cease to do so if:

17.1.1. they resign by notice in writing to the Secretary;

17.1.2. they fail to attend two meetings in any 12 month period, unless the other Governors are satisfied that:

17.1.3. the absences were due to reasonable causes; and

17.1.4. they will be able to start attending meetings of the Trust again within such a period as they consider reasonable.

17.1.5. in the case of an elected Governor, they cease to be a member of the constituency by whom they were elected;

17.1.6. in the case of an appointed Governor, the appointing organisation terminates the appointment;

17.1.7. they have failed to undertake any training which the Council of Governors requires all Governors to undertake;

17.1.8. they have failed to sign and deliver to the Secretary a statement in the form required by the Council of Governors confirming acceptance of the code of conduct for Governors;

17.1.9. they refuse to sign a declaration in the form specified by the Council of Governors that they are a member of a specific public constituency and are not prevented from being a member of the Council of Governors. This does not apply to staff members;

17.1.10. they are removed from the Council of Governors under the following provisions.

17.2. A Governor may be removed from the Council of Governors by a resolution approved by a 66% of the remaining Governors Members present and voting at a general meeting of the Council of Governors on the grounds that:

17.2.1. they have committed a serious breach of the code of conduct; or

17.2.2. they have acted in a manner detrimental to the interests of the Trust; and

17.2.3. the Council of Governors consider that it is not in the best interests of the Trust for them to continue as a Governor.

Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be asked to consider the evidence and determine whether or not the proposed removal is reasonable.

18. Council of Governors – duties of Governors

18.1. The general duties of the Council of Governors are:

18.1.1. to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors;

18.1.2. to represent the interests of the members of the Trust as a whole and the interests of the public

18.1.3. to form a rounded view of the interests of the "public at large" to support collaboration and system working; this includes the population of the West Yorkshire ICS ;

18.2. The Trust must take steps to secure that the Governors are equipped with the skills and knowledge they require in their capacity as such.

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

18.4. The specific roles and responsibilities of the Council of Governors are set out in Annexe 5 – Roles and Responsibilities.

19. Council of Governors – meetings of the Council of Governors

19.1. The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed with the provisions of paragraph 26 below) or, in the Chair's absence the Deputy Chair (appointed in accordance with the provisions of paragraph 26 below), shall preside at meetings of the Council of Governors.

19.2. Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.

19.3. For the purposes of obtaining information about the Trust's performance of its functions or the directors' performance of their duties, the Council of Governors may require one or more of the directors to attend a meeting.

20. Council of Governors – standing orders

20.1. The Council of Governors shall adopt standing orders for the practice and procedure of the Council of Governors.

20.2. The Standing Orders shall specify the arrangements for excluding governors from discussion or consideration of any contract, proposed contract or other matter as appropriate. ~~which is attached at Annexe 8.~~

21. Council of Governors – conflicts of interest

21.1. If a Council of Governors has a pecuniary, personal or family interest, whether that interest is actual or potential, or whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be

considered by the Council of Governors, the councillor shall disclose that interest to the members of the Council of Governors as soon as they become aware of it.

21.2. The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or the consideration of the matter in respect of which an interest has been disclosed. This should be in line with the NHS England guidance on Conflicts of Interest.

21.3. The Standing Orders for the Council of Governors are available on the Trust website..

22. Council of Governors - expenses

22.1. The Trust may pay travelling and other expenses to Governors at such rates as it decides. These are set out in the Standing Orders for the Council of Governors at Annexe 7 and are to be disclosed in the annual report.

22.2. Expenses claims must be submitted in line with the Trust's expenses policy.

22.3. Governors are not to receive remuneration.

23. Board of Directors – general duty

23.1. The business of the Trust is to be managed by the Board of Directors, who (subject to this Constitution) shall exercise all the powers of the Trust. The general duty of the Board of Directors and of each director individually, is to act with a view to promoting the success of the Trust as to maximise the benefits for the members of the Trust as a whole and for the public.

23.2. A third party dealing in good faith with the Trust shall not be affected by any defect in the process by which Directors are appointed or any vacancy on the Board of Directors.

23.3. The Trust will comply with the statutory requirements of the Code of Governance for NHS Provider Trusts issued by NHS England. Section A of this code details the principles and provisions relating to Board leadership and purpose.

24. Board of Directors – composition

24.1. The Trust is to have a Board of Directors. It is to consist of Executive and Non-Executive Directors.

24.2. The Board of Directors is to comprise:
- 24.2.1. a Non-Executive Chair;
- 24.2.2. up to 7 other Non-Executive Directors;
- 24.2.3. up to 7 Executive Directors.

24.3. One of the Executive Directors shall be the Chief Executive who shall be the Accounting Officer.

24.4. One of the Executive Directors shall be the Finance Director.

24.5. One of the Executive Directors is to be a registered medical practitioner.

24.6. One of the Executive Directors is to be a registered nurse or a registered midwife.

25. Board of Directors – appointment and removal of the Chair, Deputy Chair and other Non-Executive Directors

25.1. The Council of Governors shall appoint a Chair of the Trust.

25.2. The Board of Directors will appoint one Non-Executive Director to be Deputy Chair of the Trust. This individual may, through agreement with the Chair, take on the role of Senior Independent Non-Executive Director (SINED), however these can be separate appointments (one NED as Deputy Chair and a different NED as the SINED) Standing Orders of the Council of Governors state that the Council of Governors shall ratify these appointments made by the Board of Directors, at a general meeting.

25.3. The Chair and Deputy Chair will be the Chair and Deputy Chair of both the Council of Governors and the Board of Directors.

25.4. To be eligible for appointment as a Non-Executive Director of the Trust the candidate must demonstrate a commitment to the Trust are and the communities it serves and live within reasonable travelling distance.

25.5. The Council of Governors at a general meeting shall appoint or remove the Chair of the Trust and the other Non-Executive Directors.

25.6. Non-Executive Directors are to be appointed by the Council of Governors using the following procedure:

25.6.1. The Board of Directors will work with the external organisations recognised as expert in non-executive appointments to identify the skills and experience required

25.6.2. Appropriate candidates will be identified by the Board of Directors who meet the skills and experience required

25.6.3. A sub-committee of the Council of Governors (not exceeding four persons) including the Chair, will interview a short list of candidates and recommend a candidate for appointment by the Council of Governors.

25.7. Removal of the Chair or other Non-Executive Director shall require the approval of three-quarters of the Council of Governors.

25.8. ~~The Board of Directors shall appoint one Non-Executive Director to be the Deputy Chair of the Trust.~~

26. Board of Directors – Senior Independent Director

26.1. The Board of Directors will appoint one Non-Executive Director to be the Senior Independent Director.

26.2. The Trust has a detailed job description for the Senior Independent Director. The main duties include:

26.2.1. Being available to members of the Foundation Trust and to the Council of Governors if they have concerns that contact through the usual channels of Chair, Chief Executive, Finance Director and Company Secretary has failed to resolve or where it would be inappropriate to use such channels. In addition to the duties described here the Senior Independent Director has the same duties as the other Non-Executive Directors.

26.2.2. A key role in supporting the Chair in leading the Board of Directors and acting as a sounding board and source of advice for the Chair. The Senior Independent Director also has a role in supporting the Chair as Chair of the Council of Governors.

26.2.3. While the Council of Governors determines the process for the annual appraisal of the chair, the senior independent director is responsible for carrying out the appraisal of the chair on its behalf.

26.2.4. The Senior Independent Director should maintain regular contact with the Governors and attend meetings of the Council of Governors to obtain a clear understanding of Council of Governors views on the key strategic performance issues facing the Foundation Trust. The Senior Independent Director should also be available to Governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the chair; chair's appraisal or setting the chair's objectives for example.

26.2.5. In rare cases where there are concerns about the performance of the chair the Senior Independent Director should provide support and guidance to the Council of Governors in seeking to resolve concerns or in the absence of a resolution in taking formal action. Where the foundation Trust has appointed a lead Governor the Senior Independent Director should liaise with the Lead Governor in such circumstances.

26.2.6. In circumstances where the Board is undergoing a period of stress the Senior Independent Director has a vital role in intervening to resolve issues of concern. These might include unresolved concerns on the part of the Council of Governors regarding the chair's performance; where the relationship between the chair and the chief executive is either too close or not sufficiently harmonious, where the Foundation Trust's strategy is not supported by the whole Board or where key decisions are being made without reference to the Board or where succession planning is being ignored.

26.2.7. In the circumstances outlined above, the Senior Independent Director will work with the chair, other directors and/or Governors, to resolve significant issues.

27. Board of Directors – tenure of Non-Executive Directors

27.1. The Chair and the Non-Executive Directors are to be appointed for a period of three years.

27.2. The Chair and the Non-Executive Directors will serve for a maximum of two terms.

27.3. In exceptional circumstances a Non-Executive Director (including the Chair) may serve longer than six years (two three-year terms). Any subsequent appointment will be subject to annual re-appointment. Reviews will take into account the need to progressively refresh the Board whilst ensuring its stability. Provisions regarding the independence of the Non-Executive Director will be strictly observed.

28. Board of Directors – appointment and removal of the Chief Executive and other executive directors

28.1. The Non-Executive Directors shall appoint or remove the Chief Executive.

28.2. The appointment of the Chief Executive requires the approval of the Council of Governors.

28.3. A committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors.

29. Board of Directors – disqualification

29.1. A person may not become or continue as a Director of the Trust if:

- 29.1.1. they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;
- 29.1.2. they have made a composition or arrangement with, or granted a Trust deed for, their creditors and have not been discharged in respect of it;
- 29.1.3. they have within the preceding five years been convicted in the British Islands of any offence, and a sentenced of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;
- 29.1.4. they are the subject of a disqualification order made under the Company Directors Disqualification Act 1986;
- 29.1.5. they are a person whose tenure of office as a Chair or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- 29.1.6. they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;
- 29.1.7. in the case of a Non-Executive Director they have failed to fulfil any training requirement established by the Board of Directors; or
- 29.1.8. they have failed to sign and deliver to the Secretary a statement in the form required by the Board of Directors confirming acceptance of the code of conduct for Directors and fit and proper persons test

30. Board of Directors - meetings

30.1. Meetings of the Board of Directors shall be open to members of the public unless the Board of Directors decides otherwise in relation to all or part of a meeting for

reasons of commercial confidentiality or on other proper grounds. The Chair may exclude any member of the public from a meeting of the Board of Directors if they are interfering with or preventing the proper conduct of the meeting.

30.2. Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors.

30.3. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.

31. Board of Directors – standing orders

31.1. The Board of Directors shall adopt standing orders for the practice and procedure of the Board of Directors.

31.2. The Standing Orders shall specify the arrangements for excluding Directors from discussion or consideration of any contract, proposed contract or other matter, as appropriate.

32. Board of Directors – conflicts of interest of directors

32.1. The duties that a director of the Trust has by virtue of being a director include in particular –

32.1.1. A duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

32.1.2. A duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

32.2. The duty referred to in sub-paragraph 31.1.1 is not infringed if –

32.2.1. The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or

32.2.2. The matter has been authorized in accordance with the constitution.

32.3. The duty referred to in sub-paragraph 31.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

32.4. In sub-paragraph 31.1.2, “third party” means a person other than –

32.4.1. The Trust, or

32.4.2. A person acting on its behalf.

32.5. If a director of the Trust has in any way a direct of indirect interest in a proposed transaction or arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors.

32.6. If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.

32.7. Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

32.8. This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.

32.9. A director need not declare an interest –
- 32.9.1. If it cannot reasonably be regarded as likely to give rise to a conflict of interest;
- 32.9.2. If, or to the extent that, the directors are already aware of it;
- 32.9.3. If, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered –
  - 32.9.3.1. By a meeting of the Board of Directors, or
  - 32.9.3.2. By a committee of the directors appointed for the purpose under the constitution.

32.10. Any Director who has a material interest in a matter as defined below shall declare such interest to the Board of Directors and it shall be recorded in a register of interests and the Director in question:
- 32.10.1. shall not be present except with the permission of the Board of Directors in any discussion of the matter, and
- 32.10.2. shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).

32.11. Any Director who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so by a majority of the remaining Directors.

32.12. A material interest in a matter is any interest (save for the exceptions referred to below) held by a Director or their spouse or partner in any firm or company or business which, in connection with the matter, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust, including private healthcare organisations and other foundation Trusts.

32.13. The exceptions which shall not be treated as material interests are as follows:
- 32.13.1. shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange.

33. Board of Directors – remuneration and expenses

33.1. The Board of Directors shall appoint an executive remuneration committee of Non-Executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and Executive Directors.

33.2. The remuneration and allowances, and the other terms and conditions of office, of the Chair and Non-Executive Directors shall be decided by the Council of Governors at a general meeting. The Council of Governors may take advice from independent pay advisors whose Terms of Reference will be established and ratified by the Board of Directors and the Council of Governors.

33.3. The remuneration and allowances for Directors are to be disclosed in the annual report.

34. Secretary

34.1. The Trust shall have a Secretary who may be an employee. The Secretary may not be a Governor, or the Chief Executive or the Finance Director. The Secretary shall be accountable to the Chief Executive and their functions shall include:

34.1.1. acting as Secretary to the Council of Governors and the Board of Directors, and any committees;

34.1.2. summoning and attending all members meetings, meetings of the Council of Governors and the Board of Directors, and keeping the minutes of those meetings;

34.1.3. keeping the register of members and other registers and books required by this Constitution to be kept;

34.1.4. having charge of the Trust's seal;

34.1.5. publishing to members in an appropriate form information which they should have about the Trust's affairs;

34.1.6. preparing and sending to NHS England and any other statutory body all returns which are required to be made;

34.1.7. providing support to the Council of Governors and the Non-Executive Directors;

34.1.8. overseeing elections conducted under this Constitution;

34.1.9. offering advice to the Council of Governors and the Board of Directors on issues of governance and corporate responsibility.

34.2. Minutes of every members meeting, of every meeting of the Council of Governors and of every meeting of the Board of Directors are to be kept. Minutes of meetings will be included on the agenda of the next meeting.

35. Registers

35.1. The Trust is to have:

35.1.1. a Register of Members showing, in respect of each Member, the name of the member, the constituency to which they belong and, (where the Council of Governors has decided that the Membership of the Public, or Staff constituencies shall be sub-divided for election purposes) any sub-division of that constituency to which they belong;

35.1.2. a Register of Members of the Council of Governors;

35.1.3. a Register of Directors;

35.1.4. a Register of Interests of Governors

35.1.5. a Register of Interests of the Directors.

35.2. The Secretary shall add to the Register of Members any individual who becomes a Member of the Trust or remove from the Register of Members the name of any Member who ceases to be entitled to be a Member under the provisions of this Constitution.

36. Documents available for public inspection

36.1. The following documents of the Trust are to be available for inspection by members of the public. If the person requesting a copy or extract under this paragraph is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

36.1.1. a copy of the current Constitution;

36.1.2. a copy of the current Authorisation;
36.1.3. a copy of the latest annual accounts and of any report of the auditor on them;
36.1.4. a copy of the report of any other auditor of the Trust's affairs appointed by the Council of Governors;
36.1.5. a copy of the latest annual report;
36.1.6. a copy of the latest information as to its forward planning;
36.1.7. a copy of the Trust's Membership Strategy;
36.1.8. a copy of any notice given under section 52 of the 2006 Act (NHS England's's notice to failing NHS Foundation Trust).
36.1.9. The register of Members shall be made available for inspection by members of the public. Article 2(b) of the Public Benefit Corporation (Register of Members) Regulations 2004 allows for members to request their details are not published as part of the Register of Members.

37. Auditors

37.1. The Trust is to have an auditor and is to provide the auditor.

37.2. The Council of Governors at a general meeting shall appoint or remove the Trust's auditors.

37.3. The auditor is to carry out his duties in accordance with Schedule 7 to the 2006 Act and in accordance with any directions given by NHS England standards, procedures and techniques to be adopted.

38. Audit and Risk Committee

38.1. The Trust shall establish a committee of Non-Executive Directors as an Audit and Risk Committee to perform such monitoring, reviewing and other functions as are appropriate.

39. Accounts

39.1. The Trust must keep proper accounts and proper records in relation to the accounts.

39.2. NHS England may, with the approval of the Secretary of State, give directions to the Trust as to the content and form of its accounts.

39.3. The accounts are to be audited by the Trust's auditor.

39.4. The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

39.5. The following documents will be made available to the Auditor General for examination at their request:
39.5.1. the accounts;
39.5.2. any records relating to them; and
39.5.3. any report of the auditor on them.

39.6. The annual accounts, any report of the auditor on them, and the annual report are to be presented to the Council of Governors at a General Meeting.

39.7. The Trust shall:
39.7.1. lay a copy of the annual accounts, and any report of the auditor on them, before Parliament; and
39.7.2. once it has done so, send copies of those documents to NHS England.

40. Annual report, forward plans and non-NHS work

40.1. The Trust is to prepare an Annual Report and send it to NHS England.

40.2. The Trust is to give information as to its forward planning in respect of each financial year to NHS England. The document containing this information is to be prepared by the Directors, and in preparing the document the Board of Directors shall have regard to the views of the Council of Governors.

40.3. Each forward plan must include information about:-
40.3.1. the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and
40.3.2. the income it expects to receive from doing so.

40.4. Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 39.3.1 the Council of Governors must:-
40.4.1. determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions and
40.4.2. notify the directors of the Trust of its determination.

40.5. A Trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the Council of Governors voting to approve its implementation.

41.

42. Indemnity

42.1. Members of the Council of Governors and the Board of Directors and the Secretary who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust. The Trust may purchase and maintain insurance against this liability for its own benefit and the benefit of members of the Council of Governors and Board of Directors and the Secretary.

43. Seal

43.1. The Trust shall have a seal.

43.2. The Trust is to have a seal, but this is not to be affixed except under the authority of the Board of Directors.

44. Dispute Resolution Procedures

44.1. Every unresolved dispute which arises out of this Constitution between the Trust and:

44.1.1. a Member; or

44.1.2. any person aggrieved who has ceased to be a Member within the six months prior to the date of the dispute; or

44.1.3. any person bringing a claim under this Constitution; or

44.1.4. an office-holder of the Trust; is to be submitted to an arbitrator agreed by the parties. The arbitrator's decision will be binding and conclusive on all parties.

45. Amendment of the constitution

45.1. The Trust may make amendments of its Constitution only if:-

45.1.1. More than half of the members of the Council of Governors of the Trust voting approve the amendments; and

45.1.2. More than half of the members of the Board of Directors of the Trust voting approve the amendments.

45.2. Amendments made under paragraph 44.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

45.3. Where an amendment is made to the constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust)

45.3.1. At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment; and

45.3.2. The Trust must give the members an opportunity to vote on whether they approve the amendment.

45.4. If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

45.5. Amendments by the Trust of its constitution are to be notified to NHS England. For the avoidance of doubt, NHS England's functions do not include a power or duty to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

46. Mergers etc. and significant transactions

46.1. The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

46.2. The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.

46.3. The constitution does not contain any descriptions of the term ‘significant transaction’ for the purposes of section 51A of the 2006 Act (Significant Transactions).

47. Dissolution of the Trust

47.1. The Trust may not be dissolved except by order of the Secretary of State for Health, in accordance with the 2006 Act.

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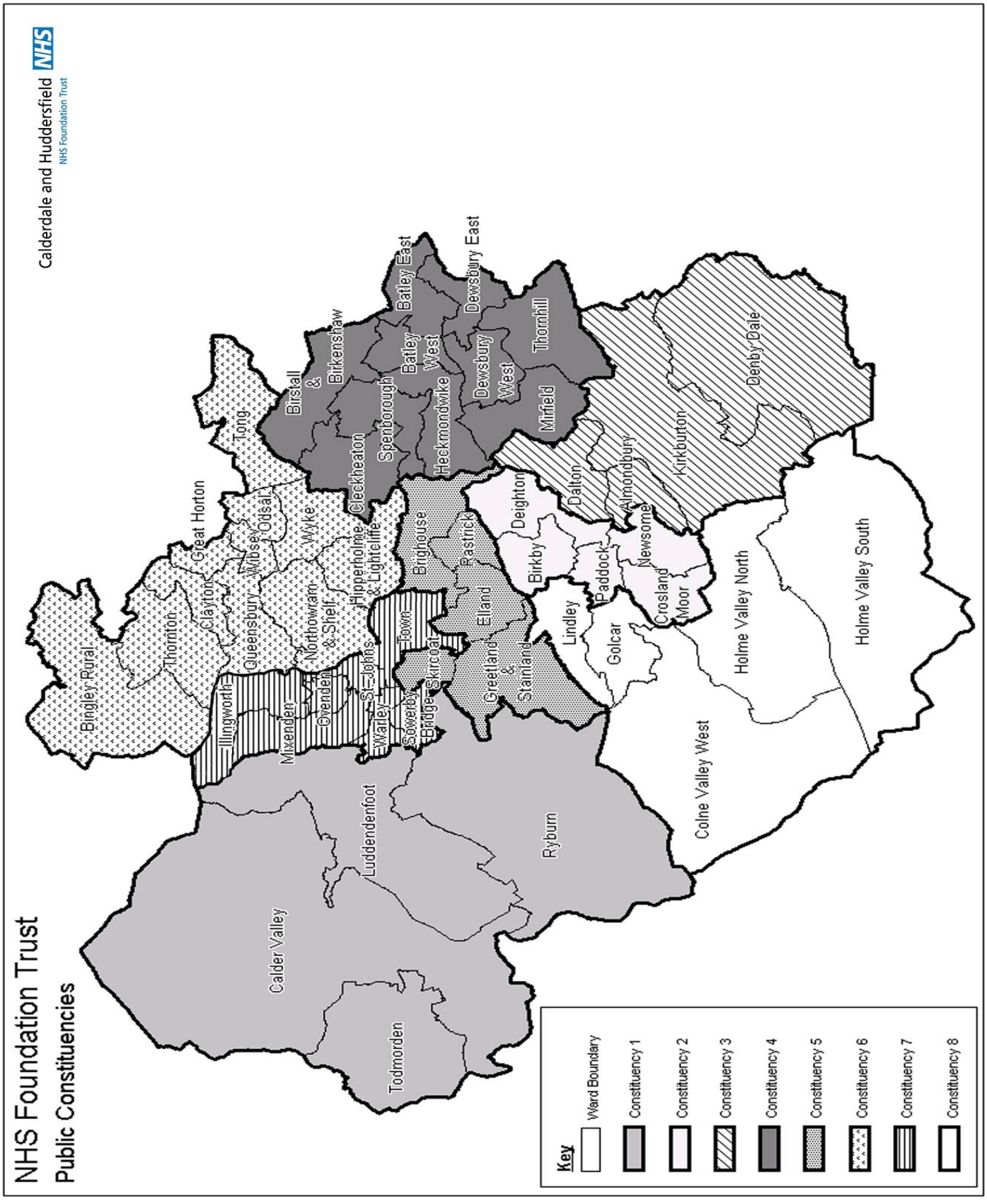
PPENDIX1 – PUBLIC CONSTITUENCIES (See Map below & Rest of England)



Constituency	Wards	Population	Number of Governors to be elected
1	Todmorden	37,487	2
	Calder Valley		
	Luddendenfoot		
	Ryburn		
2	Birkby	62,501	2
	Deighton		
	Paddock		
	Crosland Moor		
	Newsome		
3	Dalton	56,161	2
	Almondbury		
	Kirkburton		
	Denby-Dale		
4	Cleckheaton	144,794	2
	Birstall & Birkenshaw		
	Spenborough		
	Heckmondwike		
	Batley West		
	Batley East		
	Mirfield		
	Dewsbury West		
	Dewsbury East		
	Thornhill		
5	Skircoat	47,727	2
	Greetland & Stainland		
	Elland		
	Rastrick		
	Brighouse		
6	Northowram & Shelf	150,326	2
	Hipperholme & Lightcliffe		
	Bingley Rural		
	Thornton		
	Clayton		
	Queensbury		
	Great Horton		
	Wibsey		
	Odsall		
	Wyke		
	Tong		
7	Illingworth & Mixenden	63,407	2
	Ovenden		
	Warley		
	Sowerby Bridge		
	St Johns		
	Town		

Constituency	Wards	Population	Number of Governors to be elected
8	Lindley	73,412	2
	Golcar		
	Colne Valley West		
	Holme Valley North		
	Holme Valley South		
9	**Rest of England** - any other electoral are England with the exception of the above		**2**

Note on Constituencies

Population data and indices of deprivation have been used to formulate the eight constituencies. Constituencies are as close as possible to one eighth of the population of Calderdale and Kirklees, though attempts to reflect Local Authority boundaries and areas of similar deprivation levels mean there is some variation. Constituencies 4 and 6 are noticeably larger because persons in these constituencies mostly use services provided by other NHS Trusts. Each Constituency comprises of several electoral areas for local government elections.

There must be a minimum of 50 members in each constituency for a public governor election to take place.

/KB/CONSTITUTION-MARCH 2006
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UPDATED 20.6.06
UPDATED 31.7.06
UPDATED 12.11.07
REVIEW DATE: September 2008
DRAFT – 29.7.10
UPDATED 24.10.13
UPDATED 8.4.14 (map/constituencies)
UPDATED 20.1.15 (election rules – electronic voting)
UPDATED 14.4.21 (addition of Rest of England constituency)

APPENDIX 2 – COMPOSITION OF THE COUNCIL OF GOVERNORS

(from paragraph 12.2 of the Constitution)

1. The Council of Governors of the Trust is to comprise:
   1.1. up to **18 Public Governors** from 9 public constituencies (2 members from each constituency) set out in Annexe 1

   1.2. up to **six Staff Governors** from 1 Staff Constituency from the following classes:
      1.2.1. doctors and dentists (1 member);
      1.2.2. Allied Health Professionals, Health Care Scientists and Pharmacists (1 member);
      1.2.3. Management, Administration and Clerical (1 Member);
      1.2.4. Ancillary Staff (1 Member);
      1.2.5. Nurses and Midwives (up to 2 members);

   1.3. **Two** Local Authority Governors, one to be appointed by each of: Calderdale Metropolitan Borough Council and Kirklees Metropolitan Council;

   1.4. **Up to six** Governors appointed by partnership organisations. The partnership organisations shall appoint a governor to represent their organisation on the Council of Governors. The partnership organisations are identified as:
      - Huddersfield University,
      - South West Yorkshire Partnership NHS Foundation Trust
      - Locala Community Interest Company
      - Calderdale Huddersfield Solutions Limited
      - Calderdale Cares Partnership / West Yorkshire Health and Care Partnership Kirklees Health and Care Partnership/ West Yorkshire Health and Partnership

APPENDIX 3 – ROLES AND RESPONSIBILITIES OF GOVERNORS

(from Your Statutory Duties – A reference guide for NHS foundation trust governors / Addendum to your statutory duties 2022)) NHS England » Addendum to your statutory duties – reference guide for NHS foundation trust governors

1. The roles and responsibilities of the Governors are:
   - 1.1. at a general meeting, to appoint or remove the Chair and the other Non-Executive Directors;
   - 1.2. at a general meeting, to approve an appointment (by the Non-Executive Directors) of the Chief Executive;
   - 1.3. at a general meeting, to decide the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors;
   - 1.4. at a general meeting, to appoint or remove the Trust's auditor;
   - 1.5. at a general meeting, to be presented with the annual accounts, any report of the auditor on them and the annual report;
   - 1.6. at a general meeting, to appoint or remove any auditor appointed to review and publish a report on any other aspect of the Trust's affairs;
   - 1.7. hold Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors;
   - 1.8. represent the interests of the members of the Trust as a whole and the interests of the public at large.
   - 1.9. to provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the Trust's forward planning in respect of each financial year;
   - 1.10. to approve "significant transactions";
   - 1.11. to approve an application by the Trust to enter into a merger, acquisition, separation or dissolution;
   - 1.12. to respond as appropriate when consulted by the Board of Directors in accordance with this Constitution;
   - 1.13. to approve amendments to the Trust's Constitution
   - 1.14. Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions;
   - 1.15. to undertake such functions as the Board of Directors shall from time to time request;
   - 1.16. to prepare and from time to time to review the Trust's Membership Strategy, its policy for the composition of the Council of Governors and of the Non-Executive Directors.

2. If governors are acting outside of the context of a Council of Governors meeting they do so solely as individuals, i.e. outside their statutory role as a governor.

3. A third party dealing in good faith with the Trust shall not be affected by any defect in the process by which Members of the Council of Governors are appointed or any vacancy on the Council of Governors.

APPENDIX 4 – FURTHER PROVISIONS - Membership

(From paragraph 9.2 of the Constitution)

Disqualification or Removal from membership

An individual may not become or continue as a member of the Trust (and the register will be amended accordingly) if in the last five years that person has perpetrated a serious incident of violence towards any facilities of the Trust or against any of the Trust's employees or registered volunteers, staff contracted to provide a service for the Trust , in association with their employment with the Trust or the Trust's patients or visitors as defined in the Trust Policy " Management and Prevention of Violence and Aggression Behaviour Policy" for the care of Individuals who are Violent or Aggressive" or any successor policy. Notwithstanding anything contained in this Constitution, no person who ceases to be a member of the Trust shall be re-admitted to membership except by a decision of the Board of Directors

Termination of Membership

1. A Member may be expelled by a resolution approved by not less than 66% of the full Council of Governors present and voting at a meeting of the Council of Governors – this may be either a public or an extra ordinary meeting as appropriate to the timeframe. The following procedure is to be adopted.

2. Any Member may complain to the Company Secretary that another Member has acted in a way detrimental to the interests of the Trust.

3. If a complaint is made, the Council of Governors may itself consider the complaint having taken such steps as it considers appropriate to ensure that each Member's point of view is heard and may either:

   3.1. dismiss the complaint and take no further action; or
   3.2. arrange for a resolution to expel the Member complained of to be considered at either a public or extra-ordinary meeting of the Council of Governors.

4. If a resolution to expel a Member is to be considered at either a public or extra-ordinary meeting of the Council of Governors, details of the complaint must be sent to the Member complained of not less than one week before the meeting with an invitation to answer the complaint and attend the meeting.

5. At the meeting the Council of Governors will consider evidence in support of the complaint and such evidence as the Member complained of may wish to place before them.

6. If the Member complained of fails to attend the meeting without due cause the meeting may proceed in their absence.

7. A person expelled from Membership will cease to be a Member upon the declaration by the Chair of the meeting that the resolution to expel them is carried.

8. No person who has been expelled from Membership is to be re-admitted except by a resolution carried by the votes of 66% of the Council of Governors present and voting at a general meeting.

APPENDIX 5 (From paragraph 10.2 of the Constitution)

1. All Members meetings, other than annual meetings, are called special members meetings.

2. Members' meetings are open to all members of the Trust, members of the Council of Governors and the Board of Directors, representatives of the Trust's financial auditors, but not to members of the public. The Council of Governors may invite representatives of the media, and any experts or advisors, whose attendance they consider to be in the best interests of the Trust to attend a members' meeting.

3. All Members meetings are to be convened by the Secretary by order of the Chair of the Council of Governors or upon a resolution of the Board of Directors.

4. The Council of Governors may decide where a members' meeting is to be held and may also for the benefit of Members:

   4.1. arrange for the annual members' meeting to be held in different venues each year;
   4.2. make provisions for a members meeting to be held at different venues simultaneously or at different times. In making such provision the Council of Governors shall also fix an appropriate quorum for each venue, provided that the aggregate of the quorum requirements shall not be less than the quorum set out below.

5. At the Annual Members' Meeting the Council of Governors shall present to the Members:
   5.1. the annual accounts;
   5.2. any report of the auditor;
   5.3. any report of any other auditor of the Trust's affairs;
   5.4. forward planning information for the next financial year;
   5.5. a report on steps taken to secure that (taken as a whole) the actual membership of its constituencies is representative of those eligible for such membership;
   5.6. the progress of the Membership Strategy;
   5.7. any proposed changes to the policy for the composition of the Council of Governors and of the Non-Executive Directors.
   5.8. the results of the election and appointment of Council of Governors Members will be announced.

6. Notice of a Members' meeting is to be given:
   6.1. by notice on the Trust's website at least 14 clear days before the date of the meeting
   6.2. by notice emailed to all those members for whom we hold an email address
   6.3. included within the Trust's members newsletter
   6.4. be given to the Council of Governors and the Board of Directors, and to the auditors;

7. The notice of the member's meeting must:
   7.1. state whether the meeting is an annual or special members' meeting;
   7.2. give the time, date and place of the meeting; and
   7.3. indicate the business to be dealt with at the meeting.

8. It is the responsibility of the Council of Governors, the Chair of the meeting and the Company Secretary to ensure that at any members meeting:
   8.1. the issues to be decided are clearly explained;

8.2. sufficient information is provided to members to enable rational discussion to take place;
8.3. where appropriate, experts in relevant fields or representatives of special interest groups are invited to address the meeting.

9. The Chair of the Trust or, in their absence, the Deputy-Chair or, in their absence, the Lead Governor is to chair Council of Governor meetings.

10. Subject to this Constitution, a resolution put to the vote at a members' meeting shall, except where a poll is demanded or directed, be decided upon by a show of hands.

11. On a show of hands or on a poll, every member present is to have one vote. On a poll, votes may be given either personally or by proxy under arrangements laid down by the Council of Governors, and every member is to have one vote. In case of an equality of votes the Chair shall decide the outcome.

12. Unless a poll is demanded, the result of any vote will be declared by the Chair and recorded in the minutes. The minutes will be conclusive evidence of the result of the vote.

13. A poll may be directed by the Chair or demanded either before or immediately after a vote by show of hands by not less than one-tenth of the members present at the meeting. A poll shall be taken immediately.

APPENDIX 6

ELECTION RULES

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Part 1 Interpretation

1. Interpretation

1.1 In these rules, unless the context otherwise requires:
"corporation" means the public benefit corporation subject to this constitution;
"election" means an election by a constituency, or by a class within a constituency, to fill vacancy among one or more posts on the council of governors;
"the regulator" means the Independent Regulator for NHS foundation Trusts; and
"the 2006 Act" means the National Health Service Act 2006
"e-voting" means voting using either the internet, telephone or text message;
"internet voting system" means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;
"method of polling" means voting either by post, internet, text message or telephone
"the telephone voting system" means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;
"the text message voting system" means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;
"voter ID number" means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting.

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

Part 2 Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	**Time**
Publication of notice of election	**Not later than the fortieth day before the day of the close of the poll.**
Final day for delivery of nomination papers to returning officer	**Not later than the twenty eighth day before the day of the close of the poll.**
Publication of statement of nominated candidates	**Not later than the twenty seventh day before the day of the close of the poll.**
Final day for delivery of notices of withdrawals by candidates from election	**Not later than the twenty fifth day before the day of the close of the poll.**
Notice of the poll	**Not later than the fifteenth day before the day of the close of the poll.**
Close of the poll	**By 5.00pm on the final day of the election.**

Computation of time

3.1 In computing any period of time for the purposes of the timetable:
(a) a Saturday or Sunday;
(b) Christmas day, Good Friday, or a bank holiday, or
(c) a day appointed for public thanksgiving or mourning,
shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, "bank holiday" means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

Part 3 Returning Officer

4.1 Subject to rule 66, the returning officer for an election is to be appointed by the corporation.
4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff
5.1 Subject to rule 66, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

6. Expenditure
6.1 The corporation is to pay the returning officer:
(a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
(b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation
7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

Part 4 Stages

8. Notice of election
8.1 The returning officer is to publish a notice of the election stating:
(a) the constituency, or class within a constituency, for which the election is being held,
(b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
(c) the details of any nomination committee that has been established by the corporation,
(d) the address and times at which nomination papers may be obtained;
(e) the address for return of nomination papers and the date and time by which they must be received by the returning officer,
(f) the date and time by which any notice of withdrawal must be received by the returning officer
(g) the contact details of the returning officer
(h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates
9.1 Each candidate must nominate themselves on a single nomination paper.

9.2 The returning officer:
(a) is to supply any member of the corporation with a nomination paper, and
(b) is to prepare a nomination paper for signature at the request of any member of the corporation,
but it is not necessary for a nomination to be on a form supplied by the returning officer and it can, subject to rule 13, be in an electronic format.

10. Candidate's particulars
10.1 The nomination paper must state the candidate's:
(a) full name,
(b) contact address in full, and
(c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests
11.1 The nomination paper must state:
(a) any financial interest that the candidate has in the corporation, and
(b) whether the candidate is a member of a political party, and if so, which party, and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

12.1 The nomination paper must include a declaration made by the candidate:
(a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
(b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination paper must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:
(a) they wish to stand as a candidate,
(b) their declaration of interests as required under rule 11, is true and correct, and
(c) their declaration of eligibility, as required under rule 12, is true and correct.

14. Decisions as to the validity of nomination

14.1 Any member who chooses to nominate themselves for the role of governor must meet the Standards of Public Life (Nolan Principles) and sign a declaration at the point of nomination to confirm that they meet these principles of public life.

An online literature review will be undertaken of all members who wish to nominate themselves as a governor. Where this identifies any issues in relation to an individual meeting the standards of public life and / or acting in a way that is detrimental to the interests of the Trust, these concerns regarding a potential nomination will be notified to the Chair, Company Secretary and lead governor. If a recommendation is made that a nomination should not proceed then an extra-ordinary meeting of the Council of Governors should take place to consider the recommendation. The individual/member will be notified of the outcome of the Council of Governors. Consideration should also be given to formal removal of the member in question – see section 8.

14.2 Where a nomination paper is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:
(a) decides that the candidate is not eligible to stand,
(b) decides that the nomination paper is invalid,
(c) receives satisfactory proof that the candidate has died, or
(d) receives a written request by the candidate of their withdrawal from candidacy.

14.3 The returning officer is entitled to decide that a nomination paper is invalid only on one of the following grounds:
(a) that the paper is not received on or before the final time and date for return of nomination papers, as specified in the notice of the election,
(b) that the paper does not contain the candidate's particulars, as required by rule 10;
(c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
(d) that the paper does not include a declaration of eligibility as required by rule 12, or
(e) that the paper is not signed and dated by the candidate, as required by rule 13.

14.4 The returning officer is to examine each nomination paper as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.5 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination paper, stating the reasons for their decision.

14.6 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination paper.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:
(a) the name, contact address, and constituency or class within a constituency of each candidate standing, and
(b) the declared interests of each candidate standing,
as given in their nomination paper.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination papers to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination papers

16.1 The corporation is to make the statement of the candidates and the nomination papers supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.
16.2 If a person requests a copy or extract of the statement of candidates or their nomination papers, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:
(a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and
(b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

Part 5 Contested elections

19. Poll to be taken by ballot

19.1 The votes at the poll must be given by secret ballot.

19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

19.3 The corporation may decide if eligible voters, within a constituency, or class within a constituency, may, subject to rule 19.4, cast their vote by any combination of the methods of polling.

19.4 The corporation may decide if eligible voters, within a constituency or class within a constituency, for whom an e-mail mailing address is included in the list of eligible voters may only cast their votes by, one or more, e-voting methods of polling.

19.5 If the corporation decides to use an e-voting method of polling then they and the returning officer must satisfy themselves that:
(a) if internet voting is being used, the internet voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the internet voting record of any voter who chooses to cast their vote using the internet voting system.
(b) if telephone voting is being used, the telephone voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the telephone voting record of any voter who choose to cast their vote using the telephone voting system.
(c) if text message voting is being used, the text message voting system to be used for the purpose of the election is configured in accordance with these rules and that it will accurately record the text voting record of any voter who choose to cast their vote using the text message voting system.

20. The ballot paper
20.1 The ballot of each voter is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

20.2 Every ballot paper must specify:
(a) the name of the corporation,
(b) the constituency, or class within a constituency, for which the election is being held,
(c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
(e) instructions on how to vote by all available methods of polling, including the relevant voters and voter ID number if e-voting is a method of polling,
(f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
(g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

Action to be taken before the poll

21. List of eligible voters
21.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 26 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

21.2 The list is to include, for each member, a postal mailing address and if available an e-mail address, where their voting information may be sent.

21.3 The corporation may decide if the voting information is to be sent only by e-mail to those members, in a particular constituency or class within a constituency, for whom an e-mail address is included in the list of eligible voters.

22. Notice of poll

22.1 The returning officer is to publish a notice of the poll stating:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,

(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) the methods of polling by which votes may be cast at the election by a constituency or class within a constituency as determined by the corporation in rule 19 (3).

(f) the address for return of the ballot papers, and the date and time of the close of the poll,

(g) the uniform resource locator (url) where, if internet voting is being used, the polling website is located.

(h) the telephone number where, if telephone voting is being used, the telephone voting facility is located,

(i) the telephone number or telephone short code where, if text message voting is being used, the text message voting facility is located,

(j) the address and final dates for applications for replacement voting information, and

(k) the contact details of the returning officer.

23. Issue of voting information by returning officer

23.1 As soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following voting information:

(a) by post to each member of the corporation named in the list of eligible voters and on the basis of rule 21 able to cast their vote by post:

(i) a ballot paper

(ii) information about each candidate standing for election, pursuant to rule 61 of these rules,

(iii) a covering envelope

(b) by e-mail or by post, to each member of the corporation named in the list of eligible voters and on the basis of rule 19.4 able to cast their vote only by an e-voting method of polling:

(i) instructions on how to vote

(ii) the eligible voters voter ID number

(iii) information about each candidate standing for election, pursuant to rule 61 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate.

(iv) contact details of the returning officer.

23.2 The documents are to be sent to the mailing address or e-mail address for each member, as specified in the list of eligible voters.

24. The covering envelope

24.1 The covering envelope is to have:

(a) the address for return of the ballot paper printed on it, and

(b) pre-paid postage for return to that address.

25. E-voting systems

25.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

25.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as “the telephone voting facility”).

25.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as “the text message voting facility”).

25.4 The provision of the polling website and internet voting system, will:
(a) require a voter, to be permitted to vote, to enter his voter ID number;

(b) specify:
(i) the name of the corporation,
(ii) the constituency, or class within a constituency, for which the election is being held
(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
(iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
(v) instructions on how to vote.

(c) prevent a voter voting for more candidates than he is entitled to at the election;

(d) create a record ("the internet voting record") that is stored in the internet voting system in respect of each vote cast using the internet of-
(i) the voter ID number used by the voter;
(ii) the candidate or candidates for whom he has voted; and
(iii) the date and time of his vote, and

(e) if their vote has been cast and recorded, provide the voter with confirmation

(f) prevent any voter voting after the close of poll.

25.5 The provision of a telephone voting facility and telephone voting system, will:
(a) require a voter to be permitted to vote, to enter his voter ID number;

(b) specify:
(i) the name of the corporation,
(ii) the constituency, or class within a constituency, for which the election is being held
(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
(iv) instructions on how to vote.

(c) prevent a voter voting for more candidates than he is entitled to at the election;

(d) create a record ("the telephone voting record") that is stored in the telephone voting system in respect of each vote cast by telephone of-
(i) the voter ID number used by the voter;
(ii) the candidate or candidates for whom he has voted; and
(iii) the date and time of his vote

(e) if their vote has been cast and recorded, provide the voter with confirmation;

(f) prevent any voter voting after the close of poll.

25.6 The provision of a text message voting facility and text messaging voting system, will:
(a) require a voter to be permitted to vote, to provide his voter ID number;

(b) prevent a voter voting for more candidates than he is entitled to at the election;

d) create a record ("the text voting record") that is stored in the text messaging voting system in respect of each vote cast by text message of:
(i) the voter ID number used by the voter;
(ii) the candidate or candidates for whom he has voted; and
(iii) the date and time of his vote

(e) if their vote has been cast and recorded, provide the voter with confirmation;

(f) prevent any voter voting after the close of poll.

The poll

26. Eligibility to vote
26.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

27. Voting by persons who require assistance
27.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

27.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as they consider necessary to enable that voter to vote.

28. Spoilt ballot papers
28.1 If a voter has dealt with their ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

28.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if they can obtain it.

28.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless satisfied as to the voter's identity.

28.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):
(a) is satisfied as to the voter's identity, and
(b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and
(c) the details of the unique identifier of the replacement spoilt ballot paper.

29. Lost voting information
29.1 Where a voter has not received their voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.

29.2 The returning officer may not issue replacement voting information for lost voting information unless they:
(a) are satisfied as to the voter's identity,
(b) have no reason to doubt that the voter did not receive the original voting information.

29.3 After issuing replacement voting information, the returning officer shall enter in a list ("the list of lost ballots"):
(a) the name of the voter
(b) the details of the unique identifier of the replacement ballot paper, and

(c) if applicable, the voter ID number of the voter.

30. Issue of replacement voting information

30.1 If a person applies for replacement voting information under rule 28 or 29, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 28.3 or 29.2, they are also satisfied that that person has not already voted in the election.

Polling by internet, telephone or text

31. Procedure for remote voting by internet

31.1 To cast their vote using the internet the voter must gain access to the polling website by keying in the url of the polling website provided in the voting information,

31.2 When prompted to do so, the voter must enter their voter ID number.

31.3 If the internet voting system authenticates the voter ID number the system must give the voter access to the polling website for the election in which the voter is eligible to vote.

31.4 To cast their vote the voter may then key in a mark on the screen opposite the particulars of the candidate or candidates for whom they wish to cast their vote.

31.5 The voter must not be able to access the internet voting facility for an election once their vote at that election has been cast.

32. Voting procedure for remote voting by telephone

32.1 To cast their vote by telephone the voter must gain access to the telephone voting facility by calling the designated telephone number provided on the voter information using a telephone with a touch-tone keypad.

32.2 When prompted to do so, the voter must enter their voter ID number using the keypad.

32.3 If the telephone voting facility authenticates the voter ID number, the voter must be prompted to vote in the election.

32.4 When prompted to do so the voter may then cast his vote by keying in the code of the candidate or candidates, allocated in accordance with rule 61 of these rules, for whom they wish to vote.

32.5 The voter must not be able to access the telephone voting facility for an election once their vote at that election has been cast.

33. Voting procedure for remote voting by text message

33.1 To cast their vote by text the voter must gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided on the voter information.

33.2 The text message sent by the voter must contain their voter ID number and the code for the candidate or candidates, allocated in accordance with rule 61 of these rules, for whom they wish to vote.

33.3 The text message sent by the voter must be structured in accordance with the instructions on how to vote contained in the voter information.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

34. Receipt of voting documents

34.1 Where the returning officer receives a:
(a) covering envelope, or
(b) any other envelope containing a ballot paper,
before the close of the poll, that officer is to open it as soon as is practicable; and rules 35 and 36 are to apply.

34.2 The returning officer may open any covering envelope for the purposes of rules 35 and 36, but must make arrangements to ensure that no person obtains or communicates information as to:
(a) the candidate for whom a voter has voted, or
(b) the unique identifier on a ballot paper.

34.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers.

35. Validity of votes
35.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll.

35.2 Where the returning officer is satisfied that rule 35.1 has been fulfilled, the ballot paper is to be put aside for counting after the close of the poll.

35.3 Where the returning officer is not satisfied that rule 35.1 has been fulfilled, they should:
(a) mark the ballot paper "disqualified",
(b) record the unique identifier on the ballot paper in a list (the "list of disqualified documents"); and
(c) place the document or documents in a separate packet.

35.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet, telephone or text voting record has been received by the returning officer before the close of the poll.

36. De-duplication of votes
36.1 Where a combination of the methods of polling are being used, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in an election.

36.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in an election they shall:
(a) only accept as duly returned the first vote received that contained the duplicated voter ID number
(b) mark as "disqualified" all other votes containing the duplicated voter ID number

36.3 Where a ballot paper is "disqualified" under this rule the returning officer shall:
(a) mark the ballot paper "disqualified",
(b) record the unique identifier and voter id number on the ballot paper in a list (the "list of disqualified documents"); and
(c) place the ballot paper in a separate packet.

36.4 Where an internet, telephone or text voting record is "disqualified" under this rule the returning officer shall:
(a) mark the record as "disqualified",
(b) record the voter ID number on the record in a list (the "list of disqualified documents".
(c) disregard the record when counting the votes in accordance with these Rules.

37. Sealing of packets
37.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 35 and 36, the returning officer is to seal the packets containing:
(a) the disqualified documents, together with the list of disqualified documents inside it,

(b) the list of spoilt ballot papers,
(c) the list of lost ballots
(d) the list of eligible voters, and
(e) complete electronic copies of records referred to in rule 25 held in a device suitable for the purpose of storage.

Part 6 Counting the votes

Note: the following rules describe how the votes are to be counted manually but it is expected that appropriately audited vote counting software will be used to count votes where a combination of methods of polling is being used and votes are contained as electronic e-voting records and ballot papers.

STV38. Interpretation of Part 6

STV38.1In Part 6 of these rules:
"ballot" means a ballot paper, internet voting record, telephone voting record or text voting record.
"continuing candidate" means any candidate not deemed to be elected, and not excluded,
"count" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,
"deemed to be elected" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,
"mark" means a figure, an identifiable written word, or a mark such as "X",
"non-transferable vote" means a ballot:
(a) on which no second or subsequent preference is recorded for a continuing candidate,
or
(b) which is excluded by the returning officer under rule STV46,
"preference" as used in the following contexts has the meaning assigned below:

(a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference,
(b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and
(c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on,
"quota" means the number calculated in accordance with rule STV43,
"surplus" means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballots from the candidate who has the surplus,
"stage of the count" means:
(a) the determination of the first preference vote of each candidate,
(b) the transfer of a surplus of a candidate deemed to be elected, or
(c) the exclusion of one or more candidates at any given time,

"transferable vote" means a ballot on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,
"transferred vote" means a vote derived from a ballot on which a second or subsequent preference is recorded for the candidate to whom that ballot has been transferred, and
"transfer value" means the value of a transferred vote calculated in accordance with rules STV44.4 or STV44.7.

39. Arrangements for counting of the votes

39.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

40. The count

40.1 The returning officer is to:
(a) count and record the number of votes that have been returned, and
(b) count the votes according to the provisions in this Part of the rules.

40.2 The returning officer, while counting and recording the number of votes and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or a voter's voter ID number.

40.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

STV41. Rejected ballot papers

STV41.1 Any ballot paper:
(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
(b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,
(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
(d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV41.2The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

STV41.3 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV41.1

FPP41. Rejected ballot papers

FPP41.1 Any ballot paper:
(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
(b) on which votes are given for more candidates than the voter is entitled to vote,
(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
(d) which is unmarked or rejected because of uncertainty,
shall, subject to rules FPP41.2 and FPP41.3, be rejected and not counted.

FPP41.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP41.3 A ballot paper on which a vote is marked:
(a) elsewhere than in the proper place,
(b) otherwise than by means of a clear mark,
(c) by more than one mark,
is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP41.4 The returning officer is to:

(a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted, and
(b) in the case of a ballot paper on which any vote is counted under rules FPP41.2 and FPP 41.3, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

FPP41.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:
(a) does not bear proper features that have been incorporated into the ballot paper,
(b) voting for more candidates than the voter is entitled to,
(c) writing or mark by which voter could be identified, and
(d) unmarked or rejected because of uncertainty,
and, where applicable, each heading must record the number of ballot papers rejected in part.

STV42. First stage
STV42.1 The returning officer is to sort the ballots into parcels according to the candidates for whom the first preference votes are given.

STV42.2 The returning officer is to then count the number of first preference votes given on ballots for each candidate, and is to record those numbers.

STV42.3 The returning officer is to also ascertain and record the number of valid ballots.

STV43. The quota
STV43.1 The returning officer is to divide the number of valid ballots by a number exceeding by one the number of members to be elected.

STV43.2 The result, increased by one, of the division under rule STV43.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).

STV43.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV44.1 to STV44.3 has been complied with.

STV44. Transfer of votes
STV44.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballots on which first preference votes are given for that candidate into sub- parcels so that they are grouped:
(a) according to next available preference given on those ballots for any continuing candidate, or
(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV44.2 The returning officer is to count the number of ballots in each parcel referred to in rule

STV44.3 The returning officer is, in accordance with this rule and rule STV45, to transfer each sub-parcel of ballots referred to in rule STV44.1(a) to the candidate for whom the next available preference is given on those papers.

STV44.4 The vote on each ballot transferred under rule STV44.3 shall be at a value (“the transfer value”) which:
(a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
(b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballots on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

STV44.5 Where at the end of any stage of the count involving the transfer of ballots, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballots in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:
(a) according to the next available preference given on those ballots for any continuing candidate, or
(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV44.6 The returning officer is, in accordance with this rule and rule STV45, to transfer each sub-parcel of ballots referred to in rule STV44.5(a) to the candidate for whom the next available preference is given on those ballots.

STV44.7 The vote on each ballot transferred under rule STV44.6 shall be at:
(a) a transfer value calculated as set out in rule STV44.4(b), or
(b) at the value at which that vote was received by the candidate from whom it is now being transferred, whichever is the less.

STV44.8 Each transfer of a surplus constitutes a stage in the count.

STV44.9 Subject to rule STV44.10, the returning officer shall proceed to transfer transferable ballots until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV44.10 Transferable ballots shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:
(a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
(b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV44.11 This rule does not apply at an election where there is only one vacancy.

STV45. Supplementary provisions on transfer

STV45.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballots of the candidate with the highest surplus shall be transferred first, and if:
(a) The surpluses determined in respect of two or more candidates are equal, the transferable ballots of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
(b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballots of the candidate on whom the lot falls shall be transferred first.

STV45.2 The returning officer shall, on each transfer of transferable ballots under rule STV44:
(a) record the total value of the votes transferred to each candidate,
(b) add that value to the previous total of votes recorded for each candidate and record the new total,
(c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
(d) compare:
(i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
(ii) the recorded total of valid first preference votes.

STV45.3 All ballots transferred under rule STV44 or STV45 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot or, as the case may be, all the ballots in that sub-parcel.

STV45.4 Where a ballot is so marked that it is unclear to the returning officer at any stage of the count under rule STV44 or STV45 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot as a non-transferable vote; and votes on a ballot shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

STV46. Exclusion of candidates

STV46.1 If:
(a) all transferable ballots which under the provisions of rule STV44 (including that rule as applied by rule STV46.11 and this rule are required to be transferred, have been transferred, and
(b) subject to rule STV47, one or more vacancies remain to be filled,
the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV46.12 applies, the candidates with the then lowest votes).

STV46.2 The returning officer shall sort all the ballots on which first preference votes are given for the candidate or candidates excluded under rule STV46.1 into two sub-parcels so that they are grouped as:
(a) ballots on which a next available preference is given, and
(b) ballots on which no such preference is given (thereby including ballots on which preferences are given only for candidates who are deemed to be elected or are excluded).

STV46.3 The returning officer shall, in accordance with this rule and rule STV45, transfer each sub-parcel of ballots referred to in rule STV46.2 to the candidate for whom the next available preference is given on those ballots.

STV46.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

STV46.5 If, subject to rule STV47, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballots, if any, which had been transferred to any candidate excluded under rule STV46.1 into sub- parcels according to their transfer value.

STV46.6 The returning officer shall transfer those ballots in the sub-parcel of transferable ballots with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballots (thereby passing over candidates who are deemed to be elected or are excluded).

STV46.7 The vote on each transferable ballot transferred under rule STV46.6 shall be at the value at which that vote was received by the candidate excluded under rule STV46.1.

STV46.8 Any ballots on which no next available preferences have been expressed shall be set aside as non-transferable votes.

STV46.9 After the returning officer has completed the transfer of the ballots in the sub-parcel of ballots with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballots with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV46.1.

STV46.10 The returning officer shall after each stage of the count completed under this rule:
(a) record:
(i) the total value of votes, or

(ii) the total transfer value of votes transferred to each candidate,

(b) add that total to the previous total of votes recorded for each candidate and record the new total,

(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and

(d) compare:
(i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
(ii) the recorded total of valid first preference votes.

STV46.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV44.5 to STV44.10 and rule STV45.

STV46.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

STV46.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:
(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV47. Filling of last vacancies
STV47.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV47.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV47.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV48. Order of election of candidates
STV48.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV44.10.

STV48.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV48.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

STV48.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

FPP48. Equality of votes
FPP48.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

Part 7 Final proceedings in contested and uncontested elections

FPP49. Declaration of result for contested elections
FPP49.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:
(a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,

(b) give notice of the name of each candidate who they have declared elected:
(i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
(ii) in any other case, to the Chair of the corporation; and
(c) give public notice of the name of each candidate whom they have declared elected.

FPP49.2 The returning officer is to make:
(a) the total number of votes given for each candidate (whether elected or not), and
(b) the number of rejected ballot papers under each of the headings in rule FPP41.5,
available on request.

STV49. Declaration of result for contested elections
STV49.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:
(a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
(b) give notice of the name of each candidate who they have declared elected –
(i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
(ii) in any other case, to the Chair of the corporation, and
(c) give public notice of the name of each candidate who they have declared elected.

STV49.2 The returning officer is to make:
(a) the number of first preference votes for each candidate whether elected or not,
(b) any transfer of votes,
(c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
(d) the order in which the successful candidates were elected, and
(e) the number of rejected ballot papers under each of the headings in rule STV41.1,
available on request.

50. Declaration of result for uncontested elections
50.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:
(a) declare the candidate or candidates remaining validly nominated to be elected,
(b) give notice of the name of each candidate who they have declared elected to the Chair of the corporation, and
(c) give public notice of the name of each candidate who they have declared elected.

Part 8 Disposal of documents

51. Sealing up of documents relating to the poll

51.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:
(a) the counted ballot papers,
(b) the ballot papers endorsed with "rejected in part",
(c) the rejected ballot papers, and
(d) the statement of rejected ballot papers.
(e) the complete electronic copies of records referred to in rule 25 held in a device suitable for the purpose of storage.

51.2 The returning officer must not open the sealed packets of:
(a) the disqualified documents, with the list of disqualified documents inside it,
(b) the list of spoilt ballot papers,
(c) the list of lost ballots,
(d) the list of eligible voters, and
(e) the complete electronic copies of records referred to in rule 25 held in a device suitable for the purpose of storage.

51.3 The returning officer must endorse on each packet a description of:
(a) its contents,
(b) the date of the publication of notice of the election,
c) the name of the corporation to which the election relates, and
(d) the constituency, or class within a constituency, to which the election relates.

52. Delivery of documents

52.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 51, the returning officer is to forward them to the chair of the corporation.

53. Forwarding of documents received after close of the poll

53.1 Where:
(a) any voting documents are received by the returning officer after the close of the poll,
or
(b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
(c) any applications for replacement voter information is made too late to enable new ballot papers to be issued,
The returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the Chair of the corporation.

54. Retention and public inspection of documents

54.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the regulator, cause them to be destroyed.

54.2 With the exception of the documents listed in rule 55.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

54.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so

55. Application for inspection of certain documents relating to an election

55.1 The corporation may not allow the inspection of, or the opening of any sealed packet containing –
(a) any rejected ballot papers, including ballot papers rejected in part,
(b) any disqualified documents, or the list of disqualified documents,

(c) any counted ballot papers, or
(d) the list of eligible voters,
(e) the complete electronic copies of records referred to in rule 25 held in a device suitable for the purpose of storage by any person without the consent of the Regulator.

55.2 A person may apply to the Regulator to inspect any of the documents listed in rule 55.1, and the Regulator may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

55.3 The Regulator's consent may be on any terms or conditions that it thinks necessary, including conditions as to –
(a) persons,
(b) time,
(c) place and mode of inspection,
(d) production or opening, and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

55.4 On an application to inspect any of the documents listed in rule 55.1:
(a) in giving its consent, the regulator, and
(b) making the documents available for inspection, the corporation, must ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –
(i) that their vote was given, and
(ii) that the regulator has declared that the vote was invalid.

Part 9 Death of a candidate during a contested election

FPP56. Countermand or abandonment of poll on death of candidate
FPP56.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:
(a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and
(b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

FPP56.2 Where a new election is ordered under rule FPP56.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

FPP56.3 Where a poll is abandoned under rule FPP56.1(a), rules FPP56.4 to FPP56.7 are to apply.

FPP56.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 35 and 36, and is to make up separate sealed packets in accordance with rule 37.

FPP56.5 The returning officer is to:
(a) count and record the number of ballot papers that have been received, and
(b) seal up the ballot papers into packets, along with the records of the number of ballot papers.
(c) seal up the electronic copies of records that have been received referred to in rule 25 held in a device suitable for the purpose of storage.

FPP56.6 The returning officer is to endorse on each packet a description of:
(a) its contents,
(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and
(d) the constituency, or class within a constituency, to which the election relates.

FPP56.7 Once the documents relating to the poll have been sealed up and endorsed pursuant to rules FPP56.4 to FPP56.6, the returning officer is to deliver them to the Chair of the corporation, and rules 54 and 55 are to apply.

STV56. Countermand or abandonment of poll on death of candidate
STV56.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:
(a) publish a notice stating that the candidate has died, and
(b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
(i) ballots which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
(ii) ballots which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV56.2 The ballots which have preferences recorded for the candidate who has died are to be sealed with the other counted ballots pursuant to rule 51.1(a).

Part 10 Election expenses and publicity

57. Election expenses
57.1 Any expenses incurred, or payments made, for the purposes of an election which to the regulator under Part 11 of these rules.

58. Expenses and payments by candidates
58.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:
(a) personal expenses,
(b) travelling expenses, and expenses incurred while living away from home, and
(c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

59. Election expenses incurred by other persons
59.1 No person may:
(a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
(b) give a candidate or their family any money or property (whether a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

59.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 60 and 61.

Publicity

60. Publicity about election by the corporation
60.1 The corporation may:
(a) compile and distribute such information about the candidates, and
(b) organise and hold such meetings to enable the candidates to speak and respond to questions, as it considers necessary.

60.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 61, must be:
(a) objective, balanced and fair,
(b) equivalent in size and content for all candidates,
(c) compiled and distributed in consultation with all of the candidates standing for election, and
(d) must not seek to promote or procure the election of a specific candidate or candidates, the expense of the electoral prospects of one or more other candidates.

60.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

61. Information about candidates for inclusion with voting information

61.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 23 of these rules.

61.2 The information must consist of:
(a) a statement submitted by the candidate of no more than 250 words,
(b) if voting by telephone or text message is a polling method, the numerical voting code, allocated by the returning officer, to each candidate, for the purpose of recording votes on the telephone voting facility or the text message voting facility, and
(c) a photograph of the candidate.

62. Meaning of "for the purposes of an election"

62.1 In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

62.2 The provision by any individual of their own services voluntarily, on their own time, and free of charge is not to be considered an expense for the purposes of this Part.

Part 11Questioning elections and the consequence of irregularities

63. Application to question an election

63.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to the regulator.

63.2 An application may only be made once the outcome of the election has been declared by the returning officer.

63.3 An application may only be made to the Regulator by:
(a) a person who voted at the election or who claimed to have had the right to vote, or
(b) a candidate, or a person claiming to have had a right to be elected at the election.

63.4 The application must:
(a) describe the alleged breach of the rules or electoral irregularity, and
(b) be in such a form as the Regulator may require.

63.5 The application must be presented in writing within 21 days of the declaration of the result of the election.

63.6 If the Regulator requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

63.7 The Regulator shall delegate the determination of an application to a person or persons to be nominated for the purpose of the Regulator.

63.8 The determination by the person or persons nominated in accordance with rule 63.7 shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency including all the candidates for the election to which the application relates.

63.9 The Regulator may prescribe rules of procedure for the determination of an application including costs.

Part 12 Miscellaneous

64. Secrecy

64.1 The following persons:
(a) the returning officer,
(b) the returning officer's staff,
must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:
(i) the name of any member of the corporation who has or has not been given voter information or who has or has not voted,
(ii) the unique identifier on any ballot paper,
(iii) the voter ID number allocated to any voter
iv) the candidate(s) for whom any member has voted.

64.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter id number allocated to a voter.

64.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

65. Prohibition of disclosure of vote

65.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

66. Disqualification

66.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:
(a) a member of the corporation,
(b) an employee of the corporation,
(c) a director of the corporation, or
(d) employed by or on behalf of a person who has been nominated for election.

67. Delay in postal service through industrial action or unforeseen event

67.1 If industrial action, or some other unforeseen event, results in a delay in:
(a) the delivery of the documents in rule 23, or
(b) the return of the ballot papers and declarations of identity,
the returning officer may extend the time between the publication of the notice of the poll and the close of the poll, with the agreement of the Regulator.

END

~~ANNEX 7~~ – COUNCIL OF GOVERNORS – STANDING ORDERS

AS APPROVED AT COUNCIL OF GOVERNORS JANUARY 20243

A Public Benefit Corporation

STANDING ORDERS

COUNCIL OF GOVERNORS

Version:	5 – Updated and separation from Trust Constitution 2.0 Review and update including: - Expenses clarification - References to NHS England / NHS Improvement - Typographical amends 2.1 Addition of partner governor May 2019 3 April 2021 Integrated car system references added Addition of period after which governors may stand for re-election
Approved by:	Council of Governors / Board of Directors
Date approved:	17 January 2017 Version 2 17 October 2019 Version 3 22 April 2021 Version 4 20 April 2023 Updates for Health and Care Act 2022 and change from Council Member to Governor Version 5 25 January 2024 – update for quoracy, addition of written resolution, amendment to variation of Standing Orders and dispute resolution
Date issued:	~~17 October 2019 20 April 2023~~ TBC 7 March 2024
Next Review date:	In conjunction with the constitution but as a minimum every three years (2027)

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INTERPRETATION

In these Standing Orders, the provisions relating to interpretation in the Constitution shall apply and the words and expressions defined in the Constitution shall have the same meaning and, in addition:

"**The Act**" shall mean the National Health Service Act 2012.

"**Terms of Authorisation**" shall mean the Authorisation of the Trust issued by NHS England with any amendments for the time being in force.

"**Corporation**" means Calderdale & Huddersfield NHS Foundation Trust, which is a public benefit corporation.

"**Board of Directors**" shall mean the Board of Directors as constituted in accordance with the Trust's constitution.

"**Chair**" means the person appointed to be Chair of the Trust under the terms of the constitution.

"**Chief Executive**" shall mean the chief officer of the Trust.

"**Constitution**" shall mean the constitution attached to the Authorisation with any variations from time to time approved by NHS England.

"**Council of Governors**" shall mean the Council of Members as constituted in accordance with the corporation's constitution.

"**Council of Governors"** shall mean those persons elected or appointed to sit on the Trust's Council of Governors.

Deputy Lead Governor lead governor, act as deputy in the absence of the lead governor and share workload as required and act as a sounding board for the lead governor
"**Director**" shall mean a member of the Board of Directors as defined in section 13 of the constitution.

"Governor" shall mean a governor member of the Council of Governors as defined in section 12 of the constitution.

"**Lead Governor"** is the Public Council of Governor selected by the Council of Governors to act as a lead for the Council of Governors and to chair meetings in those circumstances where both the Chair and Deputy Chair have a conflict.

Integrated Care System (ICS) - is the West Yorkshire Health and Care Partnership.

"**NHS England**" is the previous name of the Independent Regulator for NHS Foundation Trusts. This changed to NHS Improvement on 1 April 2016and NHS England on 1 July 2022

"**Motion**" means a formal proposition to be discussed and voted on during the course of a meeting.

"**Officer**" means an employee of the Trust.

"**Deputy Chair**" means the Deputy Chair of the Trust pursuant to the terms of the constitution who will preside at meetings of the Council of Governors in the Chair's absence.

"**Secretary**" means the Board Secretary of the Trust or any other person appointed to perform the duties of the Secretary to the Board of Directors.

"**Written Resolution**" means a formal proposition to be circulated to governors to be voted on outside of a general meeting and returned as required – it allows a resolution to become effective without the need for a general meeting of the Council of Governors.

SECTION A: CONDUCT OF MEETINGS

1. Admission of the Public and the Press

1.1. The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Council of Governors but shall be required to withdraw upon the Council of Governors resolving as follows:

"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with 12.24 of the Constitution."

1.2. The Chair (or Deputy Chair) shall give such directions as he/she thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Council of Governors' business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on the grounds of the confidential nature of the business to be transacted, the Council of Governors may resolve as follows:

"That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Council of Governors to complete business without the presence of the public in accordance with 12.24 of the Trust's Constitution."

1.3. Nothing in these Standing Orders shall require the Council of Governors to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than in writing, or to make any oral report of proceedings as they take place without prior agreement of the Council of Governors.

2. Calling and notice of meetings

2.1. The Council of Governors is to meet at least three times in each financial year. Meetings shall be determined at the first meeting of the Council of Governors or at such other times as the Council of Governors may determine and at such places as they may from time to time appoint. Meetings may be held virtually or in person.

2.2. Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least **ten working** days written notice of the date and place of every meeting of the Council of Governors to all Governors. Notice will also be published on the Trust's website.

2.3. Meetings of the Council of Governors may be called by the Secretary, by the Chair, by the Board of Directors or by eight Governors (including two appointed Governors) who give written notice to the Secretary specifying the business to be carried out. The Secretary shall send a written notice to all Governors as soon as possible after receipt of such a request giving at least **ten working days'** notice to discuss the specified business. If the Secretary fails to call such a meeting then the Chair or four Governors, whichever is the case, shall call such a meeting.

2.4. In the case of a meeting called by Governors in default of the Chair, the notice shall be signed by those Governors and no business shall be transacted at the meeting other than that specified on the notice.

2.5. All meetings of the Council of Governors are to be general meetings open to members of the public unless the Council of Governors decides otherwise in relation

to all or part of the meeting for reasons of commercial confidentiality or on other proper grounds. The Chair may exclude any member of the public from a meeting of the Council of Governors if they are interfering with or preventing the proper conduct of the meeting.

2.6. The Council of Governors may invite the Chief Executive or through the Chief Executive any other member or members of the Board of Directors, or a representative of the Trust's auditors or other advisors to attend a meeting of the Council of Governors. The Chief Executive and any Executive of the Trust nominated by the Chief Executive shall have the right to attend any meeting of the Council of Governors provided that they shall not be present for any discussion of their individual relationship with the Trust

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

2.8. All decisions taken in good faith at a meeting of the Council of Governors, or of any of its committees, shall be valid even if it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of the Governors attending the meeting.

2.9. Following notice of the meeting (as set out in SO 2.3) an agenda for the meeting, specifying the business proposed to be transacted at it shall be sent to every Governor, so as to be available to him/her at least **five working** days before the meeting.

2.10. The agendas will include all supporting papers available at the time of posting. Further supporting papers will be received no later than **three (3)** working days before the meeting.

2.11. Lack of service of the notice on any one person above shall not affect the validity of the meeting, but failure to serve such a notice on more than six Governors will invalidate the meeting. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.

3. Quorum

3.1. Seven Council of Governors members (including not less than five Public Governors, not less than one Staff Governor and not less than one Appointed Governor – in line with the Constitution) present in person or by proxy under arrangements approved by the Council of Governors shall form a quorum.

4. Setting the agenda

4.1. A Governor desiring a matter to be included on an agenda shall make the request in writing to the Chair at least **ten working** days before the meeting. Requests made less than fourteen clear days before a meeting may be included on the agenda at the discretion of the Chair or the Secretary.

5. Chairing of meeting

5.1. The Chair of the Trust or, in his/her absence, the Deputy Chair will chair meetings of the Council of Governors.

5.2. The Lead Governor will be appointed from the Public Membership at a general meeting. He/she will act as Chair of the meeting should the Chair and the Deputy Chair be in conflict. If the Lead Governor is absent or is disqualified from participating then the governors present shall choose by majority which Public Governor present shall preside for that part of the meeting. The Deputy Chair will hold the casting vote when he/she is acting as Chair.

6. Notices of motion

6.1. A Governor desiring to move or amend a motion shall send a written notice thereof at least **ten working** days before the meeting to the Chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda subject to preceding provisions.

7. Withdrawal of motion or amendments

7.1. A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

8. Motion to rescind a resolution

8.1. Notice of motion to amend or rescind any resolution (or general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Governors who give it and also the signature of four other Governors, of whom at least two shall be Public Governors. When any such motion has been disposed of by the Trust, it shall not be competent for any Governor other than the Chair to propose a motion to the same effect within six months, although the Chair may do so if he/she considers it appropriate.

9. Motions

9.1. The mover of a motion shall have the right of reply at the close of any discussions on the motion or any amendment thereto.

9.2. When a motion is under discussion or immediately prior to discussion it shall be open to a Governor to move:

a) An amendment to the motion.

b) The adjournment of the discussion or the meeting.

c) That the meeting proceed to the next business. (*)

d) The appointment of an ad hoc committee to deal with a specific item of business.

e) That the motion be now put. (*)

1. [*In the case of sub-paragraphs denoted by (*) above to ensure objectivity motions may only be put by a Governor who has not previously taken part in the debate.]

9.3. No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

10. Written Resolution

A written resolution is a formal written decision agreed after considering a motion. When the Chair or a governor desire that a resolution is passed by the Council of Governors, the Chair, Board Secretary or the governor (with the consent of the Chair) may circulate the resolution amongst the governors proposing that it is passed as a written resolution.

In terms of proposing Council of Governors Written Resolutions:

10.1 **The Chair, or seven (7) governors (including at least two (2) elected** governors and two (2) appointed governors) (5,1,1, as per quoracy) who give written notice to the Trust Secretary specifying the business to be carried out may propose a Council of Governors written resolution.

10.2 **Exclusions**

The following may not be passed as a written resolution:

- the removal of a Non-Executive Director or Chair
- removal of the auditor
- approval of a significant transaction.

10.3 A Council of Governors' written resolution shall be proposed by giving written notice of the proposed resolution to each governor. Notice by post, delivery in person, or email shall constitute written notice.

Notice of a proposed Council of Governors written resolution must indicate:

- the proposed resolution;
- how to signify agreement to the resolution; and
- the date by which it is proposed that the Council of Governors should adopt it.

A proposed written resolution shall lapse if not adopted by the 28th day from circulation.

References in this paragraph to eligible Governors are to members of the Council of Governors who would have been entitled to vote on the matter had it been proposed at a meeting of the Council of Governors.

A decision may not be taken in accordance with this paragraph if the eligible Governors would not have formed a quorum at such a meeting.

The resolution is deemed to have been passed when the required majority (simple majority, or 75% if a special resolution) as appropriate of eligible Governors have signified their agreement to it.

Where decisions of the Council of Governors are taken by means other than at a face-to face meeting or by written resolution, such decisions shall be recorded by the Trust Secretary in permanent written form.

Any written resolution that is so passed shall be noted at the next meeting of the Council of Governors.

11. Chair's ruling

11.1. The decision of the Chair of the meeting on the question of order, relevancy and regularity shall be final.

12. Voting

12.1. Questions arising at a meeting of the Council of Governors requiring a formal decision shall be decided by a majority of votes. In case of an equality of votes the Chair shall decide the outcome. No resolution of the Council of Governors shall be passed if it is unanimously opposed by all of the Public Governors.

12.2. All questions put to the vote shall, at the discretion of the Chair, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Governors present so request, or the Secretary deems it advisable or necessary.

12.3. If at least one third of the Governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Governor present voted or abstained.

12.4. If a Governor so requests his/her vote shall be recorded by name upon any vote (other than by paper ballot).

12.5. In no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote.

13. Minutes

13.1. The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting

13.2. No discussion shall take place upon the minutes, except upon their accuracy, or where the Chair considers discussion appropriate. Any amendments to the minutes shall be agreed and recorded at the next meeting.

13.3. Minutes shall be circulated in accordance with Governors' wishes. Where providing a record of a public meeting the minutes shall be made available to the public via the Trust Website (required by the Code of Practice of Openness in the NHS).

13.4. The names of the Governors' present at the meeting and those who gave apologies for each meeting shall be recorded in the minutes.

13.5. Council of Governor Members' must make every effort to attend meetings of the Council of Governors where appropriate and practicable. Where is it's not possible for a Governor to attend apologies should be sent to the Corporate Governance Manager no later than three working days prior to the meeting.

SECTION B: COMMITTEES

14. Appointment of Committees

14.1. Subject to paragraph 40 below and such directions as may be given by NHS England, the Council of Governors may and, if directed to do so, shall appoint committees of the Council of Governors, consisting wholly or partly of Governors. In all cases, each committee shall have a majority of Public Governors.

14.2. A committee appointed under SO 13.1 may, subject to such directions as may be given by NHS England or the Council of Governors, appoint sub-committees consisting wholly or partly of members of the committee.

14.3. These Standing Orders, as far as it is applicable, shall apply with appropriate alteration to meetings of any committees or sub-committee established by the Council of Governors.

14.4. Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Council of Governors), as the Council of Governors shall decide. Such terms of reference shall have effect as if incorporated into these Standing Orders.

14.5. Committees may not delegate their powers to a sub-committee unless expressly authorised by the Council of Governors.

14.6. The Council of Governors shall approve the appointments to each of the committees which it has formally constituted. Where the Council of Governors determines that persons who are neither Governors, nor directors or officers, shall be appointed to a committee, the terms of such an appointment shall be determined by the Council of Governors subject to the payment of travelling and other allowances being in accordance with such sum as may be determined by the Board of Directors or NHS England (in line with SO 20).

14.7. Where the Council of Governors is required to appoint persons to a committee or to undertake statutory functions as required by NHS England, and where such appointments are to operate independently of the Council of Governors or the Board of Directors, such appointment shall be made in accordance with the any regulations laid down by the Chief Executive or his nominated officer or any directions or guidance issued by NHS England from time to time.

15. Confidentiality

15.1. A member of a committee shall not disclose a matter dealt with by, or brought before, the committee without its permission until the committee shall have reported to the Council of Governors or shall otherwise have concluded on that matter.

15.2. A Governor or a member of a committee shall not disclose any matter reported to the Council of Governors or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Council of Governors or committee shall resolve that it is confidential and / or is discussed in private for all or part of a meeting.

15.3. In relation to patient confidentiality, the provisions at paragraphs 42 and 43 above for disclosure of information by Governors or members of committees established

by the Council of Governors shall not apply, and such information shall not be disclosed under any circumstances.

16. Appointment of the Chair, Deputy Chair and Non-Executive Directors

16.1. The Council of Governors shall appoint a Chair of the Trust. The Board of Directors will appoint one Non-Executive Director to be Deputy Chair of the Trust. This individual may, through agreement with the Chair, also take on the role of SINED (Senior Independent Non-Executive Director). The Council of Governors shall ratify the appointment of the Vice Chair at a general meeting.

16.2. Non-Executive Directors are to be appointed by a sub-committee (not exceeding four persons) of the Council of Governors using the procedures set out under paragraph 13 of the constitution.

SECTION C: REGISTER AND DISCLOSURE OF INTERESTS

17. Register and disclosure of interests

17.1. If Governors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair or the Secretary.

17.2. Any Governor who has a material interest in a matter as defined below and in the constitution shall declare such an interest to the Council of Governors and it shall be recorded in a register of interests and the Governor in question:

a) Shall not be present except with the permission of the Council of Governors in any discussion of the matter, and

b) Shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).

17.3. Any Governor who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so by a majority of the remaining Governors.

17.4. At the time the interests are declared, they should be recorded in the minutes of the Council of Governors. Any changes in interests should be officially declared at the next meeting as appropriate following the change occurring.

17.5. It is the obligation of a Governor to inform the Secretary in writing within seven days of becoming aware of the existence of a relevant or material interest. The Secretary will amend the register upon receipt within three working days.

17.6. The details of Governors' interests recorded in the register will be kept up to date by the Secretary, and reviewed at each meeting of the Council of Governors.

17.7. Subject to the requirements of the Public Benefit Corporation (Register of Members) Regulations 2006 and the Data Protection Act 1998, the register will be available for inspection by the public free of charge and will be published on the Trust's website.

17.8. Copies or extracts of the register must be provided to members of the Trust free of charge and within a reasonable time period of the request. A reasonable charge may be imposed on non-members for copies or extracts of the register.

17.9. A material interest in a matter is any interest (save for the exceptions referred to below) held by a Governor, or their spouse or partner, in any firm or business which, in connection with the matter, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust.

The exceptions which shall not be treated as material interests are as follows:

a) Shares not exceeding 2% of the total shares in issue held in any company whose shares are listed on any public exchange;

b) An employment contract held by staff Governors;

c) A contract with their Integrated Care Board / Integrated Care System (ICS) held by a Place / ICS governor;

d) An employment contract with a Local Authority held by a Local Authority Governor;

e) An employment contract with any organization listed at paragraph 12.3.5 of the constitution.

17.10. If, in relation to 47, the Chair has a conflict of interest, the Deputy Chair will exercise the casting vote. If the Deputy Chair has a conflict of interest, the Deputy Chair will preside and exercise the casting vote, the nomination to be approved by a majority vote of those present at the meeting.

17.11. An elected Governor may not vote at a meeting of the Council of Governors unless, before attending the meeting, they have made a declaration in the Council of Governors Charter as specified by the Council of Governors as to the basis upon which they are entitled to vote as a member. The Constitution provides guidance. An elected Governor shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of elected Governors.

17.12. Members of the Council of Governors must meet the requirements of the Fit and Proper persons test as per section 4.1 of Section C of the Code of Governance for NHS Provider Trusts (Composition succession and evaluation) and comply with the Trust Fit and Persons Policy.

17.13. All members of the Council of Governors are required to comply with any Code of Conduct for Governors adopted by the Council of Governors or Board of Directors and with the Trust values and behaviours.

SECTION D: TERMINATION OF OFFICE AND REMOVAL OF GOVERNOR

18. Termination of office

18.1. A person holding office as a Governor on the Council of Governors shall immediately cease to do so if:

a) They resign by notice in writing to the Secretary;

b) They fail to attend two meetings in any Financial Year, unless the other l Governors are satisfied that the absences were due to reasonable causes, and they will be able to start attending meetings of the trust again within such a period as they consider reasonable;

c) In the case of an elected Council Governor, they cease to be a Member of the constituency by whom they were elected;

d) In the case of an appointed Council Governor, the Appointing Organisation terminates the appointment;

e) They have failed to undertake any training which the Council of Governors requires all Governors to undertake;

f) They have failed to sign and deliver to the Secretary a statement in the form required by the Council of Governors confirming acceptance of the Code of Conduct for Council of Governors Charter;

g) They refuse to sign a declaration in the form specified by the Council of Governors that they are a Member of a specific public constituency and are not prevented from being a Member of the Council of Governors. This does not apply to Staff Governors;

h) They are removed from the Council of Governors under the following provisions.

19. Removal of Governor

19.1. A Governor r may be removed from the Council of Governors by a resolution approved by not less than three-quarters of the remaining Governors present and voting at a general meeting of the Council of Governors on the grounds that:

a) They have committed a serious breach of the Code of Conduct; or

b) They have acted in a manner detrimental to the interests of the Trust; and

c) The Council of Governors considers that it is not in the best interests of the Trust for them to continue as a Governor.

19.2. Where a person has been elected or appointed to be a Governor and he/she becomes disqualified for appointment, under SO 17.1 above, he/she shall notify the Secretary in writing of such disqualification.

19.3. If it comes to the notice of the Secretary that a person elected or appointed to be a Governor may be disqualified, under SO 17.1 above, from holding that office and the Secretary has not received a notice, under paragraph 59, from that person, the Secretary will make such inquiries as he/she thinks fit and, if satisfied that the person may be so disqualified, the Secretary will advise the Chair so that the Chair

can make a recommendation for disqualification to the Council of Governors. The recommendation will either be made to a general meeting or to a meeting called specifically for the purpose.

19.4. The Secretary shall give notice in writing to the person concerned that the Trust proposes to declare the person disqualified as a Governor. In this notice, the Secretary shall specify the grounds on which it appears to him/her that the person is disqualified and give that person a period of fourteen days in which to make representations, orally or in writing, on the proposed disqualification.

19.5. The Chair's recommendations and any representations by the Governor concerned shall be made to the Council of Governors. If no representations are received within the specified time, or the Council of Governors upholds the proposal to disqualify, the Secretary shall immediately declare that the person in question is disqualified and notify him/her in writing to that effect. On such declaration the person's tenure of office shall be terminated and he/she shall cease to act as a Governor.

19.6. A Governor whose tenure of office is terminated under paragraph 18 shall not be eligible to stand for re-election. ~~Any re-election would take into account time served as a Governor so that a maximum term would not exceed 6 years.~~

SECTION E: REMUNERATION AND PAYMENT OF EXPENSES

20. Remuneration

20.1. Governors are not to receive remuneration.

21. Payment of expenses

21.1. The return cost of travel from the Governor

a) The actual bus or rail fare using the most direct route.

b) Travel by private car or taxi at the Trust's usual pence per mile rate (currently 28p per mile) using the most direct route.

c) Necessary parking charges.

21.2. Governors claiming expenses may be required to provide tickets, receipts or other proof of expenditure alongside a completed and signed expenses form.

21.3. Expenses will be authorised through the Secretary's office and details of all expenses claimed by Governors will be recorded and published in the Trust's Annual Report and Accounts.

SECTION F: STANDARDS OF CONDUCT OF GOVERNORS

22. Policy

22.1. In relation to their conduct as a member of the Council of Governors, each Governor must comply with the same standards of business conduct as for NHS staff. In particular, the Trust must be impartial and honest in the conduct of its business and its office holders and staff must remain beyond suspicion. Governors are expected to be impartial and honest in the conduct of official business.

23. Interest of Governors in contracts

23.1. If it comes to the knowledge of a Governor that a contract in which he/she has any pecuniary interest not being a contract to which he is himself a party, has been, or is proposed to be, entered into by the Trust, he/she shall, at once, give notice in writing to the Secretary of the fact that he/she has such an interest.

23.2. A Governor shall not solicit for any person any appointment in the Trust.

23.3. Informal discussions outside appointment committees, whether solicited or unsolicited, should be declared to the committee.

SECTION G: MISCELLANEOUS PROVISIONS

24. Suspension of Standing Orders

24.1. Standing Orders may be suspended at any general meeting provided that:

a) at least two-thirds of the Council of Governors are present, including at least six elected Governors and one appointed Governor, and

b) the Secretary does not advise against it, and

c) a majority of those present vote in favour.

24.2. But Standing Orders cannot be suspended if to do so would contravene any statutory provision, or the Trust's Terms of Authorisation, or the Trust's constitution.

24.3. A decision to suspend Standing Orders shall be recorded in the minutes of the meeting and any matters discussed during the suspension of Standing Orders shall be recorded separately and made available to all members of the Council of Governors.

24.4. No formal business may be transacted while Standing Orders are suspended.

25. Variation and amendment of Standing Orders

25.1. Standing Orders may only be varied or amended if:

a) the proposed variation does not contravene any statutory provision, or the Trust's Terms of Authorisation, or the Trust's constitution;

b) unless proposed by the Chair or the Chief Executive or the Secretary, a notice of motion under paragraph 19 has been given;

c) ~~-thirds of the Council of Governors are~~ at least six elected Governors and one appointed Governor, and at least half of the Governors present vote in favour of amendment.

26. Review of Standing Orders

26.1. Standing Orders shall be reviewed bi-annually by the Council of Governors. The requirement for review shall extend to all and any documents having effect as if incorporated in Standing Orders.

APPENDIX A DISPUTES RESOLUTION

Dispute resolution procedure

Except where otherwise specified in the Constitution (paragraph 21) or the Standing Orders of the Council of Governors, questions of eligibility, procedure and administrative matters in relation to governorship or meetings of members or governors shall be determined by the Secretary. There will be a right of appeal to the Chair, whose decision shall be final and binding.

Except where otherwise specified in this Constitution, matters in relation to Directorship or meetings of Directors shall be determined by the Secretary, with a right of appeal to the Chair, whose decision shall be final and binding.

In the event of a dispute between the Council of Governors and the Board of Directors, the Council of Governors and the Board of Directors shall meet and attempt to resolve the dispute by negotiation. If agreement cannot be reached then the dispute shall be referred to the Chair, whose decision shall be final and binding.

In the event of the Council of Governors considering the Trust to be at risk of breaching its terms of authorisation, (likely to be an issue of Board leadership) such referral should be via the nominated lead governor to NHS England, if these concerns cannot be satisfactorily resolved (Appendix B, Council of Governors and the role of the nominated lead governor, section 4.49, Code of Governance for NHS Provider Trusts).

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

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 25 January 2024
Meeting:	Council of Governors
Title:	Arrangements for Senior Independent Non-Executive Director and Deputy Chair
Author:	Andrea McCourt, Company Secretary
Sponsoring Director:	Victoria Pickles, Director of Corporate Affairs
Previous Forums:	Board of Directors 11 January 2024
Purpose of the Report	This paper presents to the Council of Governors proposals for future Senior Independent Non-Executive Director and Deputy Chair arrangements for ratification following approval by the Board of Directors.
Key Points to Note	**Senior Independent Non-Executive Director and Deputy Chair Arrangements** 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 is thanked for her contribution to the Trust as both NED, SINED and Deputy Chair. The Trust has therefore considered the future arrangements that will take effect from 28 February 2024. The Trust Constitution details the process for appointing the Deputy Chair and the Senior Independent Non-Executive Director as follows: **Section 25: Board of Directors – appointment and removal of the Chair, Deputy Chair and other Non-Executive Directors** *25.2 The Board of Directors will appoint one Non-Executive Director to be Deputy Chair of the Trust. This individual may, through agreement with the Chair, take on the role of Senior Independent Non-Executive Director (SINED).* **Section 26: Board of Directors – Senior Independent Director** *26.1 The Board of Directors will appoint one Non-Executive Director to be the Senior Independent Director.* **Standing Orders of the Council of Governors** Standing Orders of the Council of Governors state the following in relation to ratification of these appointments: (text in red is proposed changes to the Standing Orders later on the agenda)

16. Appointment of the Chair, Deputy Chair and Non-Executive Directors

16.1 The Council of Governors shall appoint a Chair of the Trust. The Board of Directors will appoint one Non-Executive Director to be Deputy Chair of the Trust. This individual may, through agreement with the Chair, also take on the role of SINED (Senior Independent Non-Executive Director). ***The Council of Governors shall ratify the appointment of the ~~Vice~~ Deputy Chair and Senior Independent Non-Executive Director at a general meeting****.*

The Code of Governance for NHS provider Trusts advises that the Chair of the Audit and Risk Committee, currently Nigel Broadbent, should not ideally be the Deputy Chair or SINED.

As noted above the Senior Independent Non-Executive Director may be, but does not have to be, the Deputy Chair. The roles have the following remit over and above that of a NED:

Deputy Chair – Chairs meetings in the absence of the Chair and takes on Chair duties, including when the Chair has a conflict of interest.

SINED – maintains regular contact with the Council of Governors and is available to governors if they have concerns which contact through the usual channels of Trust Chair, Chief Executive, Director of Corporate Affairs and Company Secretary has failed to resolve or where such contact is considered inappropriate. The SINED carries out the Chair's appraisal. The SINED also provides a sounding board for the Chair and is an intermediary for other Directors where necessary. Section 26.2 of the Trust Constitution provides further details the duties of the SINED.

NED commitments are considerable and the Trust Chair, following discussion with NEDs, has agreed to have a Deputy Chair and a separate SINED. The benefit of this is that whilst the Deputy Chair is eligible to be the SINED, the Deputy Chair cannot carry out this role when acting as Chair of the Trust, due to the need to be independent of the Chair role.

The Board of Directors approved the appointments below at its Board meeting on 11 January 2024.

Deputy Chair – Peter Wilkinson

SINED – Denise Sterling

Ratification of the above appointments is requested from the Council of Governors, with the roles taking effect from 28 February 2024.

Remuneration related to the two roles will be agreed in line with NHS England remuneration guidance, subject to approval by the Nominations and Remuneration Committee of the Council of Governors.

RECOMMENDATION: The Council of Governors is asked to **RATIFY** 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.
EQIA – Equality Impact Assessment	The content of this report does not adversely affect people with protected characteristics.
Recommendations	The Board is asked to **RATIFY** the appointments to the Deputy Chair and Senior Independent Non-Executive Director with effect from 28 February 2024.

PERFORMANCE AND STRATEGY

14. Annual Planning 2024/25 - Verbal Update

To Note

Presented by Gary Boothby

15. Feedback from Quality Committee

To Note

Presented by Denise Sterling

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT

Committee Name:	Quality Committee
Committee Chair:	Denise Sterling, Non-Executive Director
Date(s) of meeting:	23rd October 2023, 20th November 2023
Date of Board meeting this report is to be presented:	11th January 2024
ACKNOWLEDGE	• Ratified terms of reference for the Medicine Management Committee, Clinical Outcomes Group, Safeguarding Committee. • Learning from patient story, an overview was given of a good patient journey though the hospital until discharge and how the journey was enabled and the learning.
ASSURE	• Medicines Management Committee (MMC) a detailed report was provided on the work of this committee including new project requests, updating of the Trust guidelines and the Trust Medicines Code; work on drug shortages and drug recalls; updates on the Trust's antibiotic usage; updates from the Electronic Patient Record team; and compliance with NICE guidance. There was a previous concern from the MMC regarding the migraine service not providing some of the treatments which were recommended by NICE, this has now been resolved with a Neurologist in place who is providing the new treatment. • Received and noted the Maternity and Neonatal Oversight report. The terms of reference of the Maternity and Neonatal Transformation Board have now been approved and will have oversight of delivery of the 3 year delivery plan for maternity and neonates. • Quality and Safety Strategy - The feedback and recommendations from the recent Quality Summit is now being utilised to further develop the refreshed Quality and Safety Strategy, which will strengthen the approach to quality assurance and quality improvement. The draft Quality and Safety Strategy will be brought into the next Quality Committee meeting. • The Naso Gastric tube assurance report October 2023 - in response to the two never events (Jan/April 2023) was received and it provided a thorough overview of the actions taken and the ongoing work that includes the recommendations from the internal audit that provided limited assurance in relation to the key risks outlined in the audit. Daily reviews are being provided by Matrons and Clinical site matrons of all patients who are receiving NG feeds. A re-audit will take place in quarter 4 of 2023-2024, to ensure that actions taken have made an improvement. Committee noted

	the November update and the further NG never event reported on 10th November. • An update of the Board Assurance Framework Risks overseen by the Quality Committee was presented and the actions taken since the last update. - 6/19: Compliance with quality and safety standards - 4/20: CQC Rating - 4/19: Public and Patient Involvement - 3/19: Seven day services, this risk has been removed from the BAF. The standards are still in place, national reporting is no longer a requirement. Audits of progress against the standards will continue to be reported and monitored by the Quality Committee. • The Quality report – there are two Never Events that remain open– wrong eye injected (July 2023) and medication administrated via wrong route (declared in September 2023). A deep dive is being carried out in the Surgical Division and a report is expected on actions undertaken. Currently there are four National Patient Safety Alerts, leads have been identified and plans being created to achieve the completion dates. CQC group update provided and progress with the CQC Road map. • IPR in relation to performance CHFT remains challenged, extra capacity wards are now open and there are also challenges around the delivery of the acute service. • The NHS adult inpatient survey 2022 benchmark report was presented and it is a generally positive report. CHFT being in the top five for a number of indicators. The key area results are to be developed into an action plan and into the Patient Experience and Caring Group. • Report received on the progress of training and digital solutions from the follow up appointment concerns. The committee was impressed with the progress and the innovative work being done and fully supported the multi method approach being used for digital clinical systems education, training and development. • CHFT continues to make good progress with compliance of the NHS Health and Safety Workplace Standards. There is a focus on the personal safety of colleagues in terms of violence and aggression and security. A new violence and aggression policy with an escalation process has been written and it was raised in committee the importance of this policy being actively promoted across the organisation. • The Patient Safety and Quality Board report was noted and actions in place for the items escalated to Quality Committee. • A report was presented on the review of three neonatal deaths on the Neonatal Unit in November 2022. The conclusion was these were three different cases, areas were identified where practice could have been better and these have been addressed. It has been suggested that an external audit now takes place.

	• Report received on the refreshed approach to Patient Experience and the key areas of focus.
AWARE	Update provided on Martha's Rule, which would give all patients in NHS hospitals in England (and those acting on their behalf) the legal right to request a second opinion from a senior clinician in the same hospital, if a patient is deteriorating rapidly but it appears concerns are not being taken sufficiently seriously by medical staff. CHFT considering the next steps and what changes if any should be made.
ONE CULTURE OF CARE	Committee acknowledged and discussed the results of the inpatient survey and the impact of the investment placed in colleagues, their health, their wellbeing.

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Quality Committee
Committee Chair:	Karen Heaton
Date(s) of meeting:	19 December 2023
Date of Board meeting this report is to be presented:	11 January 2024
ACKNOWLEDGE	The following points are to be noted by the Board following the meeting of the Committee on 19 December 2023. • There was one matter arising on the Governance Arrangements for the Trust PSQB. This has involved a review of the Divisional and Trust reporting structure, and a revised structure will be trialled in the New Year with Divisional PQSBs meeting quarterly. A diagram showing the new reporting structure will be provided to the next meeting of the Committee. • Assurance was given to the Committee that the Quality Strategy was being updated and would be brought back to the Committee at a suitable future meeting. • A detailed bi-annual Safeguarding report was presented. It was noted that considerable progress had been made with sharing information with local authorities to close S42 investigation and thereby improving outcomes for patients and families. Compliance with receipt and scrutiny training is increasing and safeguarding and MCA/DoLS training is fully compliant with the Intercollegiate documents. It was also noted that there was an increase in activity in relation to serious practice reviews which impacted on team capacity. However, all responses have been within the required timescale. The work around discharge improvement continues.
ASSURE	• An update on the NG tube action plan was provided and the Committee welcomed the fact that an external review to be commissioned in the New Year would be welcome. There had been three never events- two involving adults and one involving a three-week-old baby. Training had been enhanced and face- to -face training welcomed by colleagues. • A report covering compliance with the key standards relating to seven-day service was

	presented. Clinical Standards 2,6 and 8 are met and Clinical Standard 5 is partially met. Work is underway to remedy this. • A comprehensive and detailed Maternity Safety and Neonatal Report was presented to the Committee highlighting the ongoing and positive work from colleagues within the service. The recent assurance visit by the LMNS had been very positive with some welcomed suggestions for continual improvement. There was recognition of the commitment to continuous improvement and the commitment of colleagues in a challenging environment. A review of the evidence in relation to the Maternity Incentive Scheme is underway. One item for escalation to the Committee for awareness which is neonatal cot capacity challenges across the region due to a reduction in cots in some neonatal services and the impact for CHFT. • The Safer Staffing Report was presented to the Committee emphasising that the national picture remains challenging. Staffing fill rates continue to fluctuate throughout the day and the Committee were assured that a robust process was in place for managing the situation. CHFT has commissioned a new Birthrate Plus review to take place in Q4 to ensure that staffing reflects the activity and the changes to the national agenda. The Chief Nurse confirmed they are satisfied that staffing is safe, effective, and sustainable.
AWARE	• The Committee also received the Quality Report and noted that improvements to responding to complaints is ongoing and the legals service has been under an increasing workload driven by coroners' activity. The service provided has not diminished. There are a number of external assurance visits which take place at any given time throughout the year and it was agreed that it would be helpful if the Committee had sight of these to provide a more rounded over view.
ONE CULTURE OF CARE	• One Culture of Care is considered as part of the workforce reports and in discussions.

16. Verbal Feedback from Transformation Programme Board

To Note

Presented by Helen Hirst

17. COMPANY SECRETARY REPORT

1. Register of Council of Governors
2. Register of Interests
3. Declaration of Interest Form

To Note

Presented by Andrea McCourt

Date of Meeting:	Thursday 25 January 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 response by the Council of Governors in January 2024.
Key Points to Note	**a) Register of Council of Governors** The register of the Council of Governors is attached at Appendix I2 for information. The Council of Governors is asked to **RECEIVE** and **NOTE** the register of the Council of Governors. **b) Review of Council of Governors Declarations of Interest Register** The Council of Governors declarations of interest register is attached at Appendix I3 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 31 January 2024. The declaration of interest form is included in the papers at Appendix I4, for governors who need to submit their annual declaration or to submit a new declaration. A link to the Council of Governors Declarations of Interest Register is included in the Annual Report. The Council of Governors is asked to **RECEIVE** and **NOTE** the current Council of Governors Declarations of Interest and complete the declaration of interest form available at Appendix I4 and **SUBMIT** to Amber Fox by 31 January 2024.
Recommendation	The Council of Governors is asked to **RECEIVE** and **NOTE** the register of the Council of Governors and current Council of Governors Declarations of Interest and complete the declaration of interest form available at Appendix I4 and **SUBMIT** to Amber Fox by 31 January 2024.

Calderdale and Huddersfield
NHS Foundation Trust

COUNCIL OF GOVERNORS

REGISTER

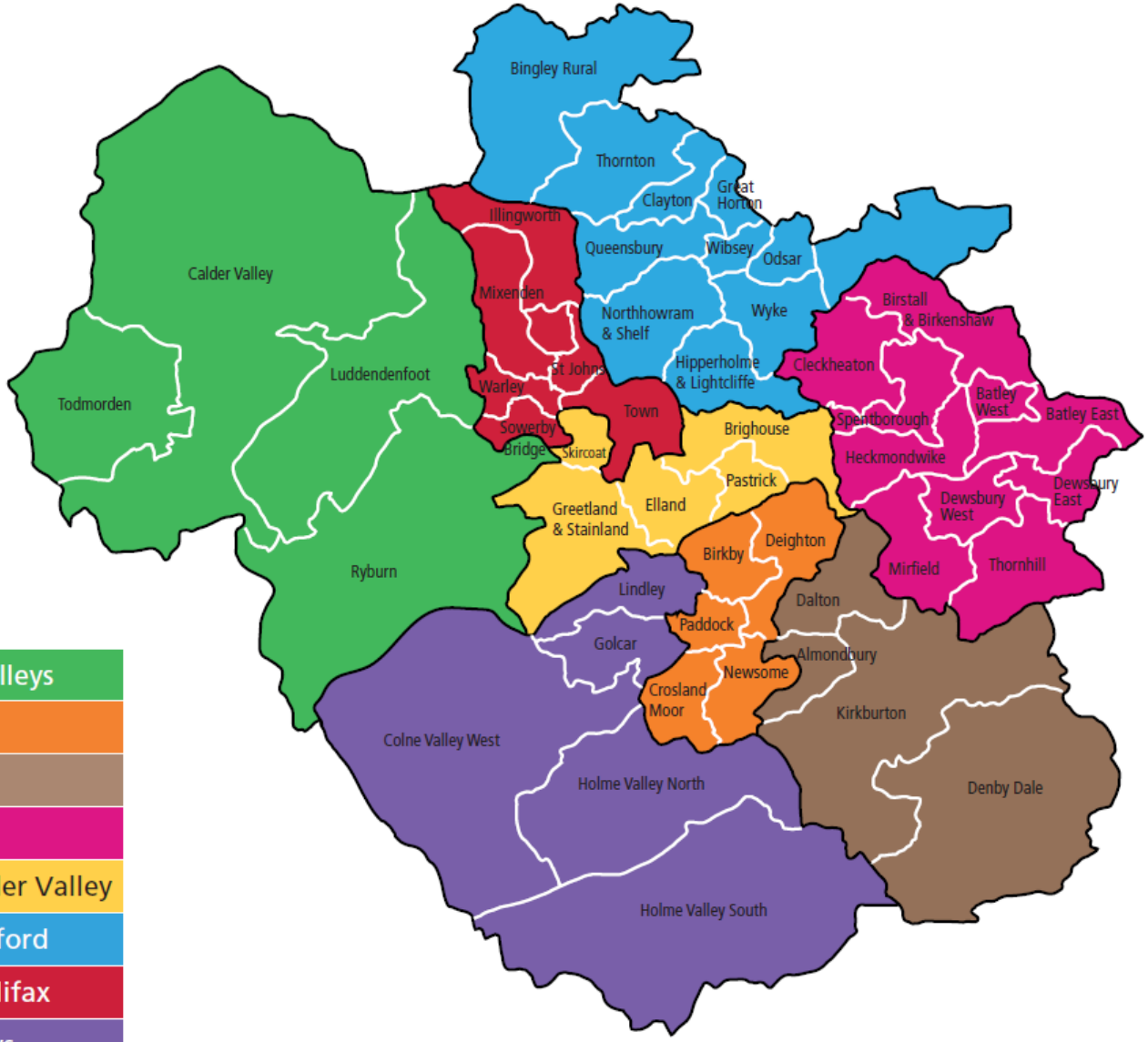
AS AT 18 JANUARY 2024

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	John Richardson	25.07.23	3 years	2026
4 – North Kirklees	**VACANT SEAT**			
4 – North Kirklees	**VACANT SEAT**			
5 – Skircoat and Lower Calder Valley	Diane Cothey	25.07.23	3 years	2026
5 - Skircoat and Lower Calder Valley	Lorraine Wolfenden	25.07.23	3 years	2026
6 – East Halifax and Bradford	**VACANT SEAT**			
6 – East Halifax and Bradford	**VACANT SEAT**			
7 – North and Central Halifax	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	Cllr Jo Lawson	01.06.23	3 years	2026
Healthwatch Kirklees and Healthwatch Calderdale	Karen Huntley	20.12.21	3 years	2024
Locala	**TO BE APPOINTED**			
South West Yorkshire Partnership NHS FT	Jules Williams	01.05.23	3 years	2026

KEY:-

Green – Newly elected
Red – Tenure ceasing
Blue – Vacant posts



- 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

Calderdale and Huddersfield NHS Foundation Trust

DECLARATION OF INTERESTS REGISTER – COUNCIL OF GOVERNORS
AS AT 12 OCTOBER 2023

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

DATE OF SIGNED DEC.	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
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
19.01.24	Robert MARKLESS	Public Elected - Huddersfield Central	-	-	-	-	-	-

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
15.03.21	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	--	-	-	-	-
10.10.23	Lorraine WOLFENDEN	Public Elected - Skircoat and Lower Calder Valley	-	None – husband is a director of joinery and building contractors ARW joinery contractors LTD - not currently undertaking work with any NHS providers.	-	-	-	Registered Nurse with NMC but not currently practicing. Won't be renewing registration after January 2024.
Awaited	John RICHARDSON	Public Elected - South Huddersfield						
Awaited	Diane COTHEY	Public Elected - Skircoat and Lower Calder Valley						

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
20.01.24	Kate WILEMAN	Public Elected - North and Central Halifax	-	-	-	-	-	-
8.10.23	Tony WILKINSON	Public Elected - North and Central Halifax	-	-	-	Trustee Healthwatch Kirklees	Trustee Healthwatch Kirklees	Retired Pharmacist

STAFF ELECTED GOVERNORS

19.09.21	Sandeep GOYAL	Staff Elected – Drs/Dentists	-	-	-	-	-	Registered with the General Medical Council (GMC)
07.09.21	Jo KITCHEN	Staff Elected – Ancillary	-	-	-	-	-	Nutrition Association Membership
3.09.21	Emma KOVALESKI	Staff Elected – Admin/Clerical	-	-	-	Charity Manager, Calderdale and Huddersfield NHS Charity	Charity Manager, Calderdale and Huddersfield NHS Charity	-
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).

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
								4: Doctoral candidate: University of Salford.
12.10.23	Emma KARIM	Staff Elected – Nurses/Midwives	-	-	-	-	-	Registered Nurse with the Nursing and Midwifery Council (NMC)
Awaited	Jonathan DRURY	Staff Elected - AHPs/HCS/Pharmacists						

APPOINTED GOVERNORS

03.05.22	Abdirahman DUAALE	Calderdale and Huddersfield Solutions Ltd.	-	-	-	-	-	-
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	-	-
20.9.23	Cllr Jo LAWSON	Kirklees Metropolitan Council	-	-	-		Bank Contract with CHFT	Hold NMC Registration. Councillor – Kirklees Metropolitan Council
Awaited	Cllr Joshua FENTON-GLYNN	Calderdale Metropolitan Council						Councillor – Calderdale MBC

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
22.01.24	Julie WILLIAMS	South West Yorkshire Partnerships NHS Foundation Trust	Deputy Director of Corporate Governance	-	-	-	-	South West Yorkshire Partnerships NHS Foundation Trust

CALDERDALE & HUDDERSFIELD NHS FOUNDATION TRUST

DECLARATION OF BUSINESS INTERESTS/OTHER EMPLOYMENT (INCLUDING PRIVATE PRACTICE)

NAME: ……

DESIGNATION: ……

Directorships, including Non-Executive Directorships held in private companies or public limited companies.	
Ownership, or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	
Majority or controlling shareholding in organisations likely or possibly seeking to do business with the NHS.	
A position of authority in a Charity or voluntary body in the field of health and social care.	
Any connection with a voluntary or other body contracting for NHS services.	
Other employment (paid or non-paid) with a third party.	
Are you a member of, or associated with any professional body or organisation connected to Health?	

Signature ……..…….. Date ……

The activity outlined above does/does not (please delete as appropriate) conflict with the business of Calderdale & Huddersfield NHS Foundation Trust and has therefore been approved / declined (please delete as appropriate) and appropriately recorded by the Company Secretary.

18. High Level Risk Register

To Note

Presented by Victoria Pickles

Date of Meeting:	Thursday 25 January 2024
Meeting:	Council of Governors
Title:	High Level Risk Report
Author:	Saj Rahman, Risk Manager
Sponsoring Director:	Victoria Pickles, Director of Corporate Affairs
Previous Forums:	Risk Group; Audit and Risk Committee, Board of Directors
Purpose of the Report	The report provides an overview of the risks scoring fifteen or more.
Key Points to Note	**Introduction** High level risks have the potential to impact on the entire organisation or a significant number of patients or colleagues. Risks are identified and added to the risk register by colleagues across the Trust. Each division has a governance group in place that looks at all risks scoring 12 or above plus any new risks. Those scoring more than 15 are reviewed at the Trust-wide Risk Group and, if accepted, are included on the High-Level Risk Register (HLRR). Where a risk presents a risk to the delivery of the Trust Strategy, either individually or as a collective, this is included on the Board Assurance Framework. **Current risk process** When a risk is identified, the risk and impact on the service, patient care or colleagues is documented and then reviewed by the relevant department and division. All the appropriate information is included, including all mitigating actions to ensure the safety of patients and staff is maintained. The Trust uses the information to not only track potential risks, but it also helps to inform local planning, management decisions and priorities and most importantly, share learning Trust wide. The risk team continue to work with divisions to comprehensively review their risks and ensure that there is a clear programme of review, management, and mitigation in place. **Current risk profile** Currently there are 34 high scoring risks on the Trust risk register: • 8 are scored as very high. • 26 are scored as high. All risks have been recently reviewed and the mitigations (progress) updated. Each risk is aligned to one of the Trust's strategic objectives. The current risks scoring very high (20-25) demonstrate the following themes: • Financial sustainability:

	- Risk of not achieving the Full Year 2023/24 Financial Plan • Keeping the base safe: – Several risks relating to staffing and vacancies in medical, nursing, and therapy posts across a range of services including the emergency department, maternity, ophthalmology, paediatrics, cancer services, and radiology. Whilst we have seen a positive movement in the vacancy position relating to the general nursing and AHP posts we continue to manage risks in relation to more specialist roles as well as maternity services. We continue to monitor the impact of these through the incident reporting system. – Several risks are in relation to meeting targets and waiting times including the emergency care standard, angiogram waiting times, and national radiology targets. – There is a risk due the capacity available to validate outpatient appointments. • Transforming and improving patient care - There is a risk of a reduction in patient experience and quality outcomes due to the operational performance within the Emergency Department (ED) and the maintenance across all Emergency Care Standards due to prolonged patient length of stay within the ED and the impact this has on patient flow out of the ED. There are some clear themes across the risks on the HLRR: - 12 risks related to staffing, either in relation to fragile services or recruitment challenges in certain staff groups. - 12 risks are in relation to demand and capacity, particularly in outpatient specialties and some diagnostic services. - 4 risks reference potential failure of equipment due to it coming towards the end of its period under guarantee – some of these will be addressed by the recent decisions relating to capital expenditure and therefore should be reduced by the time of the next report.
EQIA – Equality Impact Assessment	Risks are assessed considering any impact on equality.
Attachments:	**Appendix 1** - All risks scoring 15 or more.
Recommendation	The Council of Governors is asked to **NOTE** the risks scoring 15 or more report.

Appendix 1 – All Risk scoring 15 or more.

Risk Level	Risk No	Division	Directorate	Department	Objective	Risk Summary	Current Risk Score
Very High	8669	Surgery & Anaesthetics	Head and Neck	Ear, Nose and Throat	Keeping the base safe	There is a risk of delayed diagnosis, treatment for cancer patients' due consultant who specialise in cancer on long term sickness absence and the fixed term contract of 1 another consultant having expired.	20 4 x 5
Very High	7078	Corporate	Medical Director's Office	Operational	Keeping the base safe	There is a risk of reduced level of service in the Radiology team due to staff vacancies.	20 4 x 5
Very High	7689	Trust wide	All Divisions	All Departments	Keeping the base safe	There is a risk of longer waiting times for outpatient appointments, due to cancellations of routine surgery and rescheduling of clinics	20 4 x 5
Very High	8057	Corporate	Finance and Procurement	Trust wide Finance	Financial sustainability	There is a risk of not achieving the Full Year 2023/24 Financial Plan:	20 5 x 4
Very High	8324	Corporate	Planned Access and Data Quality	RTT Validation	Keeping the base safe	There is a risk of high volume of outstanding clinical outpatient validation and prioritisation on Mpage system.	20 4 x 5
Very High	8508	Surgery & Anaesthetics	Head and Neck	Ophthalmology	Keeping the base safe	There is a risk of not being able to provide a Consultant Glaucoma Service due to no Consultant in post at CHFT.	20 4 x 5
Very High	8509	Surgery & Anaesthetics	Head and Neck	Ophthalmology	Keeping the base safe	There is a risk of insufficient glaucoma appointments available to cope with demand due to vacancy levels.	20 4 x 5
High	8562	Family & Specialist Services	Pathology	Blood sciences	Keeping the base safe	There is a risk of Enforced removal of Siemens Track within the Biochemistry Department.	16 4 x 4
High	8161	Family & Specialist Services	Radiology	CT	Keeping the base safe	There is a risk of being unable to provide a CT scanning service in the event of a fatal breakdown of the CT scanner at Calderdale Royal Hospital due to the age of the equipment.	16 4 x 4
High	7678	Trust wide	All Divisions	All Departments	Keeping the base safe	There is a risk of reduction in safe medical staffing levels below the minimum required to maintain safety.	16 4 x 4

High	8098	Surgery & Anaesthetics	Head and Neck	Ophthalmology	Keeping the base safe	There is a risk of clinic cancelation, delays, and reduced capacity in all areas of ophthalmology due to macular injection staff shortages.	
High	8609	Surgery & Anaesthetics	Head and Neck	Ear, Nose and Throat	Keeping the base safe	There is a risk of prolonged waiting times for patients within ENT due to multifactorial elements including an increase in referrals over the last 6 months, and inability to return to pre-covid levels of activity.	16 4 x 4
High	8219	Family & Specialist Services	Pathology	Blood sciences	Keeping the base safe	There is a risk of loss of Cross-Site Biochemistry Service (24/7) due to the reduction in qualified BMS, inability to recruit and reduced ability to retain qualified staff. (Single qualified BMS staff covers both CRH and HRI out of core hours)	16 4 x 4
High	8009	Medical	Integrated Medical Specialties	All Departments	Keeping the base safe	There is a risk of outpatient capacity not being sufficient to ensure timely appointments for both new and follow up patients across integrated medical specialities.	16 4 x 4
High	7955	Family & Specialist Services	Radiology	Main X-Ray	Keeping the base safe	There is a risk of being unable to deliver plain film services from three plain film rooms at Calderdale Royal Hospital (CRH) due to the rooms becoming obsolete.	16 4 x 4
High	7092	Trust wide	All Divisions	All Departments	Keeping the base safe	There is a risk of incorrect prescription details due to selection errors, untrained users in EPR (Electronic Patients Records).	16 4 x 4
High	6078	Family & Specialist Services	Appointment and Records	Appointments Service	Keeping the base safe	There is a risk of being unable to provide sufficient appointment slots to manage demand. due to an increase in referrals to services/reduced available capacity to manage demand.	16 4 x 4
High	6079	Family & Specialist Services	Appointment and Records	Appointments Service	Transforming and improving patient care	There is a risk of being unable to provide sufficient appointments for patients requiring Outpatients follow-up due to capacity and demand	16 4 x 4

High	6345	Corporate	Workforce & Organisational Development	Resourcing / Recruitment	Keeping the base safe	There is a risk of care being compromised in the children services due to insufficient Nurses, Midwives, and Healthcare support workers available to deliver safe and compassionate care.	16 4 x 4
High	6596	Corporate	Corporate Quality	Governance and Risk Quality	Keeping the base safe	There is a risk of not complying with the national SI framework due to competing timely investigations resulting in delays to mitigate risk and sharing findings with those who have been affected	16 4 x 4
High	6911	Family & Specialist Services	Women's Services	All Departments	Keeping the base safe	There is a risk of not meeting current midwifery workforce models due to current vacancies and periods of increased absence (maternity / long term sickness),	16 4 x 4
High	6949	Family & Specialist Services	Pathology	Blood sciences	Keeping the base safe	There is a risk of not being able to deliver a two site Blood Transfusion / Haematology service due to being unable to recruit and retain enough Health care professionals in Biomedical Scientists.	16 4 x 4
High	7970	Community Healthcare	Outpatient Therapies	Childrens Therapy	Keeping the base same	There is a risk that delays in availability of video fluoroscopies for Children, due to the lack of trained personnel (within the trust) resulting in increased aspiration risk and delayed implementation of appropriate treatment for these children.	16 4 x 4
High	8606	Medical	All Departments Medical	All Departments	Financial sustainability	There is a risk of not being able to reduce the acute inpatient bed base due to rising patient acuity, non-elective demand and challenges in community bed and social care provision resulting in additional cost	16 4 x 4
High	7413	Corporate	Finance and Procurement	Corporate Finance	Keeping the base safe	There is a risk of fire spread at Huddersfield Royal Infirmary due to insufficient fire compartmentation in areas which could result in fire spread / damage to buildings / equipment and harm to staff, patients, and visitors.	15 5 x 3

High	8147	Family & Specialist Services	Keeping the Base safe	Radiology Interventional	Radiology	There is a risk of being unable to use the pressure injectors within both intervention labs (@ CRH/HRI) due to the age of the equipment.	15 3 x 5
High	7874	Family & Specialist Services	Women's services	Gynae	Keeping the base safe	The risk of delayed diagnosis of due to waiting times of 17 weeks for colposcopy and 10 weeks wait for histology resulting in potential harm to patients	15 3 x 5
High	7994	Corporate	Corporate Nursing	Enhanced Care Team	Transforming and improving patient care	There is a risk of not being able to deliver individualised patient centred care for our most vulnerable patients due to the current number of vacancies within the team and inability to fill staff bank requests to provide this service.	15 3 x 5
High	8361	Surgery & Anaesthetics	Critical Care	Pain Clinic	Keeping the base safe	There is a risk of disruption to services in the pain clinic due to impending retirement of Band 6 CNS in January 2024, and potential retirement of Band 7 (CNS) in the new future resulting in only one experienced Band 6 Clinical Nurse to review patients on the wards and nurse clinics would have to stop.	15 3 x 5
High	8398	Surgery & Anaesthetics	General and Specialist Surgical Services	Colorectal	Keeping the base safe	There is currently a risk of high volumes of patients awaiting a follow up appointment within Colorectal surgery due to increased referrals post covid and historical patients waiting for their appointments.	15 3 x 5
High	8315	Surgery & Anaesthetics	Head and Neck	Ophthalmology	Keeping the base safe	There is a risk of increasing waiting lists and delays to new and follow up appointments in the ophthalmology paediatric service due to not having enough substantive Paediatric Consultants.	15 5 x 3
High	8627	Family & Specialist Services	Appointment and Records	Health Records	Keeping the base safe	There is a risk not being able to deliver effective patient care/experience and having to shut Outpatient Reception desks. Due to high volumes of vacancies, in Outpatient Reception areas.	15 5 x 3

High	8637	Surgery & Anaesthetics	Head and Neck	Audiology	Keeping the base safe	There is a risk of non-compliance with national standards for Audiological testing due to the use of unilateral Visual Reinforcement Audiology System (VRS) instead of the recommended bilateral system resulting in potentially compromising the quality of testing for paediatric (children aged 2.5 and below) patients and breach of any external audits.	15 5 x 3
High	8344	Family & Specialist Services	Women's Services	Maternity	Keeping the base safe	There is a risk of human error in transcribing information, due to the lack of maternity reporting software.	15 5 x 3
High	8528	Medical	Emergency Care	Accident & Emergency CRH/HRI	Transforming and improving patient care	There is a risk of a reduction in the operational performance within the Emergency Department (ED) and the maintenance across all Emergency Care Standards due to prolonged patient length of stay within the ED and the impact this has on ED flow.	15 3 x 5
High	8504	Family & Specialist Services	Women's Services	Yorkshire Fertility (was ACON)	Keeping the base safe	There is a risk of delayed fertility treatment due to a current 10.5 week wait for Yorkshire Fertility patients to have a semen analysis.	15 3 x 5

19. INFORMATION TO RECEIVE

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

To Receive

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:	28 November 2023 and 2 January 2024
Date of Board meeting this report is to be presented:	11 January 2024
ACKNOWLEDGE	• Continued strong performance in Cancer with all key targets being met and a positive news item on Sky News • Recovery performance also remains strong and the best in the West Yorkshire ICS (see table below). We now have no patients waiting over 65 weeks and just 27 52-week waiters. We have delivered 108% of our elective recovery plan in the year to end November although we are behind our trajectory for 40-week waiters due to issues in ENT and the impact of the strikes. • Quality indicators showing quality of care holding up well despite operational pressures albeit there were 2 never events in November. • Our financial position has improved since our last Board meeting in November. At that time, we were projecting a likely case of a £6.7m adverse variance to plan – this has reduced to £2.4m and we are forecasting to deliver the plan for the financial year.

ASSURE	• At our January meeting we:
	  ○ Reviewed and approved the business cases for Lot 2 of the Pathology Managed Services contract and for the investment in Huddersfield Pharmacy Specials
	  ○ Were assured of the progress being made on the action plan following the NHSE Financial Plan Deep Dive
	  ○ Had a follow-up deep dive on the work being done to reduce the backlog of Outpatient Follow-Ups. This showed some encouraging progress with a key area of action being booking in order which is expected to have a significant impact on the backlog. More generally Internal Audit are conducting a review into our booking processes
	• At our November meeting we did a 'deep dive' into Cancer and the changes made in the key performance indicators. As noted above our cancer performance continues to be strong.
	• The committee received a presentation on the THIS Commercial Strategy which showed excellent progress being made in delivery of the strategy.

AWARE	• The number of Appointment Slot Issues (ASIs) continues to be a concern with numbers continuing to rise. ENT is the main area for concern as it is for elective recovery. A task and finish group has agreed some actions, and the committee conducted a deep dive review of ENT and the proposed actions. • 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 and the costs of strike action • At month 8 we are reporting a £14.66m deficit which is a £0.54m 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 2024/25 programme. • The adverse variance to plan across the ICS was £23m YTD at month 8; a significant improvement from month 6 and the ICS is now forecasting to meet plan.
ONE CULTURE OF CARE	One Culture of Care considered as part of the performance and finance reports. Senior member of WOD now attends F&P on a regular basis plus WOD representation in deep dives. This allowed the committee to check in on workforce performance (such as sickness levels) and well-being and whether any further actions can be taken given the significant operational pressures staff are facing.

Provider	40 Week Waits	52 Week Waits	65 Week Waits	78 Week Waits	104 Week Waits
Airedale	1,763	827	212	7	0
Bradford	1,877	502	74	0	0
Calderdale and Huddersfield	1057	27	0	0	0
Leeds	9,954	4,149	1,178	177	2
Mid Yorks	5,360	2,006	497	30	0

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Integrated Performance Report November 2023

Report produced by this

Contents:

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	• Core EST Compliance • Staff Movement (Turnover)	• Total Patients waiting >40 weeks • Total Patients waiting >52 weeks • Diagnostic activity undertaken against activity plan • Non-site-specific cancer referrals • Total Patients waiting >40 weeks (IMD 1 and 2)	• Total Patients waiting >65 weeks
COMMON CAUSE/NATURAL VARIATION	• Patients dying within their preferred place of death • % of incidents where the level of harm is severe or catastrophic	• Total Patients waiting > 62 days for cancer treatment compared with February 2020 • Proportion of patients meeting the faster diagnosis standard • Stillbirths per 1,000 total births • Proportion of Urgent Community Response referrals reached < 2 hours • 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 • E. Coli Infection Rate • Number of Serious Incidents • % of complaints within agreed timescale • % of episodes scoring NEWS of 5+ going on to score higher • % of adult patients that receive a MUST assessment within 24 hours of admission/transfer to the ward. • Proportion of patients meeting the faster diagnosis standard (LD) • % of patients that receive a diagnostic test within 6 weeks (LD) • Proportion of patients meeting the faster diagnosis standard (IMD 1 and 2) • % of patients that receive a diagnostic test within 6 weeks (IMD 1 and 2) • Sickness Absence (Non-Covid)	• % of patients that receive a diagnostic test within 6 weeks • Early Cancer Diagnosis • ED Proportion of patients seen within 4 hours • Proportion of ambulance arrivals delayed over 30 minutes • % of beds occupied by patients who no longer meet the criteria to reside • ED Proportion of patients seen within 4 hours (LD) • % Outpatient DNAs (IMD 1 and 2) • Total Patients waiting >40 weeks (LD)
SPECIAL CAUSE CONCERN	• No KPIs	• Total RTT Waiting List • Proportion of patients spending more than 12 hours in ED • Hospital Discharge Pathway Activity • ED Proportion of patients seen within 4 hours (IMD 1 and 2) • % Outpatient DNAs (LD)	• Bed Occupancy • Transfers of Care

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

Elective Care:

Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Total Patients waiting >40 weeks to start treatment	November 2023	913	0			-	-	-
Total Patients waiting >52 weeks to start treatment	November 2023	13	0			-	-	-
Total Patients waiting >65 weeks to start treatment	November 2023	1	0			-	-	-
Total RTT Waiting List	November 2023	35,324	31,586			32,368	29,889	34,847
Total elective activity undertaken compared with 2023/24 activity plan	November 2023	104.4%	100%	-	-	-	-	-
Percentage of patients waiting less than 6 weeks for a diagnostic test	November 2023	81.9%	95%			86%	80%	93%
Diagnostic Activity undertaken against activity plan	November 2023	15,542	14,547			13,287	11,376	15,199
Total Follow-Up activity undertaken compared with 2023/24 activity plan	November 2023	99.7%	100%	-	-	-	-	-

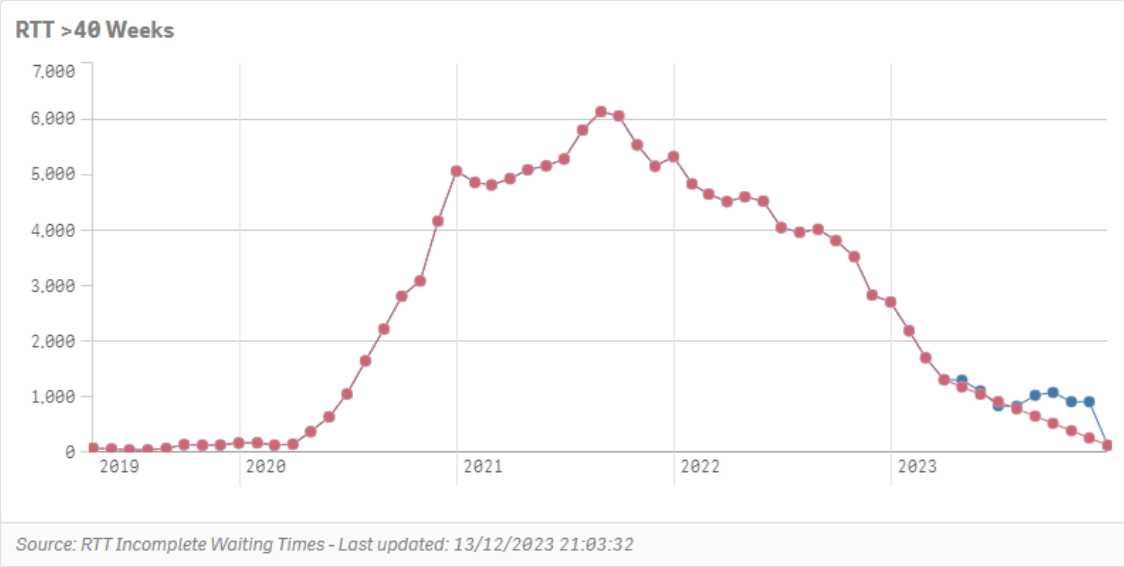
Total Patients waiting more than 40 weeks to start consultant-led treatment

Calderdale and Huddersfield NHS Foundation Trust

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

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

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



What does the chart show/context:
- Our 40-week position stands at 913 at the end of November against the target trajectory of 262.
- Most of our remaining patients who are waiting over 40 weeks are in ENT (428), Max Fax (62), Urology (54), General Surgery (108), Cardiology (48). Of those specialties listed, only ENT is increasing.

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.

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.

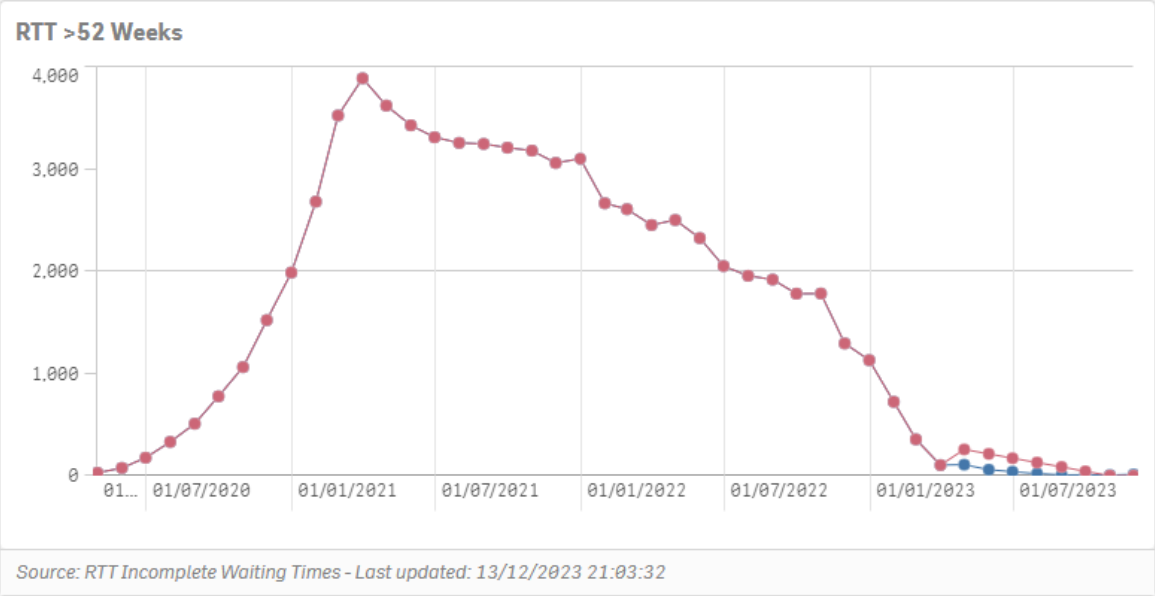
Total Patients waiting more than 52 weeks to start consultant-led treatment

Calderdale and Huddersfield NHS Foundation Trust

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

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

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



What does the chart show/context:
- Our 52-week position now stands at 13.
- There are 141 patients (down from 283) waiting between 46 and 52 weeks, including General Surgery (19), Urology (10), ENT (77), Max Fax (10).
- All other specialties have fewer than 10 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 December 2023.

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

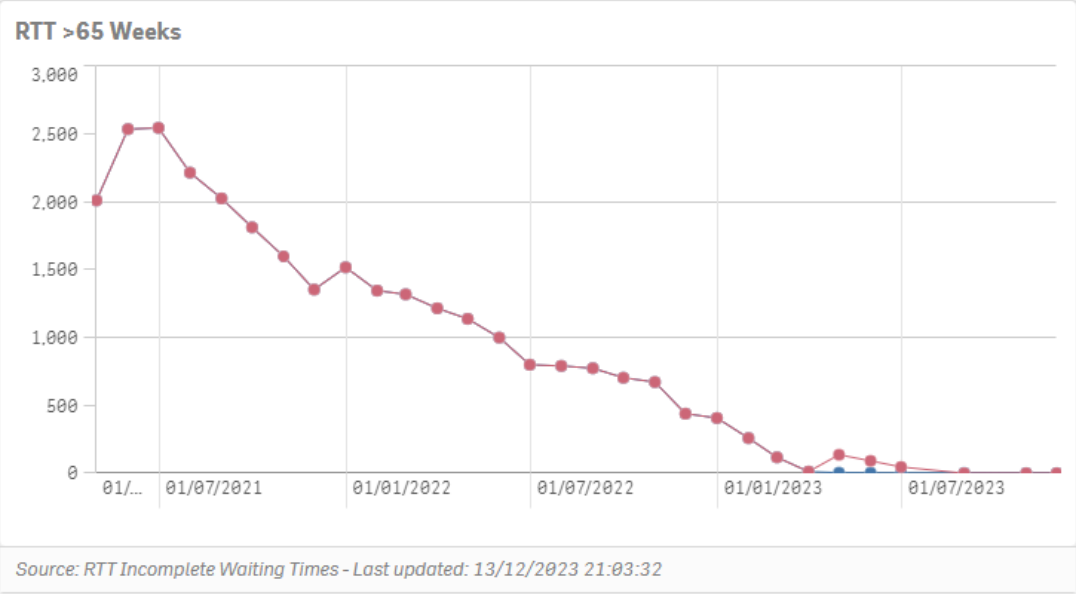
Total Patients waiting more than 65 weeks to start consultant-led treatment

Calderdale and Huddersfield NHS Foundation Trust

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

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

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



What does the chart show/context:
- At the end of November there was 1 patient waiting over 65 weeks (ENT). This patient has now been treated.

Underlying issues:
- We have an increasing number of over 52/40 Week ENT patients, this has resulted in 1 patient waiting over 65 weeks at the end of November.

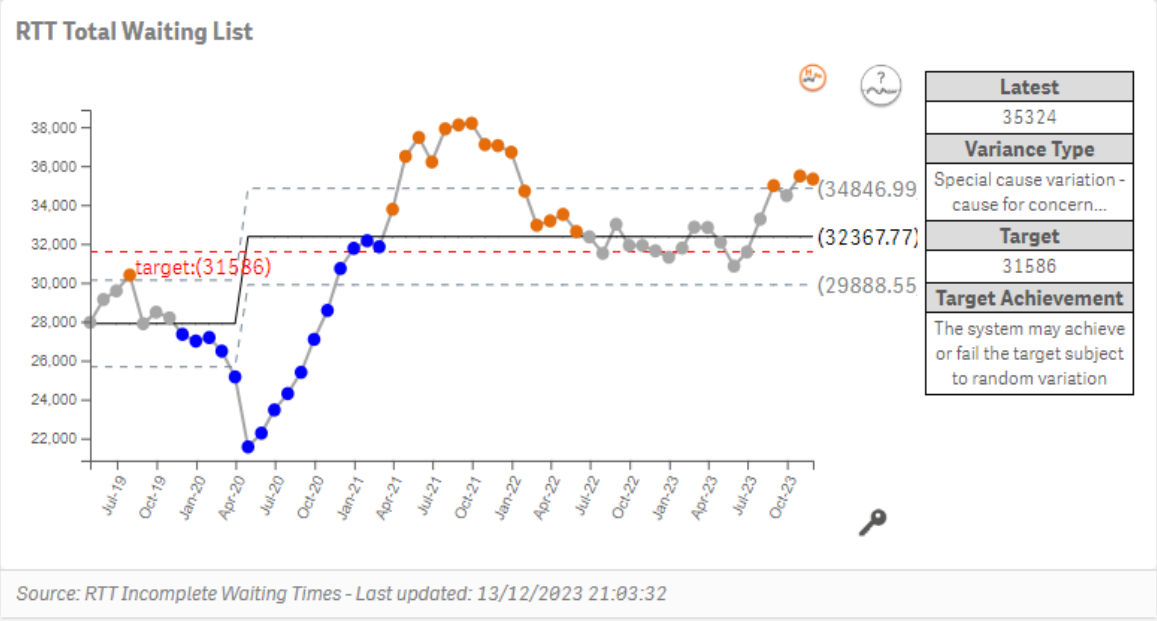
Actions:
- ENT Task and Finish Group concluded with actions in place.

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:
- After a fall in September, the list remains high despite a small reduction from the October position and stands at 35,324 at the end of November.

Underlying issues:
- We currently have a relatively stable RTT Waiting list position, although it has reached the abnormally high threshold 3 times in the last 4 months.
- 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 target in 6 of the 8 months compared with the 2023/24 activity plan.
- Performance in November 2023 has increased to 104.4% in month.
- Both Day cases and electives were above the planned position for November.
- The YTD performance for the elective activity overall remains above the planned position and currently stands at 104.6%, which is a total of 1,417 spells more than the plan at this stage.
- Day case activity continues to track above 100% against the planned position YTD.
- Elective activity has dropped slightly below the 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.
- We are working to ensure Capped theatre utilisation is tracked via Model Health and are currently showing as the 3rd highest in the region with the aim of consistently meeting the 85% national target.

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

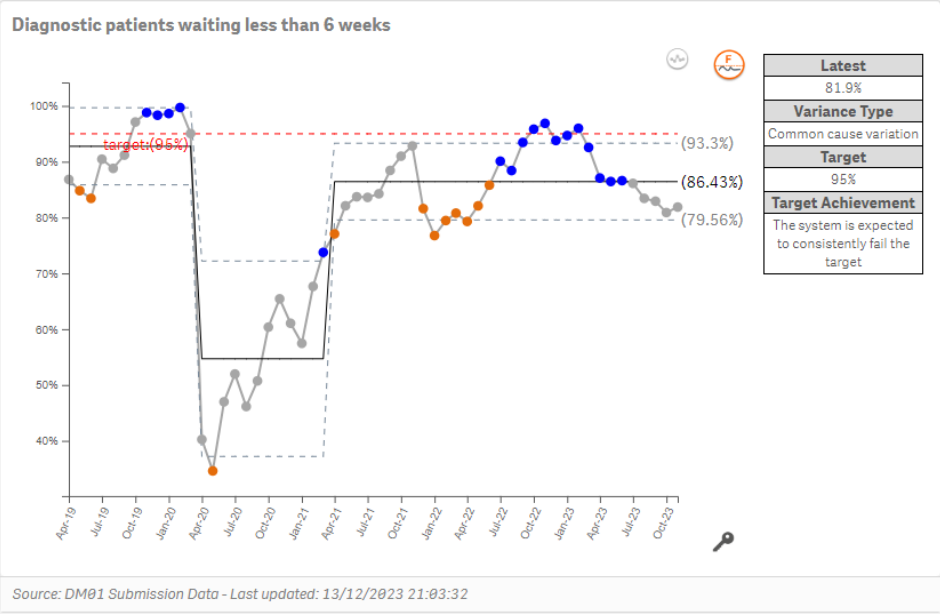
Calderale and Huddersfield NHS Foundation Trust

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 (41.5%) and Neurophysiology (54.2%).

Actions:

Echocardiography
- Slight reduction in 6-week breaches but remain high at 1,296 w/c 18th December.
- Additional clinics in line with ERF plan having a negative impact on ability to recover position.
- One of the trainees is now accredited and can run clinics independently.
- Plan for internal team to deliver 100 additional reports per week and ~170 additional TTE scans per month once reporting backlog is cleared.
- Had discussions with COO at Mid-Yorks for their Echo staff to do some work for CHFT.
- A group has been set up looking at a collaborative bank for Echo Physiologists across West Yorkshire to progress in the next quarter.

Neurophysiology
- Seen a reduction in 6-week breaches and remain on plan to have no breaches by mid-June 2024
- Agency/Bank Staff – utilising the budget from vacancies prior to recruitment to fund additional EMG and CTS clinics whilst regularly monitoring spend.
- 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.
- Short-notice cancellation list utilised.
- Band 5 Physiologist – recruited for end December 2023
- Band 6 Physiologist – recruited for January 2024
- Band 7 Physiologist – recruited for 1st April 2024

Total Diagnostic Activity undertaken against the activity plan

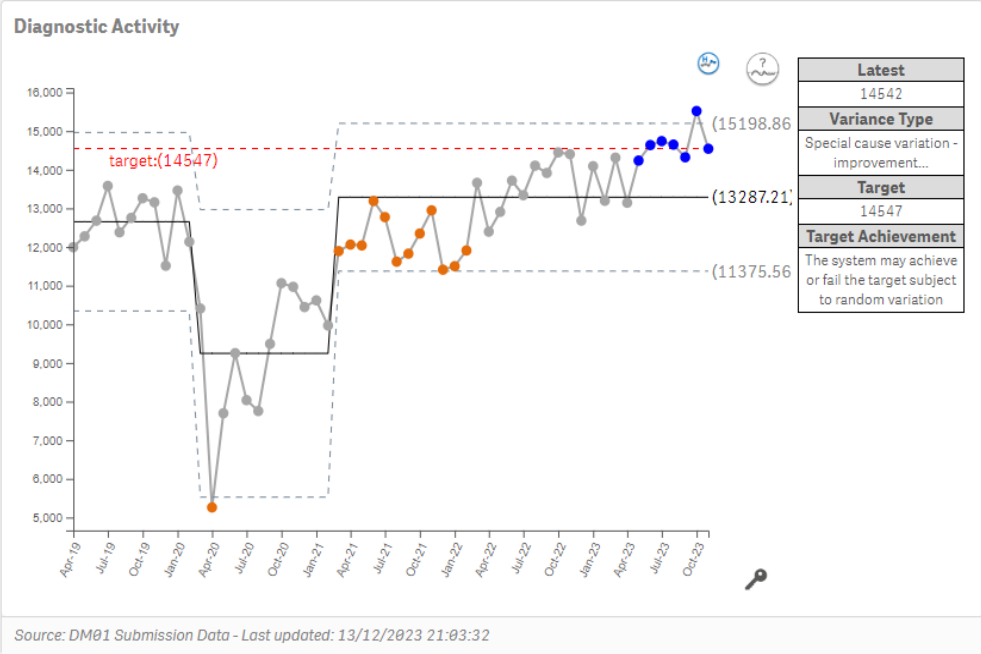
Calderdale and Huddersfield NHS Foundation Trust

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 may achieve or fail the target subject to random variation.
- Performance can be expected to vary between 11,376 and 15,199. Activity is similar to pre-Covid levels.

Underlying issues:

- Overall, we are now 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 under plan and we are materially off target against 95% of patients being seen within 6 weeks.

Actions:

Echocardiography

- Slight reduction in 6-week breaches but remain high at 1,296 w/c 18th December.
- Additional clinics in line with ERF plan having a negative impact on ability to recover position.
- One of the trainees is now accredited and can run clinics independently.
- Plan for internal team to deliver 100 additional reports per week and ~170 additional TTE scans per month once reporting backlog is cleared.
- Had discussions with COO at Mid-Yorks for their Echo staff to do some work for CHFT.
- A group has been set up looking at a collaborative bank for Echo Physiologists across West Yorkshire to progress in the next quarter.

Neurophysiology

- Seen a reduction in 6-week breaches and remain on plan to have no breaches by mid-June 2024
- Agency/Bank Staff – utilising the budget from vacancies prior to recruitment to fund additional EMG and CTS clinics whilst regularly monitoring spend.
- 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.
- Short-notice cancellation list utilised.
- Band 5 Physiologist – recruited for end December 2023
- Band 6 Physiologist – recruited for January 2024
- Band 7 Physiologist – recruited for 1st April 2024

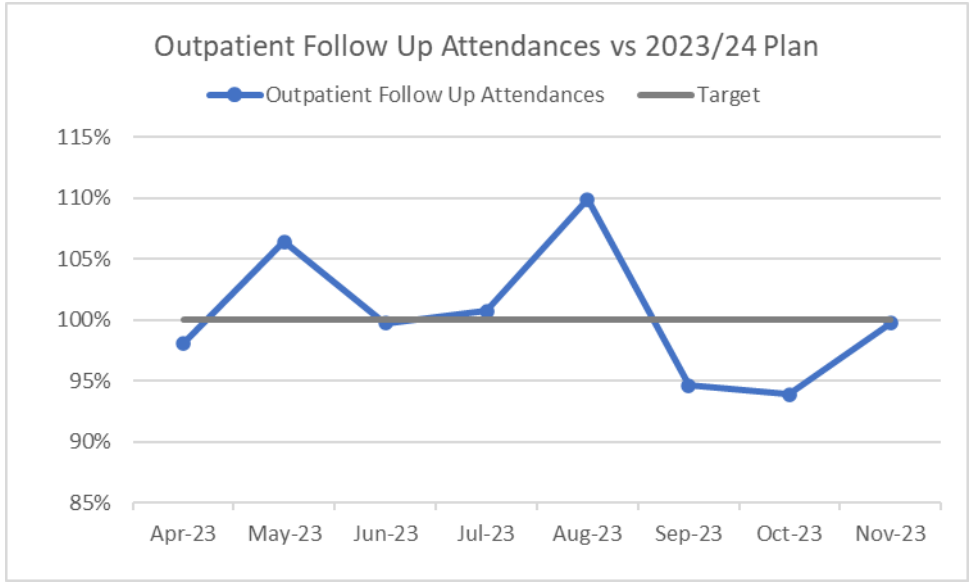
Total Follow-Up attendances undertaken compared with 2023/24 activity plan

Calderdale and Huddersfield NHS Foundation Trust

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

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

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



What does the chart show/context:
- CHFT made the decision at the start of 2022/23 to not adopt the 25% reduction in Outpatient follow-up activity, this has continued for 2023/24.
- Performance has improved for month 8 and CHFT achieved 99.7% of the planned position in-month for follow-up attendances.
- The YTD position remains above the planned levels standing at 100.4%.

Underlying issues:
- Although the national target for follow-up activity is 75% of 2019/20 activity, due to a significant follow-up backlog (26,131), CHFT have not taken this up.
- 50% of the backlog has been waiting less than 12 weeks.
- Industrial action has had an impact on follow-up attendances in September and October, this is anticipated to impact again in January 2024.

Actions:
- There are currently 10,181 (of the 26,131 backlog) records that are awaiting a clinical prioritisation within CHFT's MPage system, this is an increase of 1,000 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 26,131 follow-up patients past see by date and this is gradually increasing weekly.
- Deep dives are being undertaken at specialty level, to create a bespoke plan for each specialty to reduce the follow-up backlog and long waiters.
- The follow-up training programme was started in December 2023 and will continue into January 2024. The impact will be reviewed to identify any further training needs.

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 Dec 2023	32	35			35.08	20.98	49.18
Proportion of patients meeting the faster diagnosis standard	November 2023	81.19%	75%			76.77%	66.97%	86.57%
Non-Site-Specific Cancer Referrals	November 2023	21	25			18.68	5.85	35.44
Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028	November 2023	57.6%	75%			48.87%	34.09%	63.65%

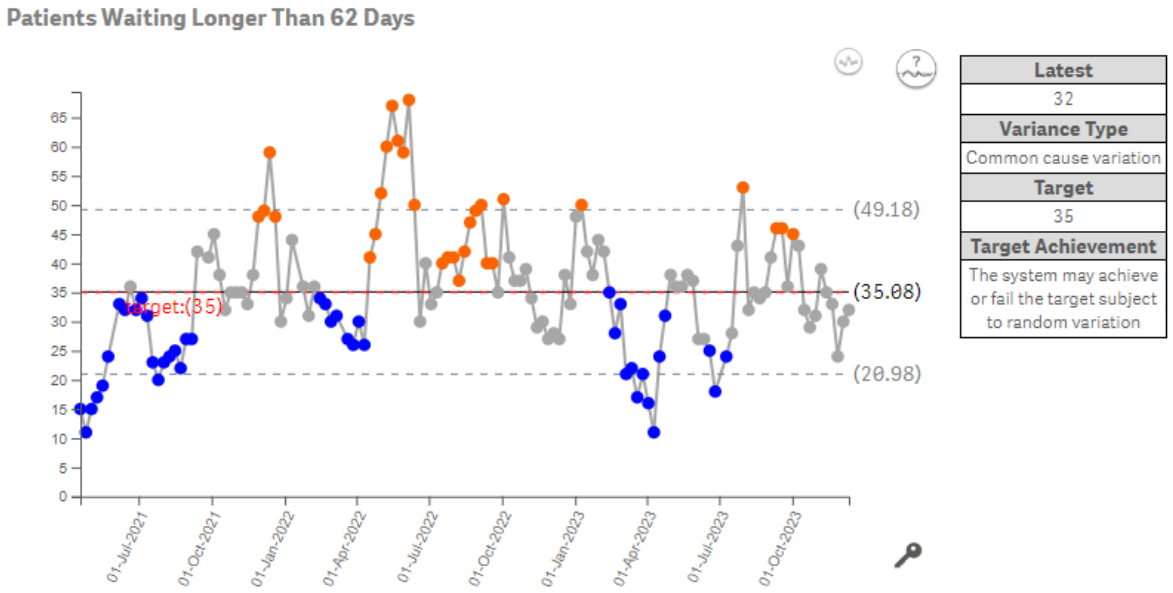
Total Patients waiting over 62 days to begin cancer treatment compared with February 2020 baseline

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Jonathan Hammond Operational Lead: Maureen Overton Business Intelligence Lead: 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.



What does the chart show/context:
- As of Monday 11th December there were 32 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 in 2 tumour sites H&N and Lower GI.

Actions:
- Over 62-day waiters continuing to be escalated to divisional teams where appropriate

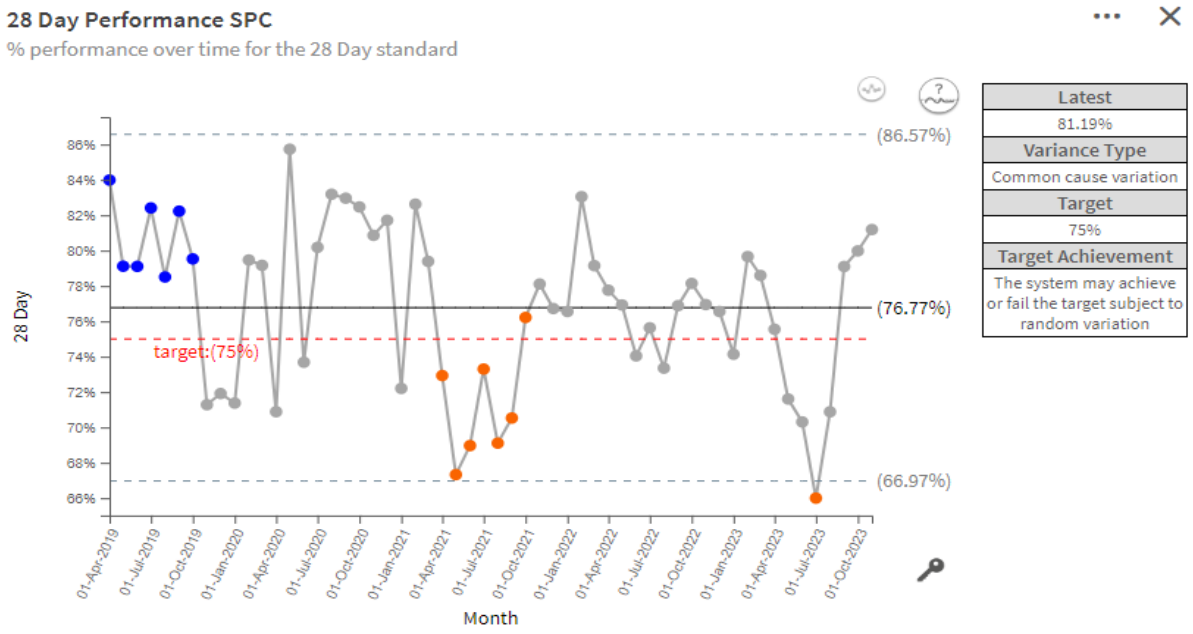
Proportion of patients meeting the faster diagnosis standard

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Jonathan Hammond Operational Lead: Maureen Overton Business Intelligence Lead: 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%.



What does the chart show/context:
- Latest monthly performance stands at 81.19%.
- 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:
- 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 Non-Site-Specific are also not meeting the 28-day target.

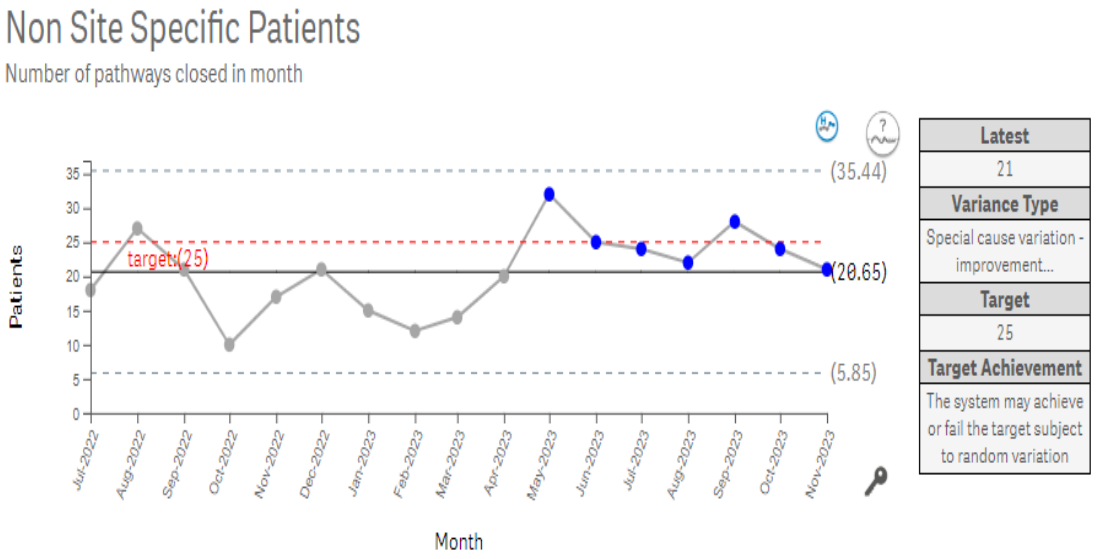
Actions:
- Skin have reverted back to their face-to-face clinics, Skin and the overall 28-day target have improved as a result.
- Pathway navigator in place for Lower GI and Upper GI to support patients to engage with the pathway.
- NSS actions include, proforma to be used by physicians associate and CNS to order investigations on the day, CNS and PA to join weekly risk meeting, escalation process to be put in place for patients from day 21.
- Head and Neck, request for mutual aid from other Trusts.

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



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 5 and 35.
- Referrals have remained steady this month at 21 with a minor decrease on the projected number (25).

Underlying issues:
- Referrals continue to be variable.

Actions:
- Share quarterly NSS referrals data with PCNs, continuing to raise the NSS service profile.
- Rolling out into a second PCN in Calderdale.
- Presenting to A&E in December to encourage in-house referrals.

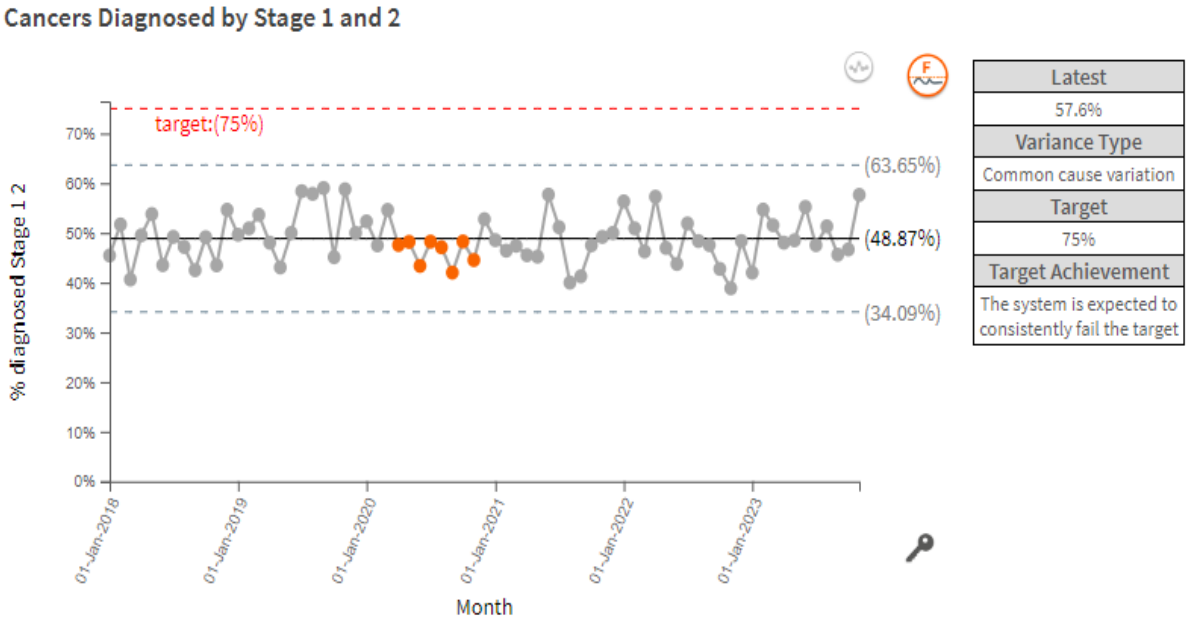
Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Lead: Maureen Overton Business Intelligence Lead: 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.



What does the chart show/context:
- The Trust is expected to consistently fail the target of 75%.
- Performance can be expected to vary between 34% and 64%.
- Nationally this metric stands at 52%

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	November 2023	66.71%	76%			68%	61%	76%
Proportion of ambulance arrivals delayed over 30 minutes	November 2023	6.5%	0%			4%	1%	7%
Proportion of patients spending more than 12 hours in an emergency department	November 2023	5.41%	2%			3%	0.5%	5.1%
Adult G & A acute bed occupancy adjusted for void beds (Type 1 Acutes Only)	November 2023	99.5%	96%			98%	96%	100%
% of beds occupied by patients who no longer meet the criteria to reside	November 2023	23%	14.21%			22%	18%	26%
Hospital Discharge Pathway Activity – AvLOS pathway 0	November 2023	4.5	4.1			4.03	3.62	4.43
Transfers of Care	November 2023	123	50			90	51	132

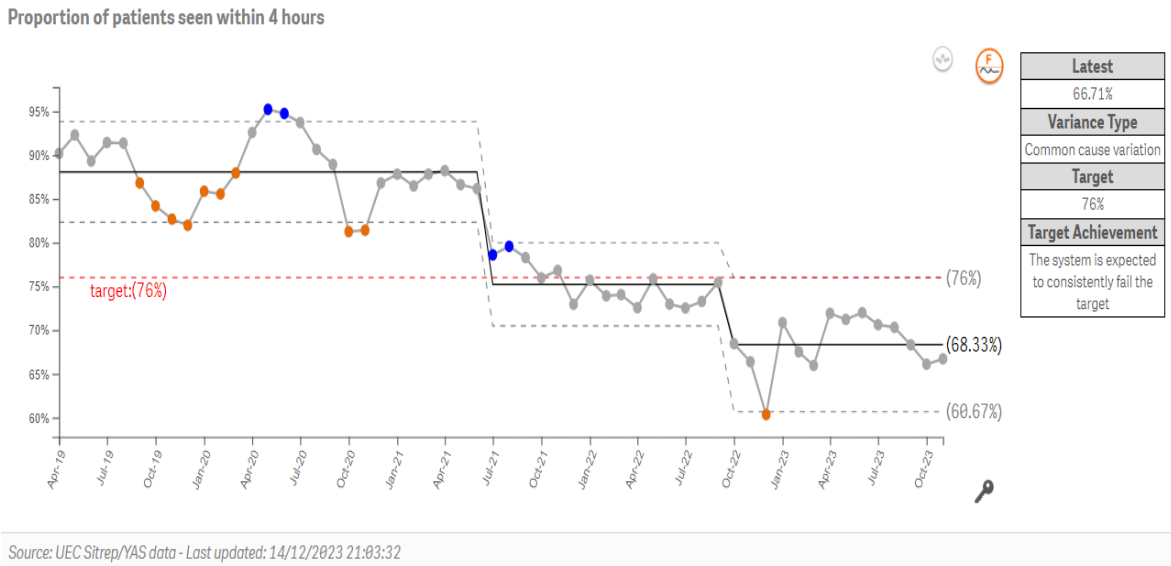
Proportion of patients seen within 4 hours

Calderdale and Huddersfield NHS Foundation Trust

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 76%.
- The performance for November was 66.71%.
- Big drop in admitted performance.

Underlying issues:

- Increase in occupied beds - long wait for beds
- Increase in acuity
- Increase in TOC now at 123 for November compared to an average of 105 for the first 6 months of 2023/24.

Actions:

- Recruitment into Medical WFM at interview stage, 4 locum consultants appointed and 2 substantive consultants.
- 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.

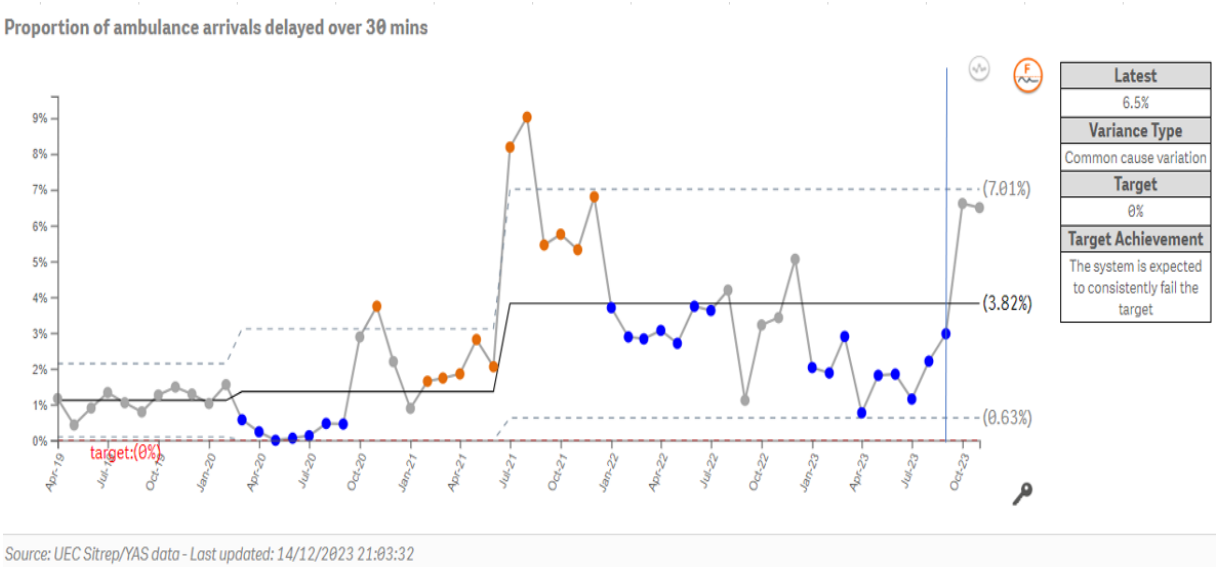
Proportion of ambulance arrivals delayed over 30 minutes

Calderdale and Huddersfield NHS Foundation Trust

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 November is 6.5%.
- 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. SOP brought in to improve performance on these at the start of April.
- 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)
- YAS - the overall demand for A&E operations service to early October was 9% higher when compared to the same period last year and was 16% higher for category 1 calls (the most serious conditions).

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.

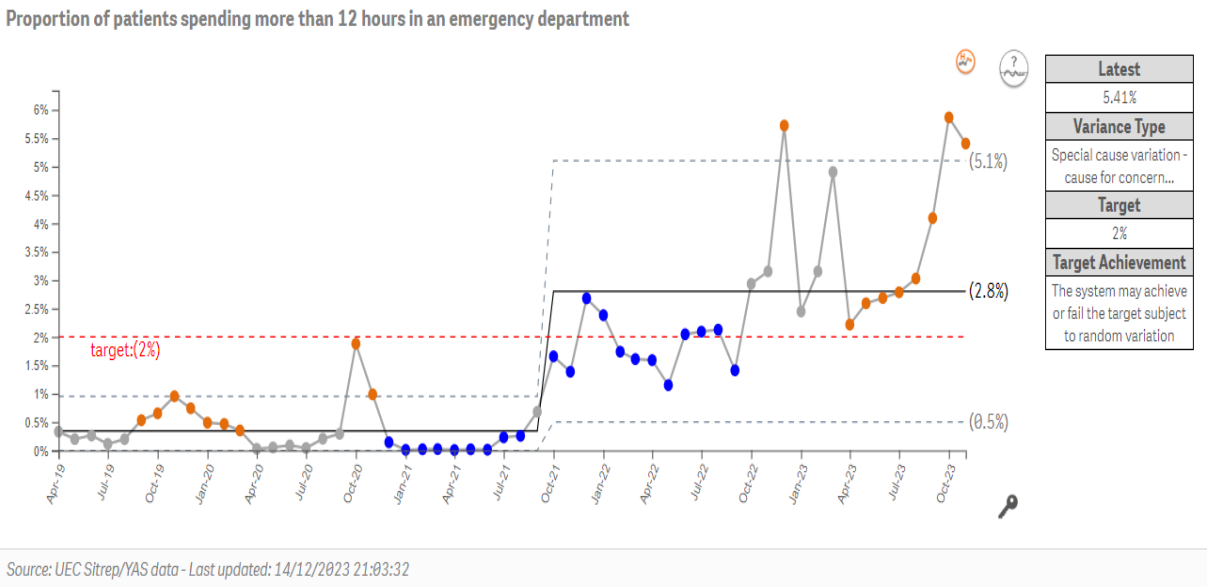
Proportion of patients spending more than 12 hours in an emergency department

Calderdale and Huddersfield NHS Foundation Trust

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

Rationale:
To monitor long waits in A&E.

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



What does the chart show/context:
- In November the performance was 5.41% with 780 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 0.5% and 5.1%.

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.

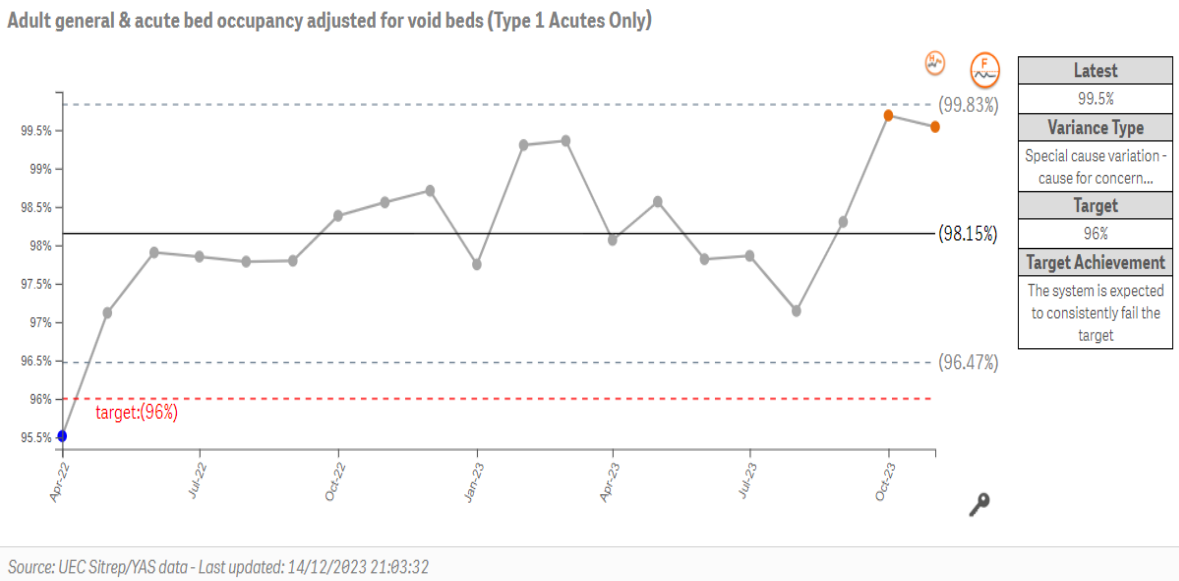
Adult general & acute bed occupancy adjusted for void beds (Type 1 Acutes Only)

Calderdale and Huddersfield NHS Foundation Trust

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

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

Target:
Target 96% or less.



Source: UEC Sitrep/YAS data - Last updated: 14/12/2023 21:03:32

What does the chart show/context:
- Adult bed occupancy increased in November and was very high at 99.5%. 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 and Respiratory floors.
- 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.

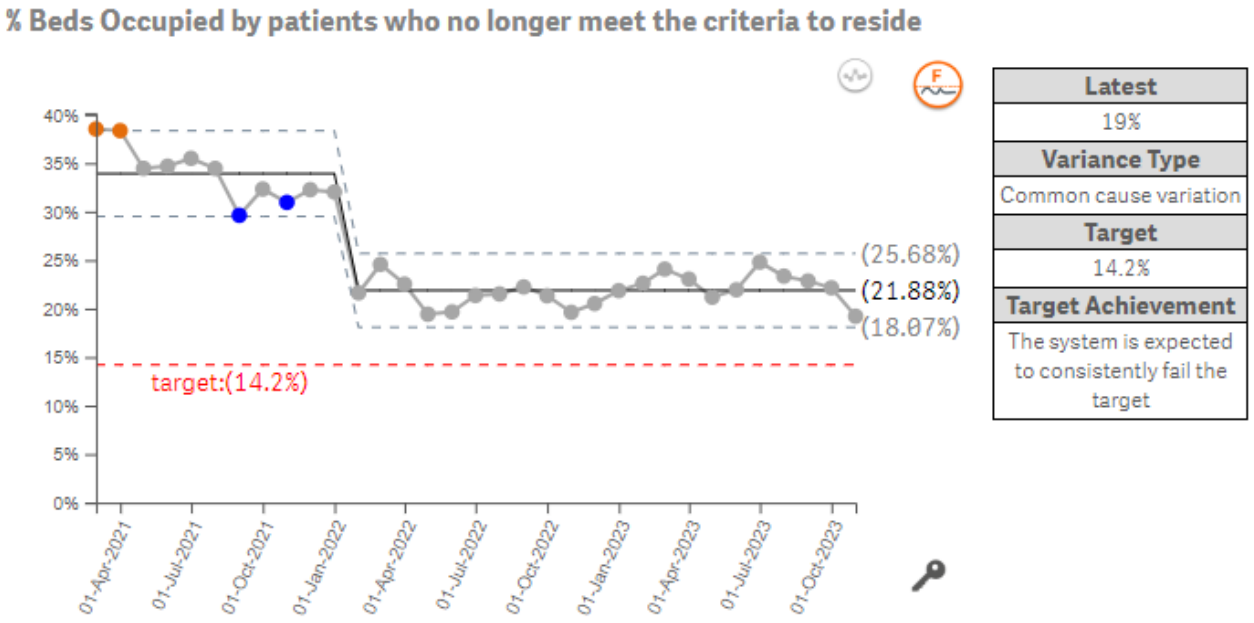
Percentage of beds occupied by patients who no longer meet the criteria to reside

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Jonathan Hammond Operational Lead: David Britton Business Intelligence Lead: Alex King

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

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



Source: KP+ Information Team stream R2R IPR app - Last updated: 05/12/2023 21:03:31

What does the chart show/context:
- In November 19% of patients had no reason to reside.
- Slightly less beds were occupied in November, but this was still in line with the number of patients with no reason to reside, hence the percentage remaining similar to previous months.
- November'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.

Actions:
- Well Organised Ward (WOW) has now been launched and a trajectory will be combined with the digital board roll-out plan.
- Reason to reside will form part of the board round SOP and discussion, however how it integrates into the digital whiteboard is yet to be established.
- 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.

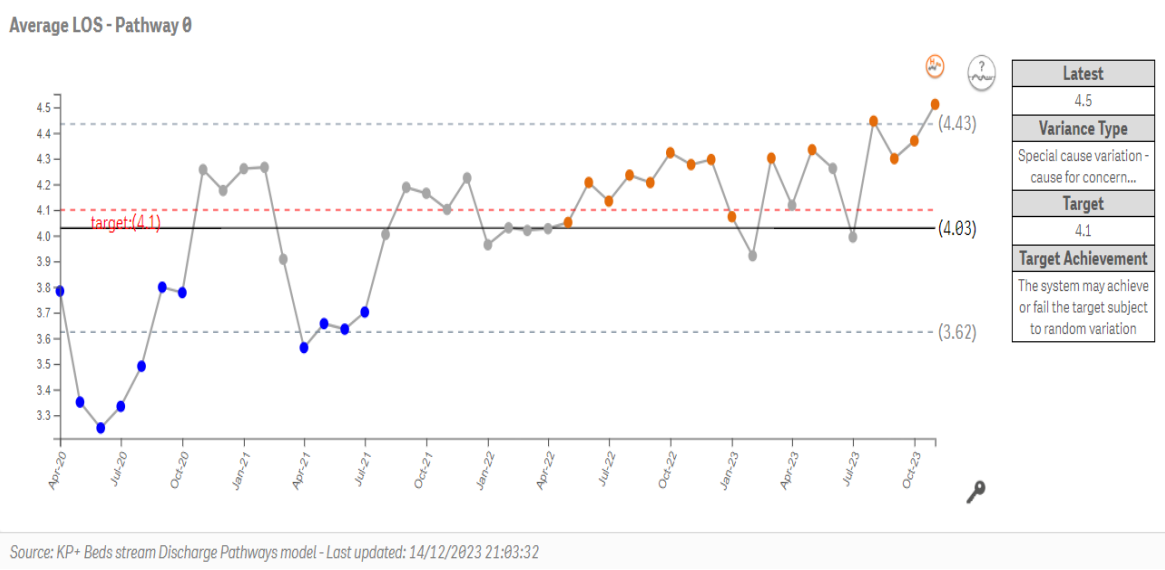
Hospital Discharge Pathway Activity

Calderdale and Huddersfield NHS Foundation Trust

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

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

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



What does the chart show/context:
- In November average length of stay was 4.5 days.
- Performance can be expected to vary between 3.62 and 4.43 days.

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

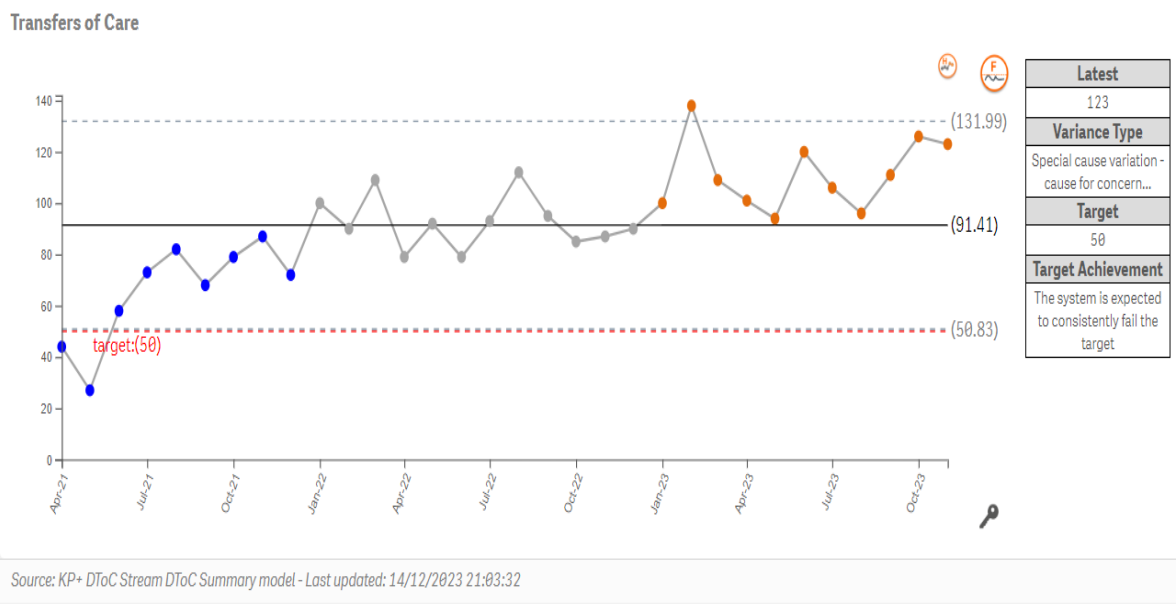
Actions:
- Improvement groups continue with PMO support to develop and improve groups.
- Launch of the Well Organised Ward Programme.
- Approval of funding to reablement and trusted assessors.
- New LOS pack launched in October 2023.
- Governance structures defined within the divisions and through PRMs.

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 November was 123 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:

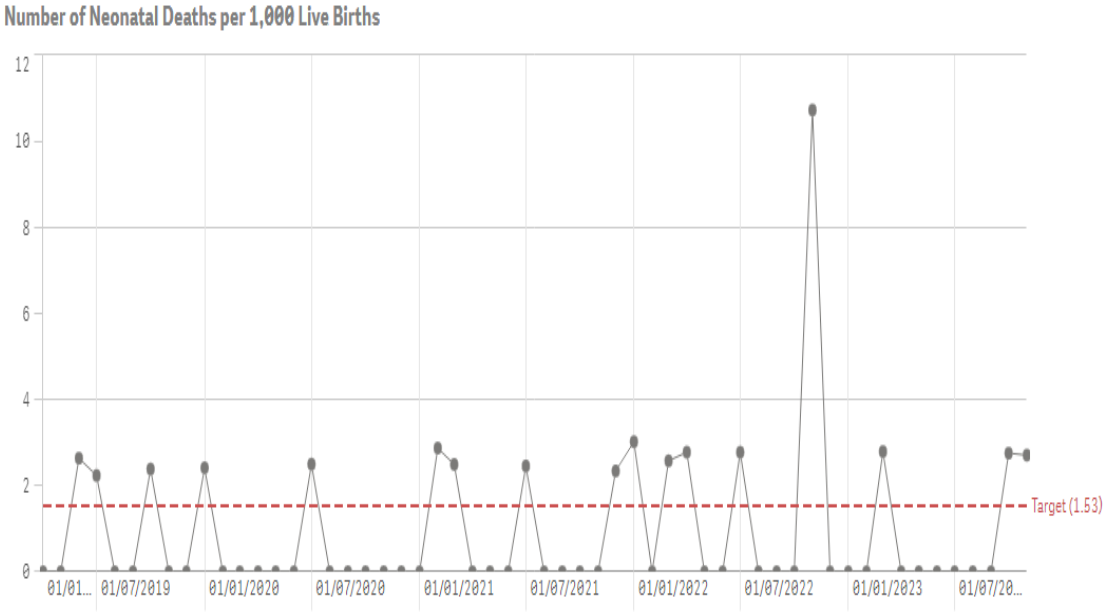
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Neonatal deaths per 1,000 total live births	November 2023	2.71	1.53	-	-	-	-	-
Stillbirths per 1,000 total births	November 2023	2.70	3.33			3.68	0	13.08

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)



Source: Maternity Dashboard - Last updated: 18/12/2023 21:03:32

What does the chart show/context:
- There was 1 neonatal death in November

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

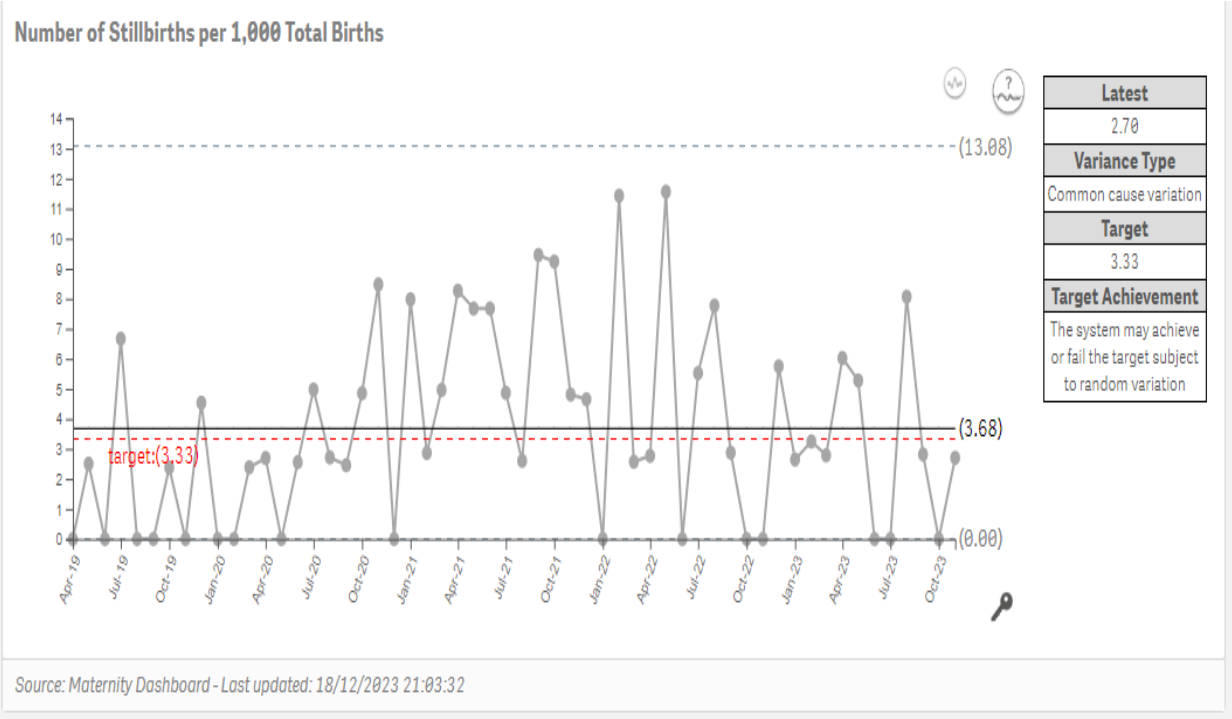
Actions:
- All early neonatal deaths reviewed at Orange Panel and weekly governance meeting
- All neonatal deaths MDT PMRT (perinatal mortality review tool) completed
- All early neonatal deaths referred to MNSI (The Maternity and Newborn Safety Investigations Programme)
- Regular quarterly stillbirth/neonatal audit undertaken
- Responsive review of neonatal deaths was undertaken due to increase in 2022, this would be repeated where significant rise or concerns were identified
- Audit discussed at Maternity Health Equalities Workstream
- Monthly Saving Babies Lives Group
- MDT with tertiary fetal medicine centre for known fetal anomalies

Stillbirths per 1,000 total births

Executive Owner: David Birkenhead Clinical Lead: 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 total births. MBRRACE-UK



What does the chart show/context:
- There was 1 stillbirth in November.

Underlying issues:
- The majority of women who have experienced a loss are from a BME background, English is not their first language and live in areas of deprivation particularly in Huddersfield. 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:
- DOM now a member of the Trust Health Inequalities group and a matron has been identified to oversee the operationalisation of any actions related to reducing health inequalities.
- 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.

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	November 2023	64.2%	70%			68.8%	51.1%	86.5%
Community Waiting List	November 2023	6,512	4,387 (end 23/24)		-	5950	5641	6259
Virtual Ward	November 2023	138%	80%	-	-	-	-	-
Patients dying within their preferred place of death	November 2023	97.7%	80%			92.6%	81.2%	103.9%

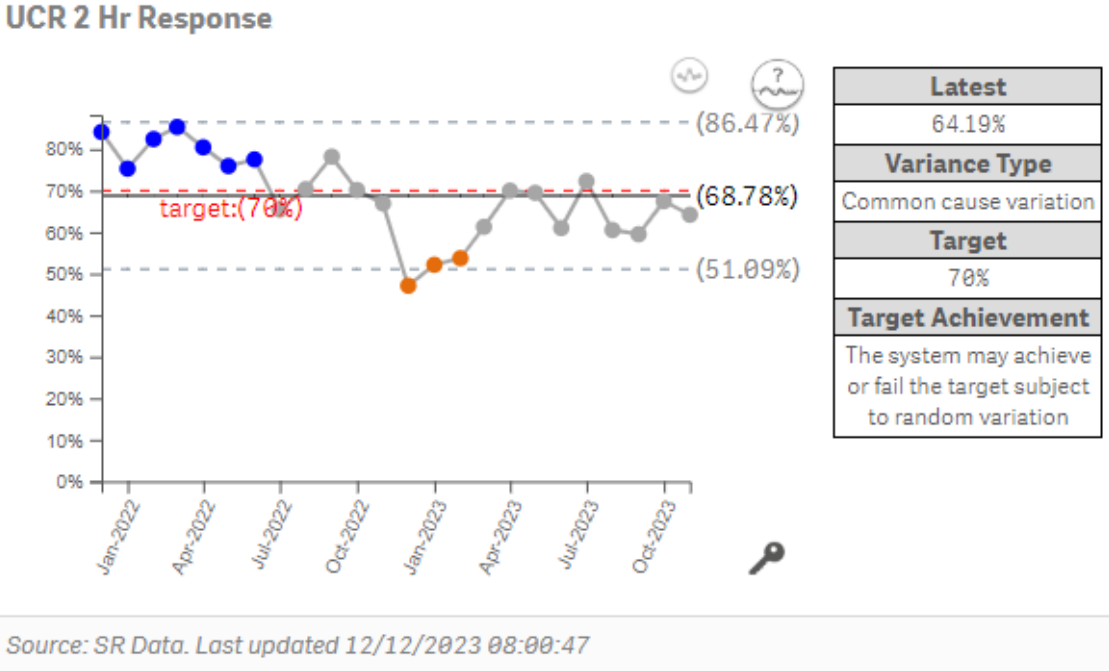
Proportion of Urgent Community Response referrals reached within two hours

Calderdale and Huddersfield NHS Foundation Trust

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

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

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



Source: SR Data. Last updated 12/12/2023 08:00:47

What does the chart show/context:
- Current position for November 2023 is at 64.2%.
- 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 86%.

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

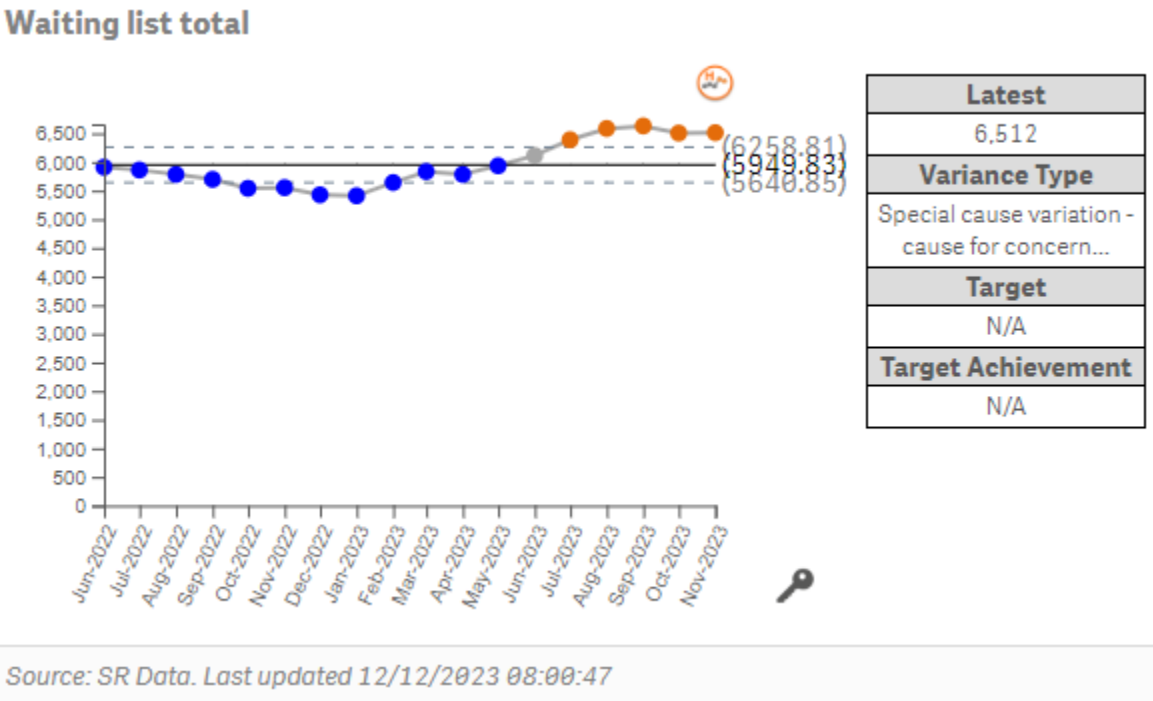
Actions:
- Communications to service leads around accurate data recording.
- Ongoing cases where 2 hrs time is taken by LCD to triage due to their processes therefore is out of the 2hr window prior to reaching UCR.
- Manual audit being completed to examine the different elements of the 2-hour response.

Community Waiting List

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

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

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



Source: SR Data. Last updated 12/12/2023 08:00:47

What does the chart show/context:
- 6,512 total in November 2023.
- Nationally and Regionally MSK, Podiatry and Children's SALT waiting lists are increasing.

Underlying issues:
- At CHFT 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 2 wtes on maternity leave.
- Podiatry is appropriately prioritising high-risk patients, therefore the routine waiting list has been reducing fairly slowly. Additional clinics are now happening following some recruitment and the service specification is also under review which will have an impact.

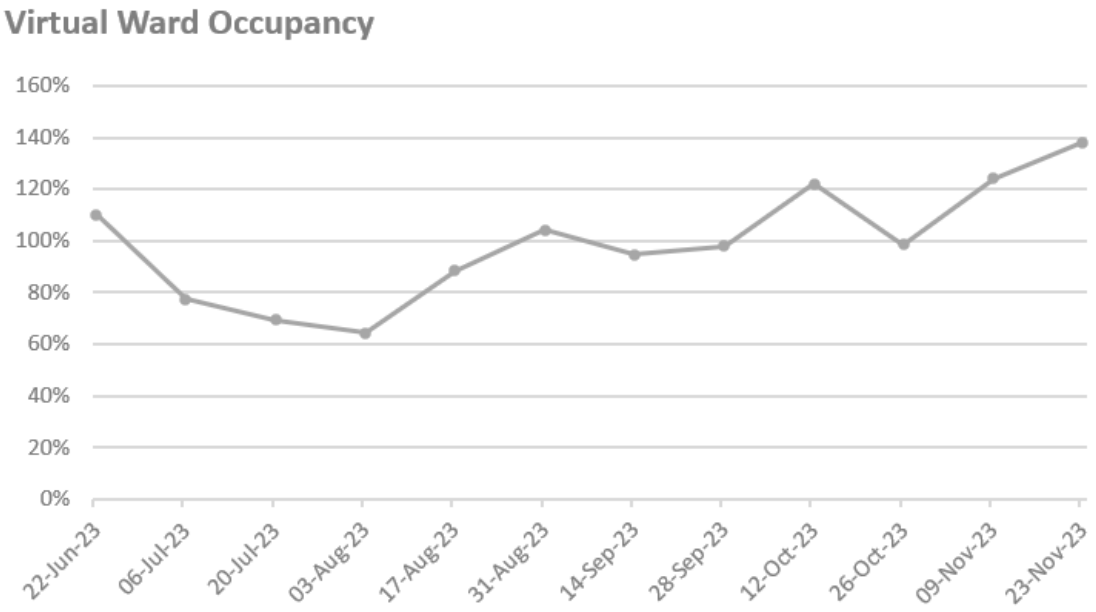
Actions:
- SALT recruitment pressures have reduced with 1.2 wte Band 6 left to recruit to, but a locum in post to support in interim.
- Professional Lead SALT recruited from Children's SALT who will start in role in January 2024.
- Transition to new SALT service structure will begin from December 2023 with information gathering calls currently taking place to families on waiting list.
- 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: 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 30 and will rise progressively to 42 total by the end of March24

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 November 2023 is 138%

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.

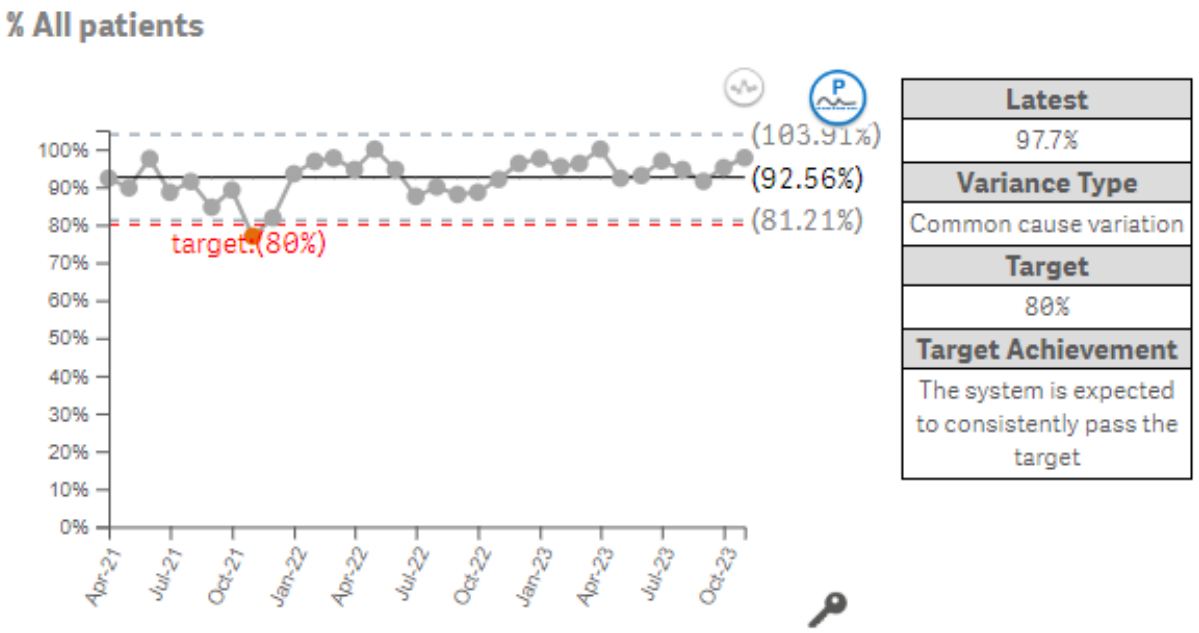
Actions:
- Medical division reviewing medical cover to support a 7-day Multi Discipline Team meeting for Frailty virtual ward. Other organisations have not all been able to recruit consultants but backfilled with a registrar.
- Advanced Clinical Practitioner working on Frailty Same Day Emergency Care 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: Jonathan Hammond Operational Lead: Abbie Thompson Business Intelligence Lead: Gary Senior

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

Target:
80%



Source: SR Data. Last updated 15/12/2023 10:52:45

What does the chart show/context:
- SPC chart shows Common Cause Variation.
- Consistently above 80% target (exception November 2021).
- Current month combined 97.7% (EOL 100% and Palliative 96.2%).
- Palliative patients – 96.4% patients died at home – November 2023.

Underlying issues:
- Workload pressures – Palliative day team 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).
- 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.
- OOH EoLC team – currently working extended hours for 12 months (April 2023 – March 2024) as result of successful Innovation bid. Now need to secure funding to facilitate the new WFM to include this (in conjunction with existing joint service agreement with Marie Curie).

Actions:
- To ensure continued and increasing funding for both teams to maintain this strong position of achieving preferred place of death, facilitating the vast majority of dying at home, admission to hospice and reducing deaths in the acute hospital setting.

Safe, High Quality Care

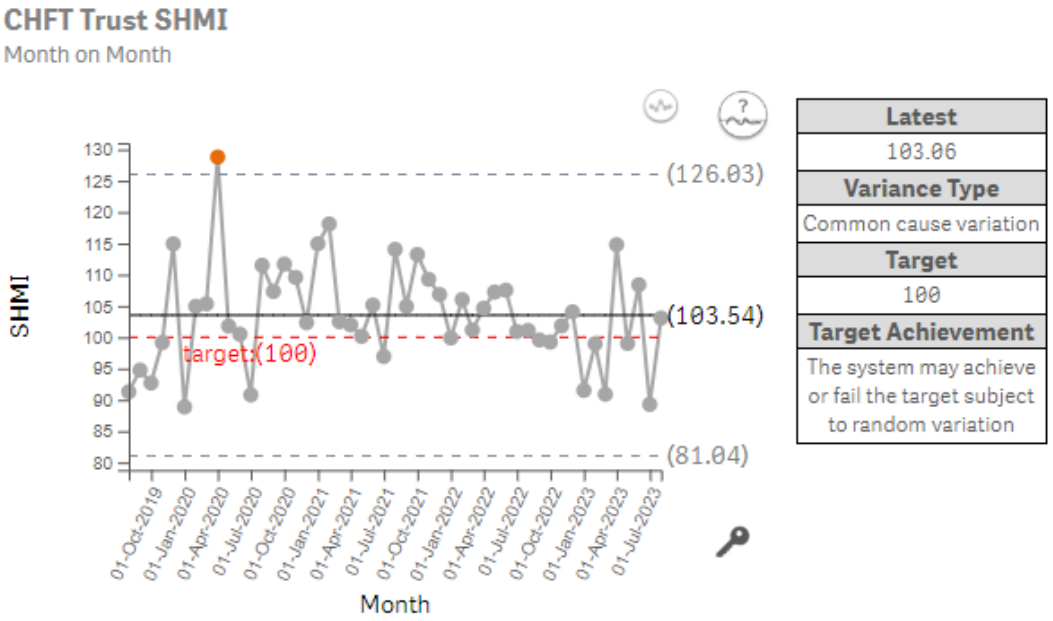
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Summary Hospital-level Mortality Indicator	August 2023	99.89	100			103.54	81.04	126.03
Care Hours Per Patient Day (CHPPD)	November 2023	7.8/8.6	-	-	-	-	-	-
Falls per 1000 Bed Days	November 2023	8.2	7.02			7.69	5.35	10.03
CHFT Acquired Pressure Ulcers per 1000 Bed Days	October 2023	1.9	1.76			1.70	0.90	2.50
MRSA Bacteraemia Infection	November 2023	0	0			-	-	-
C.Difficile Infection	November 2023	6	3.1			3.2	0	9.36
E.Coli Infection	November 2023	2	5.6			3.4	0	8.58
Number of Never Events	November 2023	2	0	-	-	-	-	-
Number of Serious Incidents	November 2023	2	0			3.31	0	9.32
% of incidents where the level of harm is severe or catastrophic	November 2023	0.81%	2%			0.8%	0%	1.91%
% of complaints within agreed timescale	November 2023	90%	95%			89.78%	74.61%	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:
- CHFT SHMI performance has remained stable in the latest 12 month rolling release and shows performance of 99.89 and remains below the 100 mark.
- Month on Month performance has deteriorated in August with performance standing at 103.06.
- Performance remains within the expected range in the latest release.
- The latest national SHMI position stands at 98.99 and CHFT now sits very slightly above this national position however remains comfortably within the expected range nationally.

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

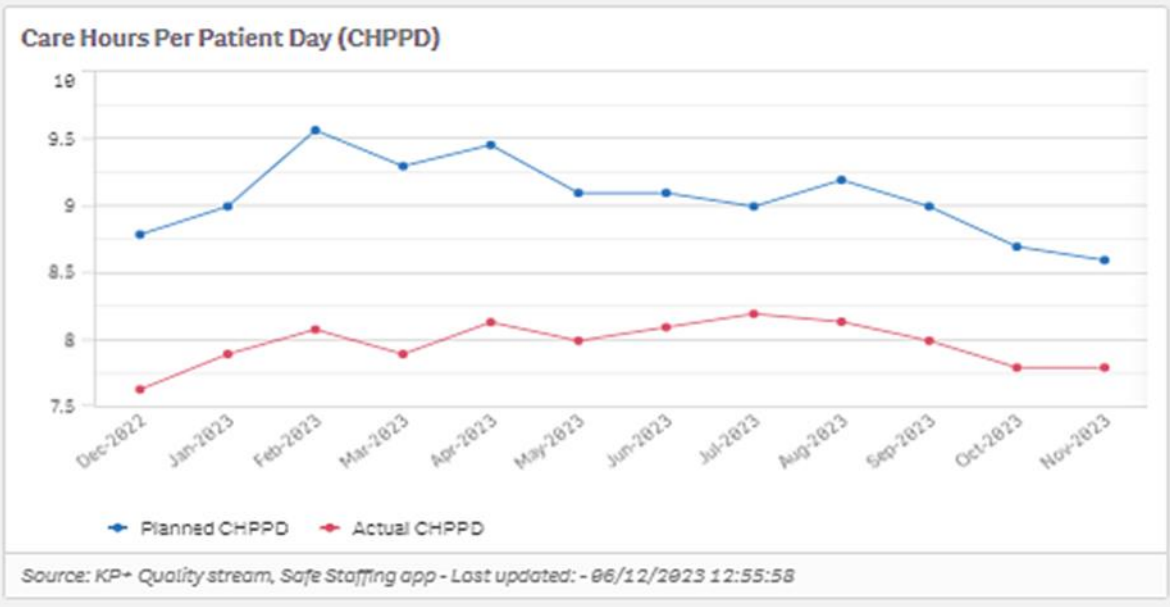
Actions:
- Clinical Lead has contacted all mortality leads in all specialties to communicate the need to increase the level of mortality reviews being carried out on a monthly basis and the timeliness of these reviews being improved.
- The Trust target is for 50% of deaths to be reviewed using the initial screening review methodology, currently performance is not meeting these levels.

Care Hours Per Patient Day

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

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

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



What does the chart show/context:
- The actual CHPPD is less than the planned by a deficit of 0.8 care hour per patient day.
- The latest data in Model Hospital is from September 2023 when CHFT reported providing 8.0 CHPPD against a peer median 8.6 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.
- Reducing the CHPPD deficit is dependent on having the right workforce to meet the patient requirements.

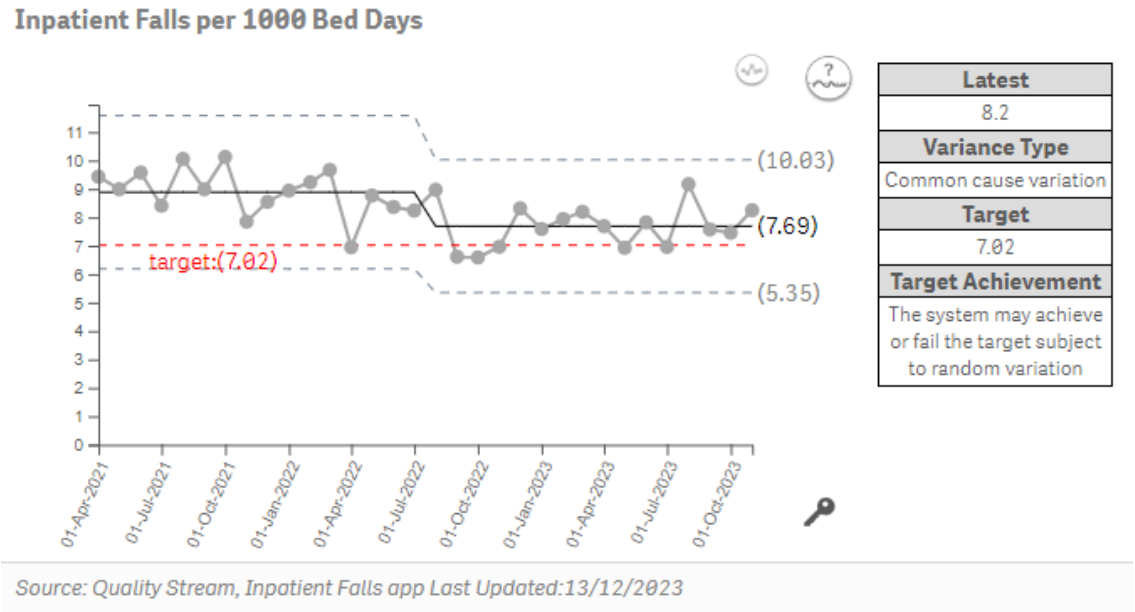
Actions:
- Undertake bi-annual Safer Staffing review. This process provides assurance of the correct workforce models based on an evidence-based methodology. The next bi-annual review is scheduled for March 2024.
- Ongoing monthly reviews of recruitment strategies, including employment of new graduates, 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 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: Rhiann Armitage

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

Target:
10% reduction from 2022/23



Source: Quality Stream, Inpatient Falls app Last Updated:13/12/2023

What does the chart show/context:
- The rate of inpatient falls for November was 8.2.
- Currently performance can be expected to vary from 5.34 to 10.01.
- A step-change has been added to the chart from July 2022, which has changed the upper and lower control limits.

Underlying issues:
- The Falls Collaborative has now been reformatted and attendance has much improved.
- Enhanced care team issues with 1-1 cover for areas inconsistent.
- Inconsistencies in wards using falls prevention measures e.g. bay tagging, co-horting.

Actions:
- Relook at the TOR of the falls collaborative.
- Falls link nurses to be allocated and invited.
- Continuing with reconfiguration plan around the enhanced care team.
- Education as part of the revamped Enhanced Care team processes and assessments.
- We have now joined a WYAAT falls collaborative and attended the first meeting. We are arranging go sees and going to work as a region to look at ways to reduce falls.
- Bed rails assessment is being reviewed due to concerns it is not reflective of what we need for safe practice.
- The SOP for retrieving patients off the floor now has a final draft and is awaiting ratification.
- The Falls policy is going to be reviewed in the coming months.

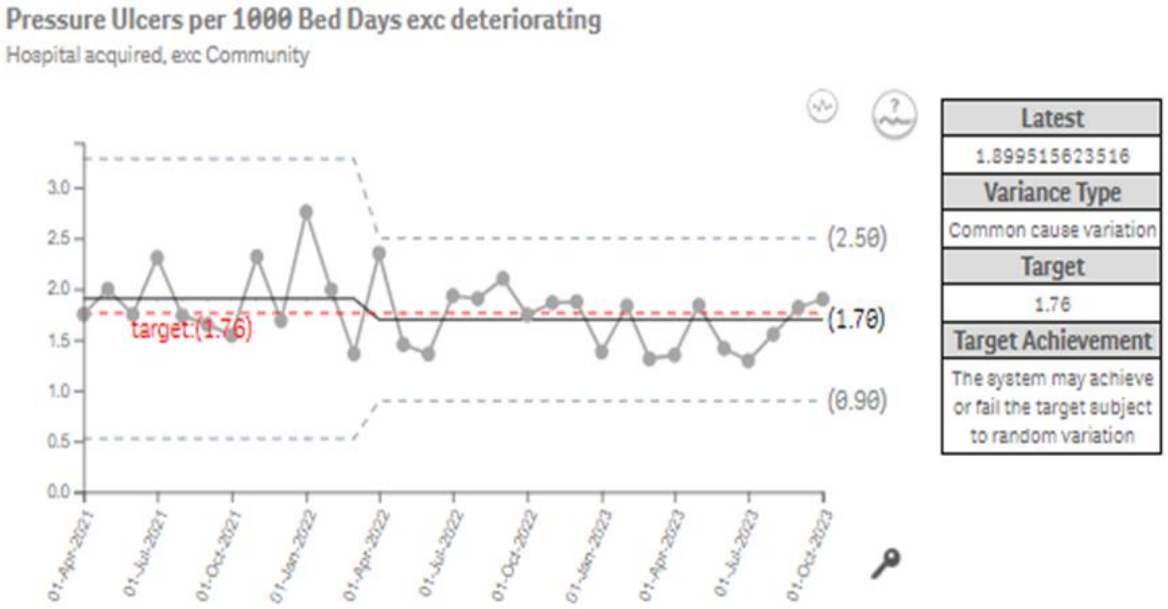
Hospital Acquired Pressure Ulcers per 1,000 Bed Days

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Lindsay Rudge Clinical Lead: Alison Ward Business Intelligence Lead: Charlotte Anderson

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

Target:
10% reduction from 2022/23.



What does the chart show/context:
- The incidence of Hospital acquired PU excluding deteriorating PU.
- The incidence of Hospital Acquired PU for October 2023 was 1.9
- The Trust is unable to consistently meet the target and may achieve or fail subject to random variation month to month.
- Currently performance can be expected to vary from 0.90 to 2.50

Underlying issues:
- Performance for all inpatient settings in October 2023, according to ward assurance data is 49% for PU risk assessments being completed within 6 hours of admission.
- CQUIN data for Q1 identifies that Criteria 1 (risk assess within 6 hours) requires improvement.
- 3% of CHFT acquired PUs for October 2023 are PUs which have deteriorated, this includes deterioration of PUs originating outside CHFT.

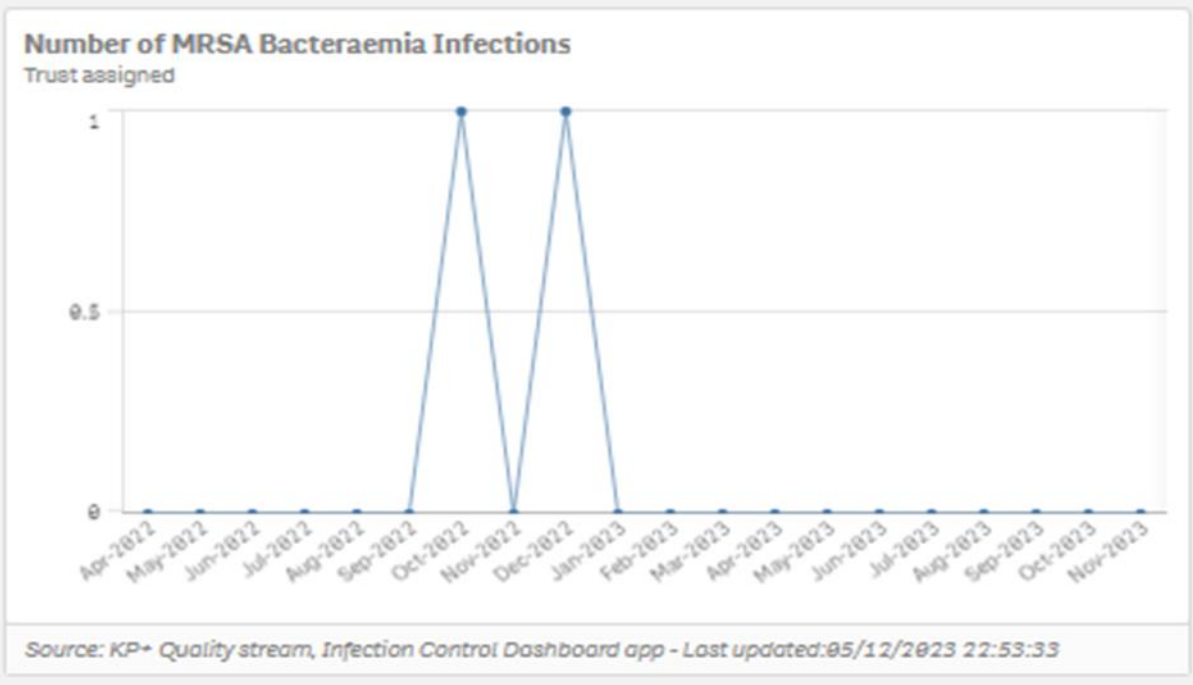
Actions:
- PU risk assessment within 6hrs of admission/ward transfer is now captured on Live Assessment data within KP+.
- The top performing wards for risk assessment compliance are HRI ward 18 at 86%, ward 5 at 84% and CRH ward 7C at 85%. Targeted improvement is planned for the low performing wards.
- Audit of risk assessments planned for December 2023.
- SSKIN bundle review completed, and changes submitted to the EPR clinical analyst in collaboration with BTHFT and Airedale.
- Processes for PU investigations and learning are being reviewed as part of PSIRF.
- After Action Review template for PU is being rolled out across the Medical Division.
- Review of PU Collaborative meeting is ongoing from December 2023.

MRSA Bacteraemia Infections

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

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

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



What does the chart show/context:
- There were no MRSA Bacteraemia case infections in November.
- 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.

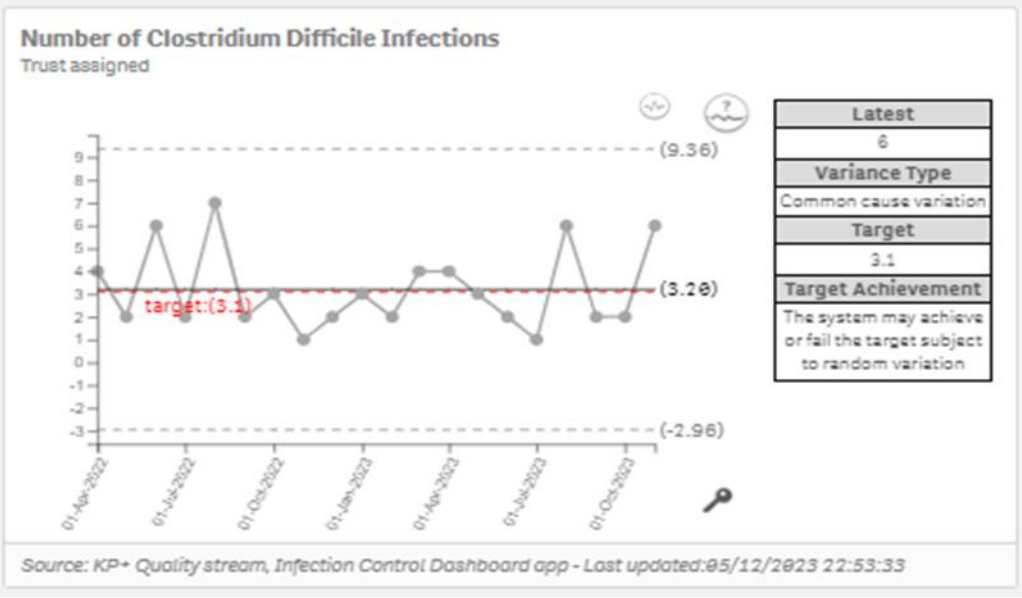
Actions:
- MRSA screening data cleanse has been completed and improvements seen. A further piece of work is underway with FSS to be completed by the end of November.
- Colonisation suppression visual user guides have been provided to patients to ensure correct application.
- Mandatory training to be 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: Charlotte Anderson

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

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



What does the chart show/context:
- There were 6 C.Difficile infection in November.
- The Trust is unable to consistently meet the 3.1 objective and may achieve or fail subject to random variation month to month.
- Currently performance can be expected to vary from 0 to 9.36.
- YTD 2023/24 - 26

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.

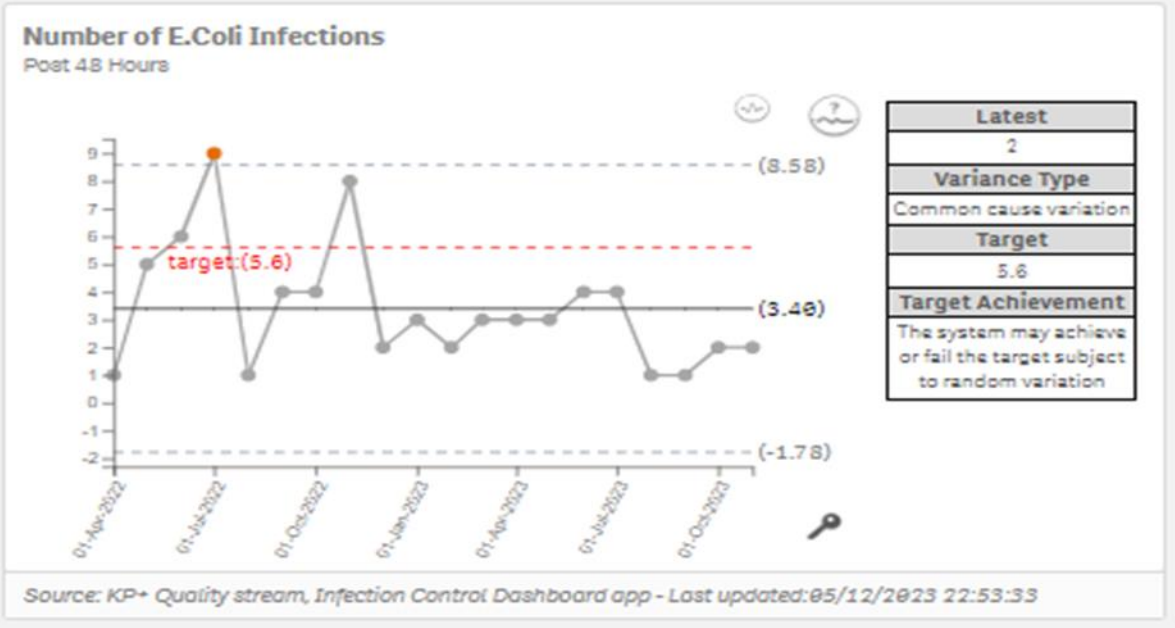
Actions:
- The Trust has implemented an improvement plan including a programme of HPV deep cleaning (to be agreed).
- C.Diff ward rounds, antimicrobial ward rounds and a review of the investigation process for cases.
- NHSEI carried out a support visit in March, with positive feedback. Their recommendations 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: Charlotte Anderson

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

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



What does the chart show/context:
- There was 2 E.Coli infection in November.
- The Trust is unable to consistently meet the 5.6 objective and may achieve or fail subject to random variation month to month.
- Currently performance can be expected to vary from 0 to 8.58.
- YTD 2023/24 – 18.

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.

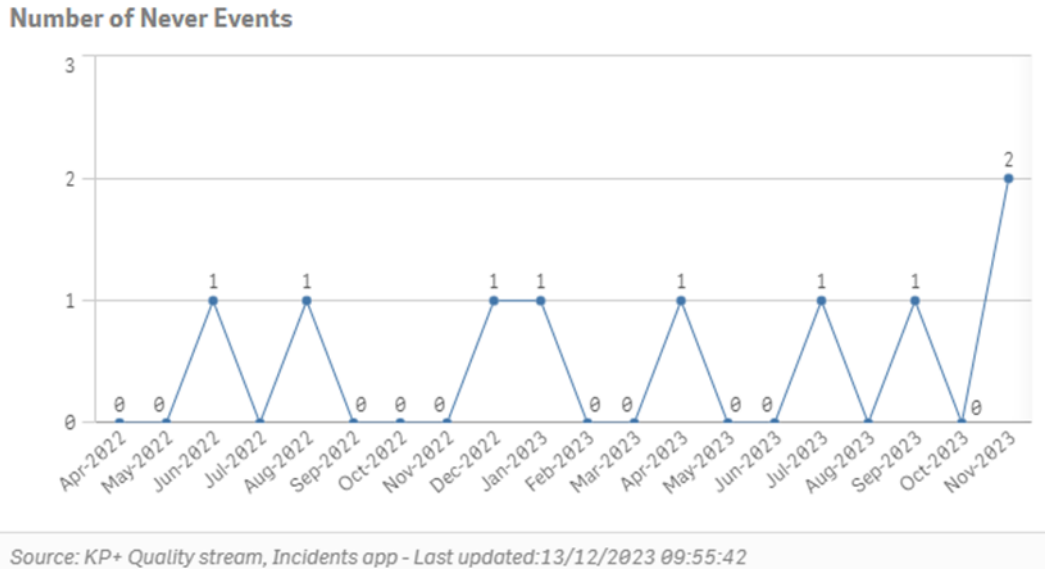
Actions:
- Extended surveillance of all the cases is conducted and uploaded to the UKHSA DCS system for national analysis.
- As part of the workplan of the IPCT, an annual audit of catheter management has been completed and recommendations shared with the divisions for implementation.
- A regional working 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 were 2 never event reported in November 2023.
- The Trust is unable to consistently meet the target and may achieve or fail subject to random variation month to month.

Underlying issues:
- Initial learning and actions identified following SWARM huddles.
- Both very different cases however theme captured in relation to training and competencies.

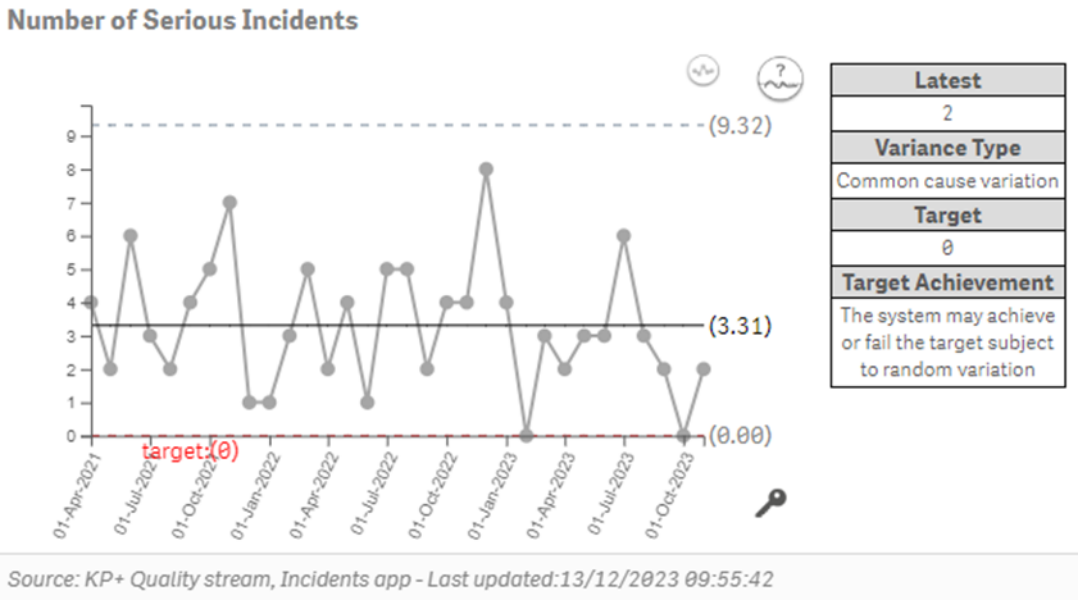
Actions:
- The Trust will continue to hold SWARM huddles as required to ensure learning is identified to keep our patients and staff safe.
- Initial actions completed and SI investigations ongoing.
- Never event notification process is being reviewed.

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 2 serious incidents reported in November 2023.
- Currently performance can be expected to vary from 0 to 9.32.

Underlying issues:
- 2 never events reported being investigated as serious incidents.

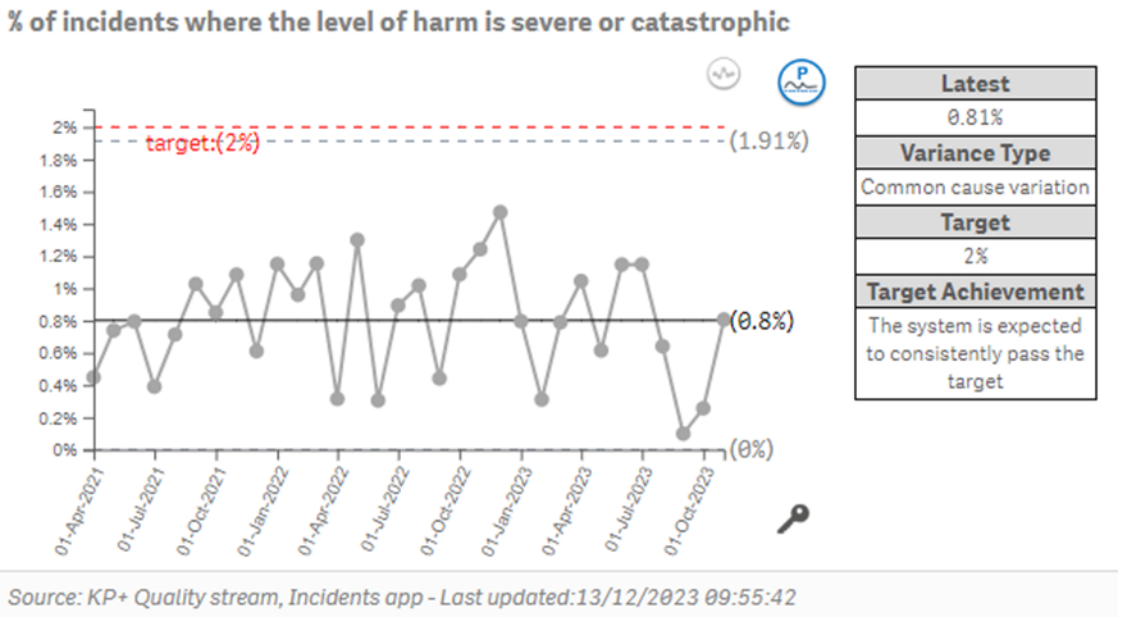
Actions:
- SWARM held to identify learning and immediate actions.
- Them identified relating to training, supervision and competencies – initial actions implemented awaiting investigation outcome for further learning.

% 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 0.81% in November.
- The Trust may achieve or fail the target subject to random variation on a month-by-month basis.
- Currently performance can be expected to vary from 0% to 1.91%.

Underlying issues:
- Continue to validate serious incidents through the divisional teams and executive panel.
- Transitioning across to new incident reporting system to support identification of themes and trends.

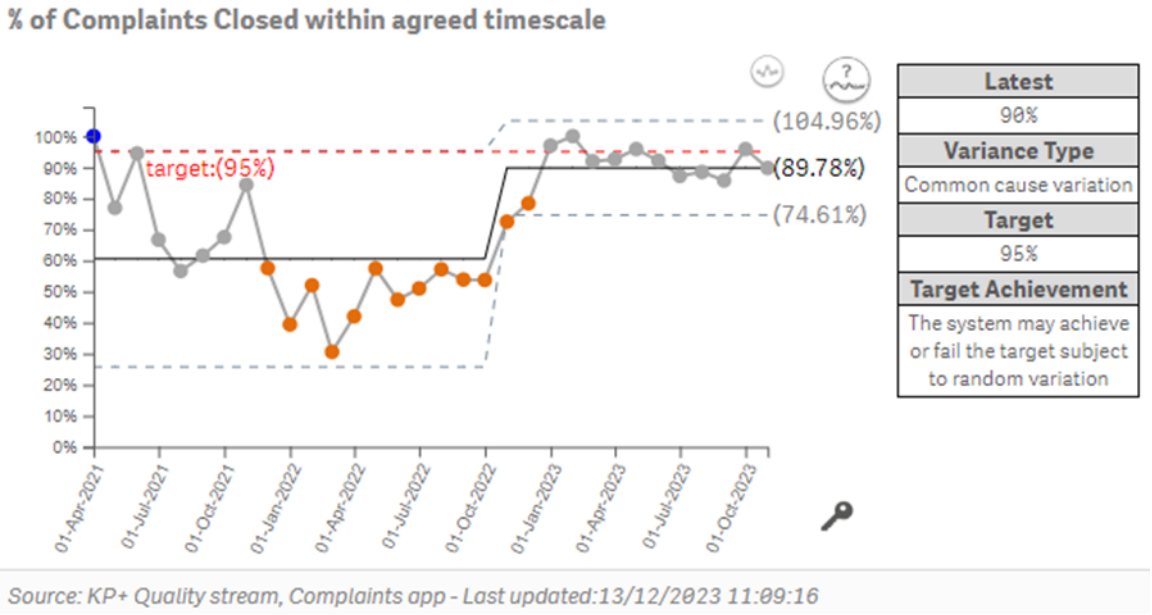
Actions:
- The Quality and Safety team continue to have oversight of all Trustwide incidents to identify themes and organisational learning.
- To continue to monitor the trend within the upper controls limits to ascertain reasons for variation.

% 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 November 90% of complaints were closed within the agreed timescale
- Currently performance can be expected to vary from 74.61% to 100%.
- Performance is subject to common cause variation.

Underlying issues:
- The Trust's target of 95% has not been met this month however 90% is still a consistent and positive performance.
- Operational demands and pressures have taken priority.

Actions:
- 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 as this has been particularly challenging.
- Continue to monitor Trust performance daily and meet with Divisions on a weekly basis to maintain oversight of performance.

Quality Priorities:

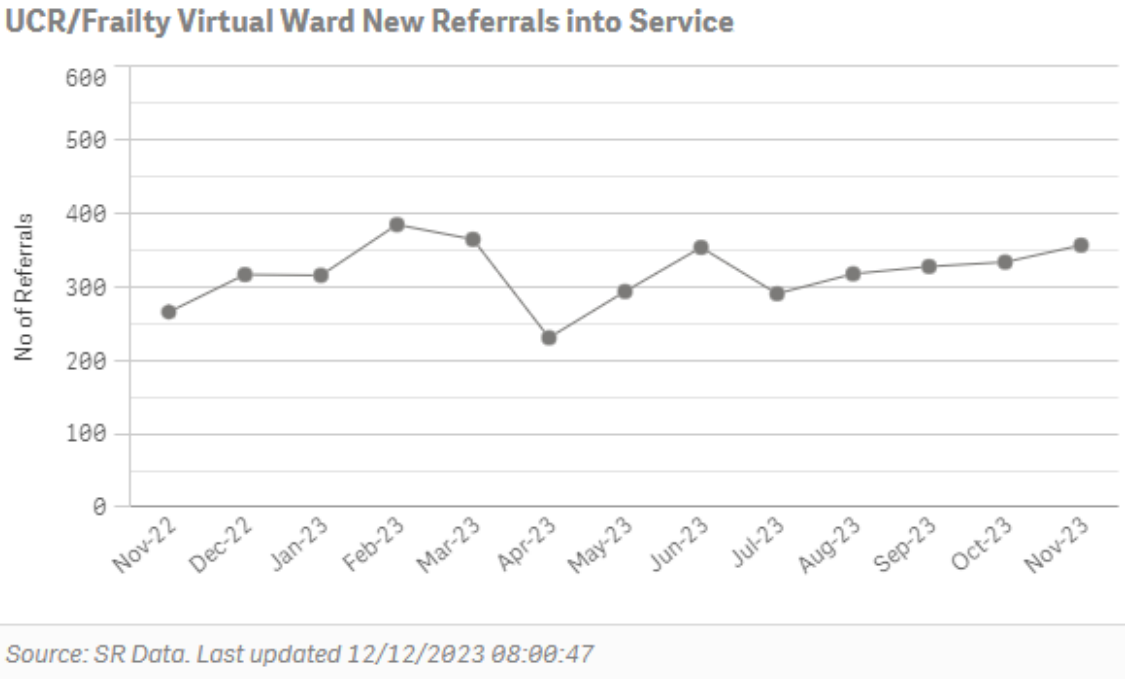
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Alternatives to Hospital Admission – Number of referrals into the Frailty service	November 2023	357	TBC	-	-	-	-	-
% of episodes scoring NEWS of 5 or more going on to score higher	November 2023	34.4%	30%			32.66%	28.66%	36.67%
% of adult patients that receive a MUST assessment within 24 hours of admission/transfer to the ward.	November 2023	81.29%	95%			77.42%	54.71%	100%

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.



What does the chart show/context:
- New referrals into service for the whole Urgent Community Response / Frailty Virtual Ward service.
- Average of 320 per month for all. 357 for November 2023.

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.

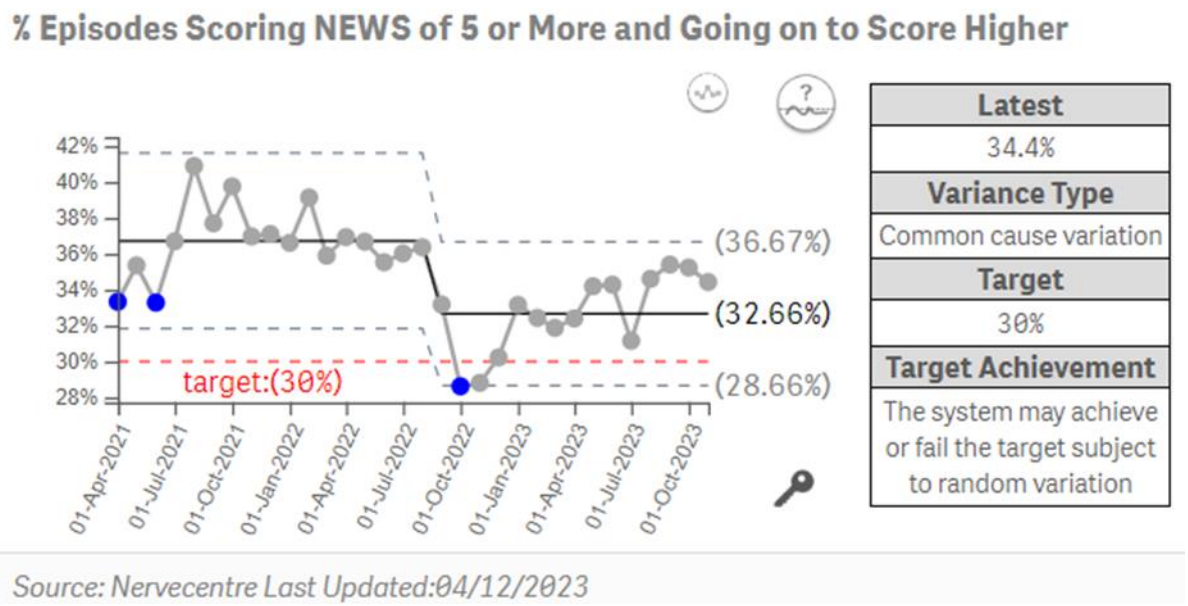
Actions:
- Medical division reviewing medical cover to support a 7-day Multi Discipline Team meeting for Frailty virtual ward. Other organisations have not all been able to recruit consultants but backfilled with a registrar.
- Advanced Clinical Practitioner working on Frailty Same Day Emergency Care 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: Lindsay Rudge Clinical Lead: Cath Briggs/Elizabeth Dodds Business Intelligence Lead: Charlotte Anderson

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

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



What does the chart show/context:
- Performance was 34.4 % in November.
- The Trust is unable to consistently meet the target of 30% and may achieve or fail subject to random variation.
- Currently performance can be expected to vary from 28.66% to 36.67%.

Underlying issues:
- Doctors do not carry NerveCenter devices "in hours".
- Observations not carried out on time, or failure to escalate appropriately in line with policy or escalations.
- Consideration for ceiling of care and resuscitation decisions are not always documented.
- Data is not regularly reviewed by ward areas.
- No identified lead nurse for deteriorating patient.

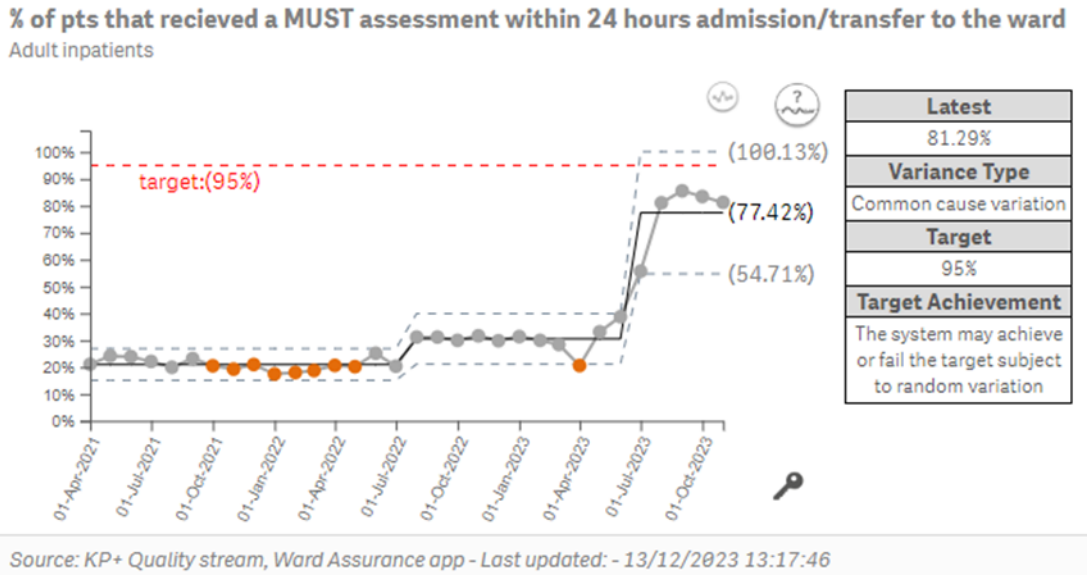
Actions:
- A new dashboard is being developed to ensure data is available easily – now available on KP+.
- A snapshot review of patients' records is being undertaken - any further actions to be fed through Deteriorating Patient & Sepsis collaborative at December 2023 meeting.
- Deteriorating Patient CQUIN audit focusing on NEWS2 records and escalations for patients with unplanned admissions to critical care. This will highlight any further actions to be fed through Deteriorating Patient & Sepsis collaborative. This will be presented quarterly.
- As more data becomes available and learning from the above audit comes to light, further actions will be identified within the workstream.

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 November performance was 81.29%.
- Performance is in common cause variation and improvements are being sustained.
- Currently performance can be expected to be between 54.71% and 100% and therefore may achieve or fail the target subject to random variation.

Underlying issues:
- Continuing to work through the identified actions from the never events.
- Food and drink strategy delayed due to medical photography not able to support.
- NGT policy awaiting sign off from the nursing and midwifery expert group.
- MUST assessment training compliance has improved and is now at 73.7%.
- MUST assessment completion within the first 24 hours of a patient's admission remains stable at 83.45%, this needs to be at 90% by December and 95% by the end of January.

Actions:
- There needs to be a continued push on the MUST assessment completion and training. This will be a focus for the month of December and will include walk rounds, posters and screen savers.
- Food and Drink Strategy is in the process of completion.
- NGT policy has been sent for approval.
- The group have developed a MUST dashboard on KP+ to aid compliance with the MUST assessments. This is working really well and we have seen significant improvements.
- The training compliance for NGT is now visible on KP+ and health roster to assist the ward managers and matrons to monitor compliance.
- A trial of a new CO2 pod has been completed on ward 17 and Stroke floor successfully (CO2 pod is a device that is used to confirm the placement of an NGT), this will not replace the PH & NEX check but would be an additional safety measure.

Health Inequalities: Learning Disabilities

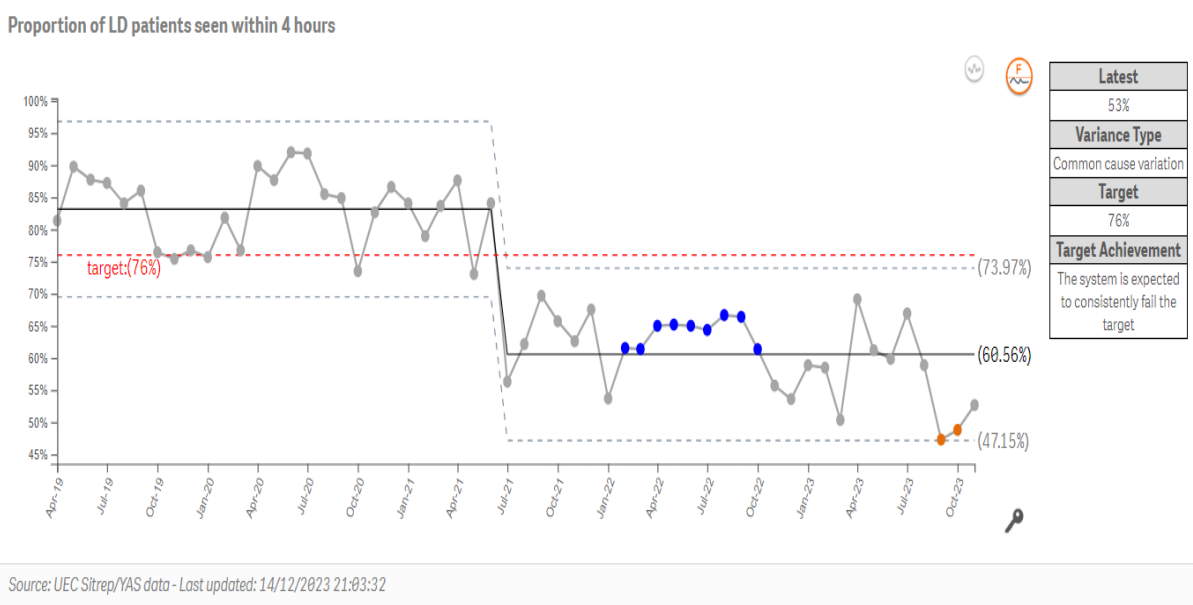
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Emergency Care Standard	November 2023	50%	76%			61%	47%	75%
Outpatients DNAs	November 2023	8.7%	3%			9.01%	3.08%	14.93%
Cancer Faster Diagnosis Standard	November 2023	83.3%	75%			63%	0%	100%
% of patients waiting less than 6 weeks for a diagnostic test	November 2023	81.1%	95%			87.38%	73.87%	100%
Patients waiting more than 40 weeks to start treatment	November 2023	3	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 74%.
- The performance in November was 53% which is considerably lower than the overall Trust 4-hour standard.

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 LD 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.

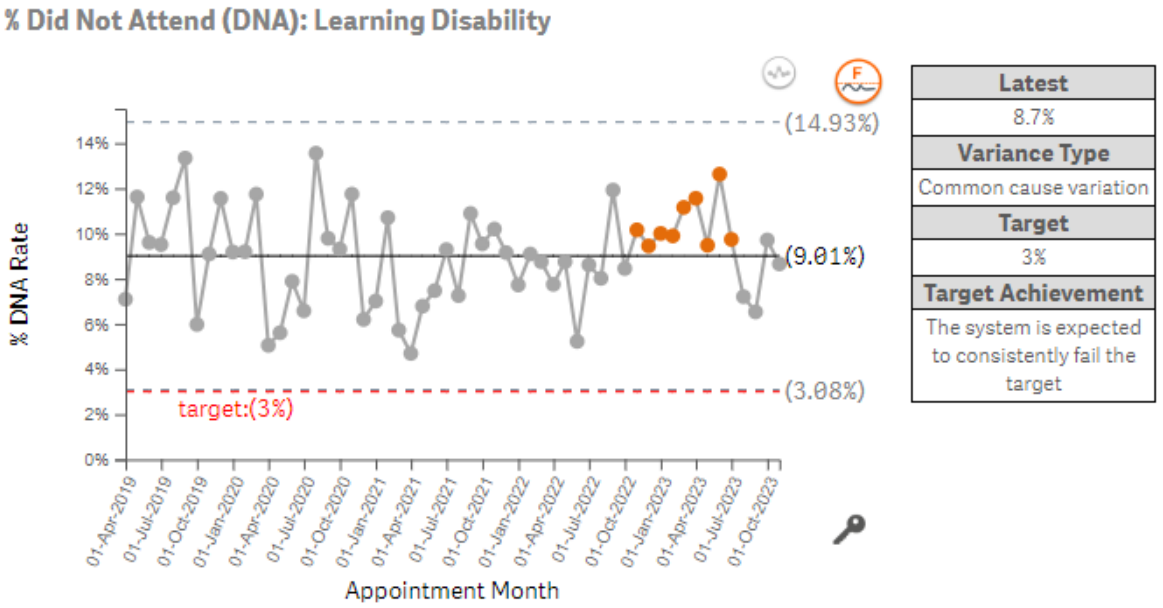
Actions:
- Results from audit to be taken to PSQB for discussion and agreement on any required actions

% 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.



Latest
8.7%
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 with a Learning Disability improved in November 2023 and stands at 8.7%.
- 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 6.9% for November 2023.

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 to be done January/February 2024.

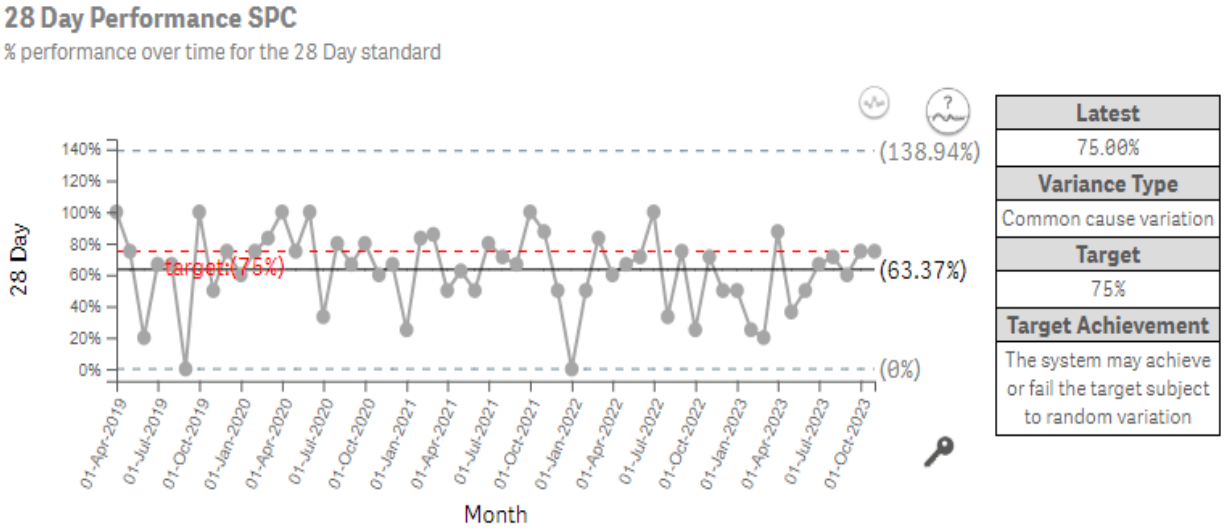
Proportion of patients meeting the faster diagnosis standard: Learning Disability

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Lead: Maureen Overton/Amanda McKie Business Intelligence Lead: 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%.



Latest
75.00%
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 75% which is in line with the NHSE target and below 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 January/February 2024.

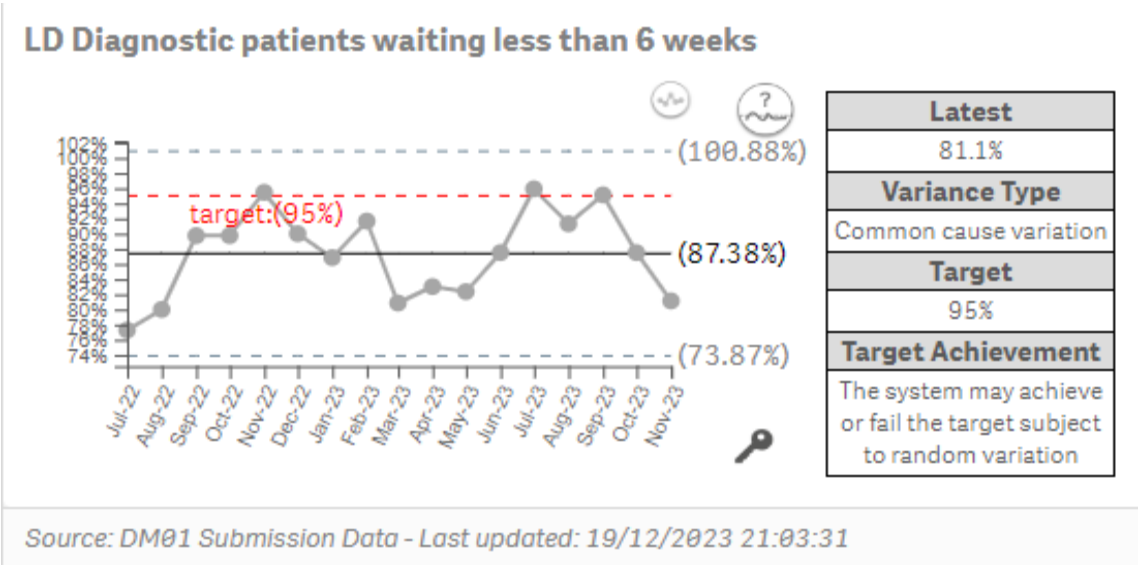
Percentage of patients waiting less than 6 weeks for a diagnostic test: Learning Disability

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Leads: Thomas Strickland/Stephen Shepley/Helen Rees/Amanda McKie
Business Intelligence Lead: 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 81.1% which does not meet the NHSE target of 95%. In-month performance is in line with in-month CHFT overall performance which is 82%.
- 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 75% and 100%.

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

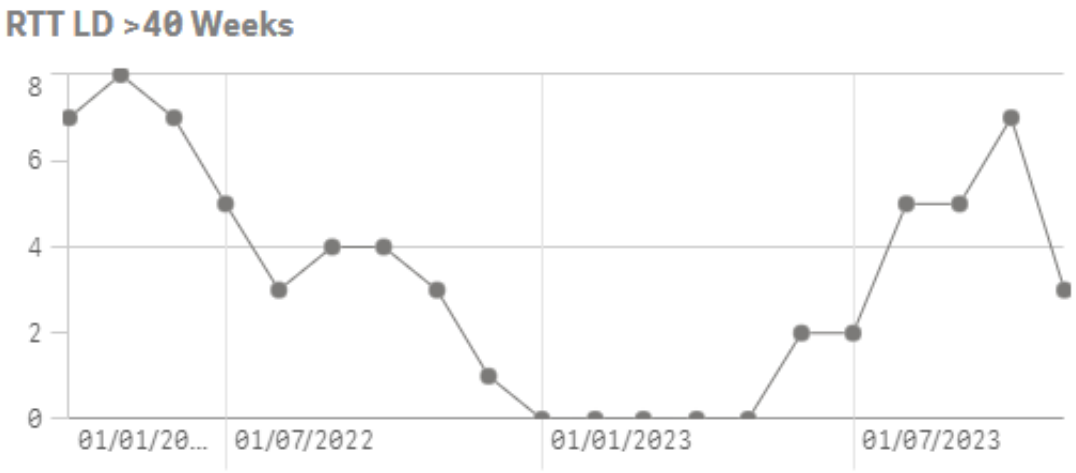
Actions:
- Audit Learning Disability breaches to check no other reasons for breaches other than capacity – to be done January/February 2024.

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.



Source: RTT Incomplete Waiting Times - Last updated: 20/12/2023 16:20:35

What does the chart show/context:
- This chart shows the number of patients on the RTT Incomplete Pathways list who have been waiting more than 40 weeks to start treatment.
- The aim is to show progress towards 0 patients waiting more than 40 weeks by January 2024 (internal target).
- There are currently 3 patient with a Learning Disability who have waited more than 40 weeks

Underlying issues:
- Learning Disability patient performance reflects CHFT performance

Actions:
- None required

Health Inequalities: Deprivation (IMD 1 and 2)

Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Emergency Care Standard	November 2023	64.8%	76%			72%	65%	78%
Outpatients DNAs	November 2023	9.9%	3%			9.61%	8.08%	11.15%
Cancer Faster Diagnosis Standard	November 2023	79.8%	75%			75.86%	63.01%	88.71%
% of patients waiting less than 6 weeks for a diagnostic test	November 2023	79.9%	95%			86.92%	73.04%	100%
Patients waiting more than 40 weeks to start treatment	November 2023	290	0			-	-	-

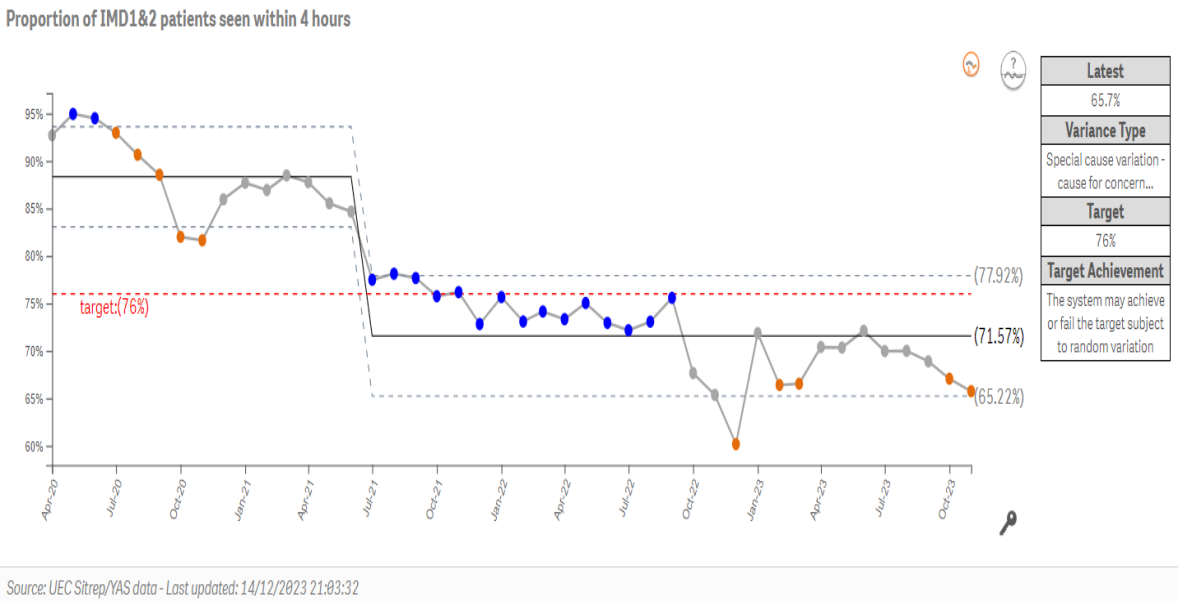
Emergency Care Standard: Deprivation (IMD 1 and 2)

Calderdale and Huddersfield NHS Foundation Trust

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

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

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



What does the chart show/context:
- The Trust is consistently failing the 4-hour target of 76% for patients with deprivation levels IMD 1 and 2 attending ED.
- Performance can be expected to vary between 65% and 78%.
- The performance for November 65.7% 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.

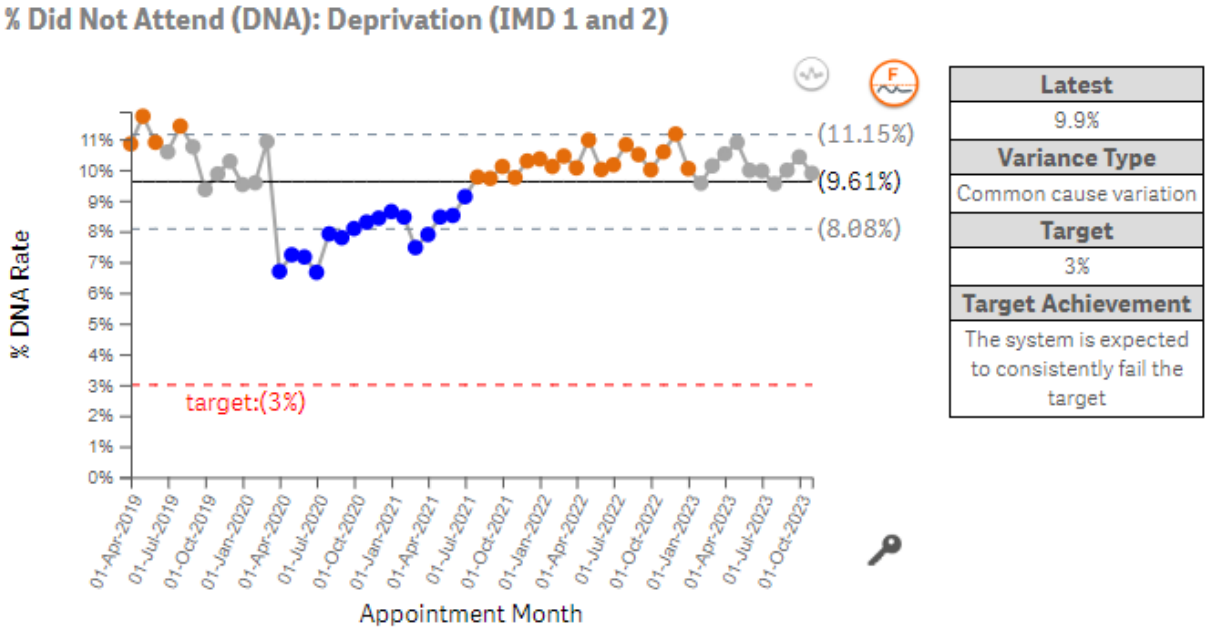
Actions:
- Recruitment into Medical WFM at interview stage, 3 locum consultants appointed.
- Evenings into nights is problematic and breach review identifies poor skill/seniority mix in employed medical workforce. Now addressed with 2 ST4+ on nights and evening consultant staying on until department 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.



Latest
9.9%
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 9.9% for November 2023.
- 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 6.9% for November 2023.

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

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

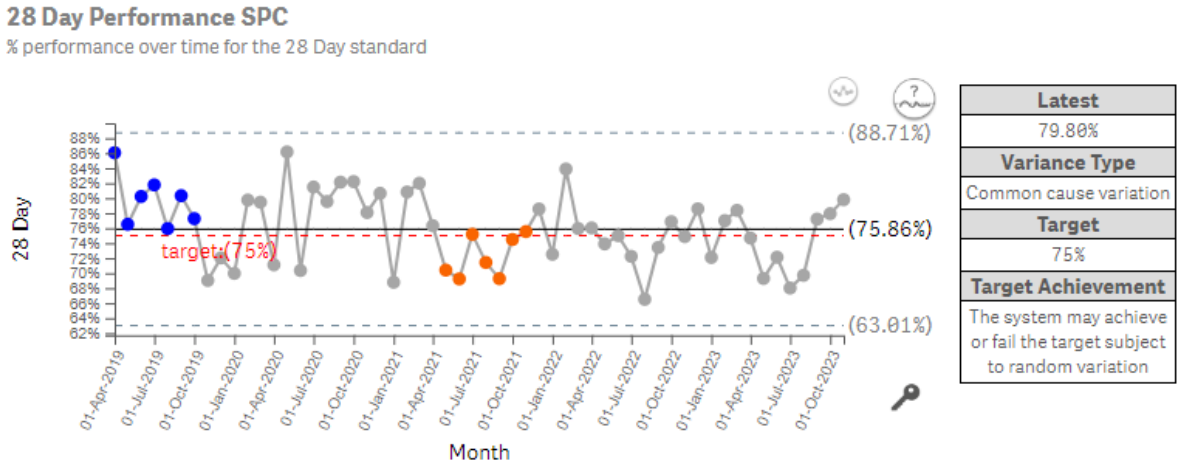
Proportion of patients meeting the faster diagnosis standard: Deprivation (IMD 1 and 2)

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Lead: Maureen Overton Business Intelligence Lead: Rebecca Spencer

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 79.8% which is above the NHSE target. Performance for this group of patients is about the same as overall Trust performance.
- 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.

Actions:
- Skin have reverted back to their face-to-face clinics; Skin and the overall 28-day target has improved as a result.

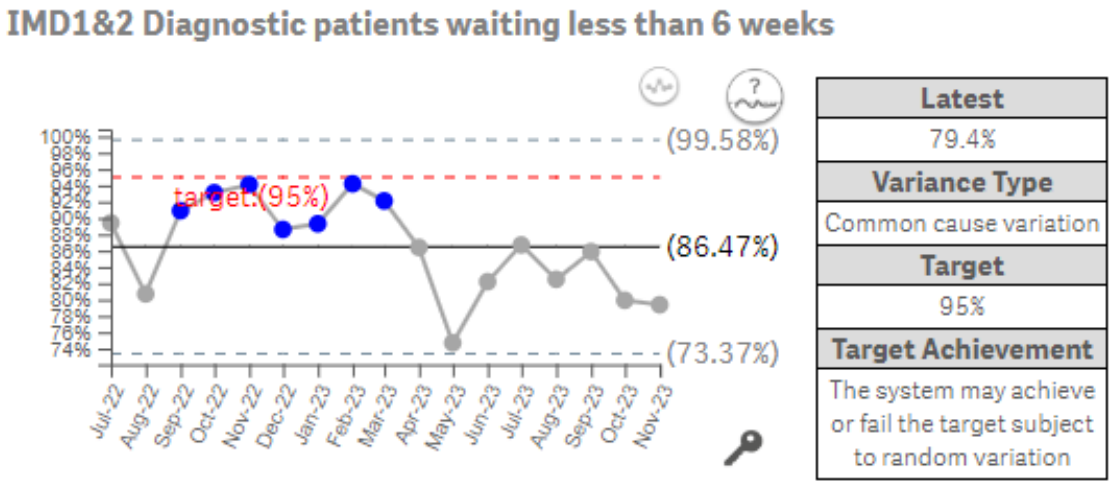
Percentage of patients waiting less than 6 weeks for a diagnostic test: Deprivation (IMD 1 and 2)

Calderdale and Huddersfield NHS Foundation Trust

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



Source: DM01 Submission Data - Last updated: 19/12/2023 21:03:31

What does the chart show/context:
- Latest monthly performance stands at 79.4% which is below the NHSE target and CHFT performance.
- The Trust is unable to consistently meet the target of 95% and may achieve or fail the target subject to random variation. Performance can be expected to vary between 73.37% 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.

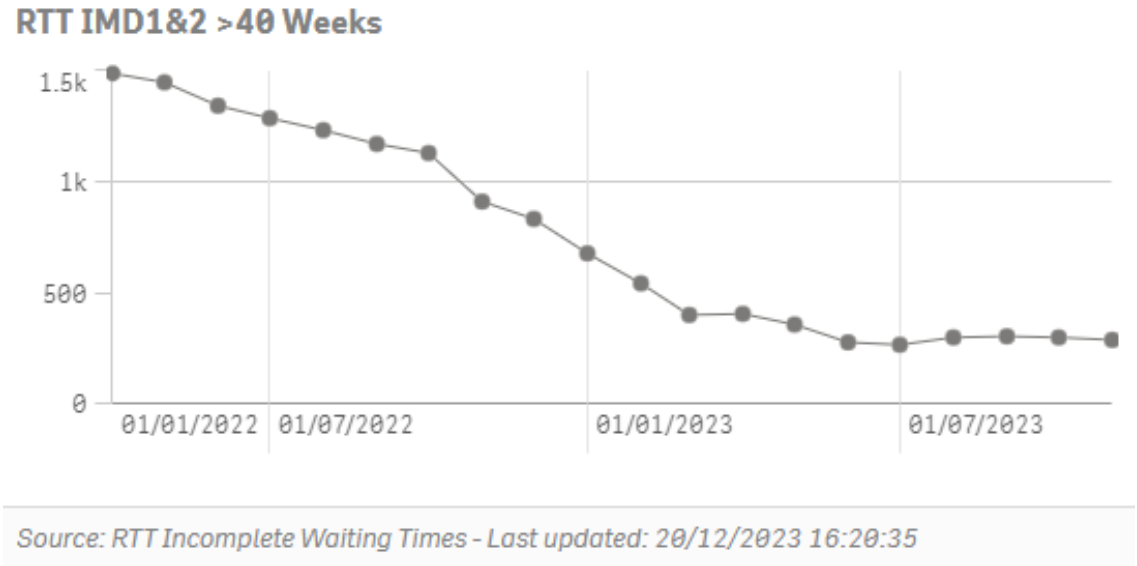
Total Patients waiting more than 40 weeks to start consultant-led treatment: Deprivation (IMD 1 and 2)

Calderdale and Huddersfield NHS Foundation Trust

Executive Owner: Rob Aitchison Operational Lead: Thomas Strickland Business Intelligence Lead: Mark Butterfield

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

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



What does the chart show/context:
- This chart shows the number of patients on the RTT Incomplete Pathways list who have been waiting more than 40 weeks to start treatment.
- The aim is to show progress towards 0 patients waiting more than 40 weeks by January 2024 (internal target).
- Our 40-week position has been reducing rapidly between April 2022 and April 2023 and has since started to level out.
- We are now down to 290 patients over 40 weeks.

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.
- 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:

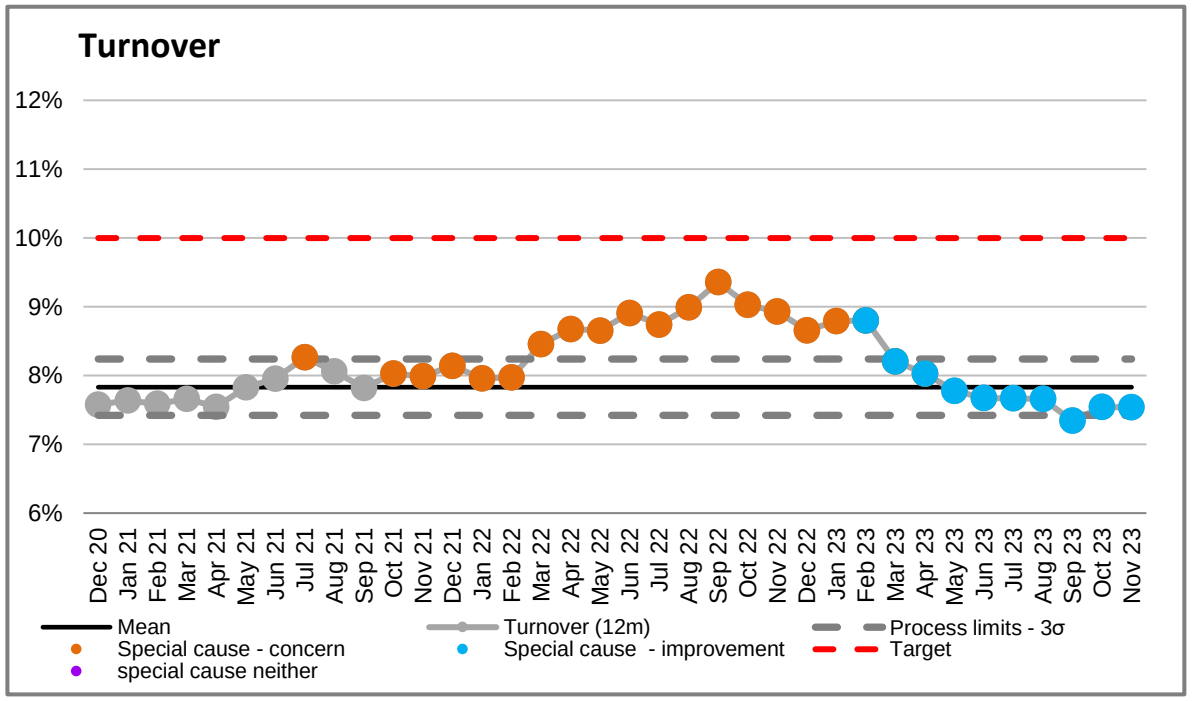
Metric	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Staff Movement (Turnover)	November 2023	7.54%	10.0%			7.83%	7.42%	8.24%
Sickness Absence (Non-Covid)	November 2023	4.80%	4.75%			4.83%	4.19%	5.46%
Appraisal Compliance (YTD)	November 2023	73.53%	95.0%	-	-	-	-	-
Core EST Compliance	November 2023	94.34%	90.0%			92.96%	91.87%	94.04%
Bank Spend	November 2023	£3.53M	-			£3.19M	£1.54M	£4.85M
Agency Spend	November 2023	£0.80M	£0.53M			£0.88M	£0.58M	£1.18M

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: 7.54%**



What does the chart show/context:
- The Trust's turnover ceiling has been reduced from 11.5% to 10.0% to reflect the consistently low turnover rates.
- 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 with 7.54%.
- Turnover has shown a downward trend between February-September 2023 and has remained below the mean average from May 2023 to present.
- The Trust benchmarks well against other WYAAT organisations.

Underlying issues:
- Directorates with turnover above the 10% ceiling include FSS Management (19.4%), Outpatients and Records (15.1%), and Pharmacy (14.3%).

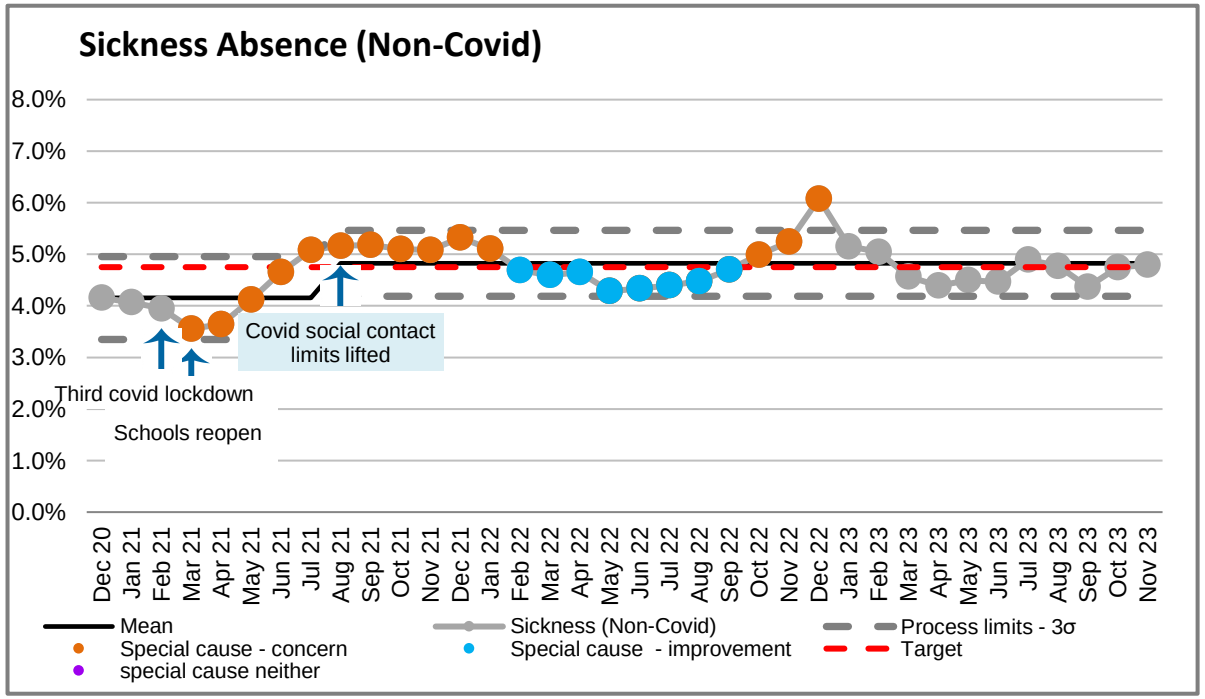
Actions:
- A Colleague Retention Programme paper was presented at Workforce Committee on 18th December 2023.
- Turnover data is reviewed in the Workforce and OD Directorate bi-monthly Workforce Monitoring meeting.
- HRBPs will work with any hotspots identified to work through any issues.

Sickness Absence (Non-Covid)

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

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

Target: 4.75%	**Current:**	**Total**	**4.80% (in month)**	**4.81% (12m)**
		Long	**2.68% (in month)**	**3.06% (12m)**
		Short	**2.12% (in month)**	**1.76% (12m)**



What does the chart show/context:
- The mean and target for absence are very similar causing compliance to be hit and miss on a monthly basis.

Underlying issues:
- Top 3 reasons for sickness in November 2023 – Anxiety/Stress/Depression, Gastrointestinal Problems and Cold, Cough, Flu - Influenza

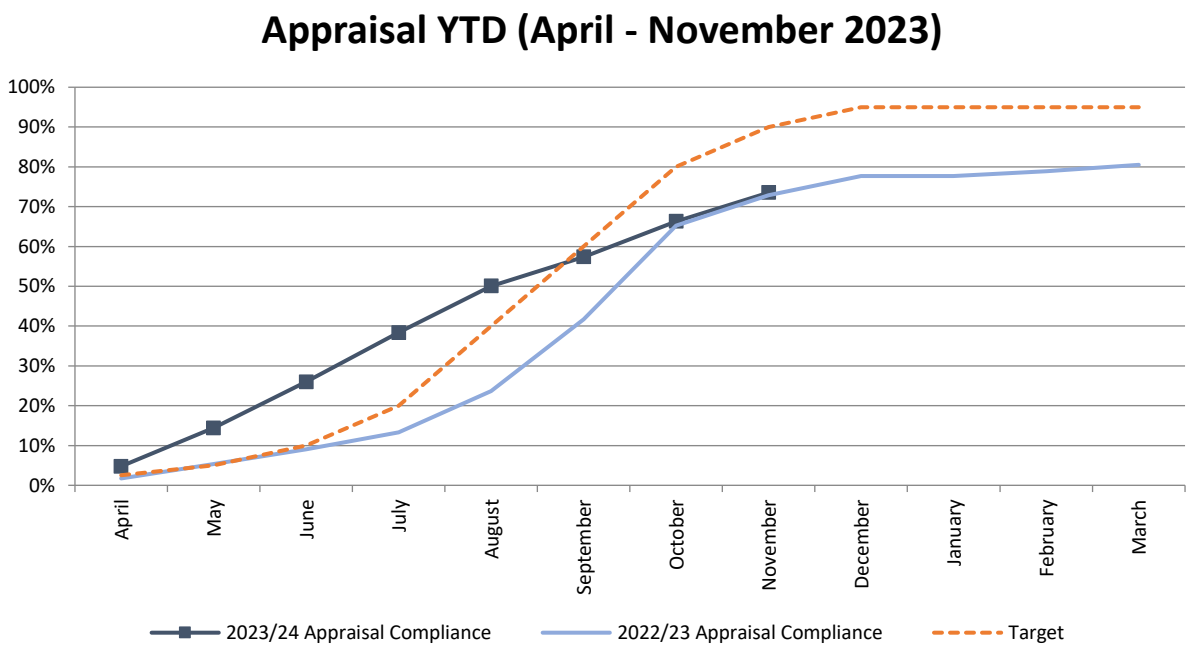
Actions:
- Winter vaccination is underway with ongoing promotion within divisions with the aim of reducing colleagues becoming seriously ill with chest and respiratory issues over the winter months.
- Work continues within hotpots for age/gender group to reduce absences, identify and themes or trends and options for supporting colleagues.
- Promotion of self-referral physio provision for all MSK absences. Reporting in place to triangulate where absences prevented/reduced in length as a result of MSK intervention.
- Continued promotion Menopause policy and support available.
- HRBPs working closely with the Workforce Psychologist to ensure all support on mental health issues are available to colleagues with clear pathways to access services.
- Exploring the possibility of Health MOTs for colleagues given the high level of absences in the 50+ age group of colleagues.
- HRBPs working with divisions to hold appropriate deep dives into hotspot areas. HR Team holding monthly meetings to discuss every long-term absence case and ensure an appropriate management plan is in place.
- Absence data to be presented at Executive Board meeting on a regular basis to ensure focus on reducing the level of absence.
- Management guidance developed to support manager with reasonable adjustments and how to utilise Access to Work for colleagues with underlying health conditions or a disability.

Appraisal

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

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

Target: 95.0% (Annual), 90.0% (in month) **Current: 73.53% (in month)**



What does the chart show/context:
- Total compliance where Appraisals have been completed in the current appraisal season.
- Appraisal compliance has continued to be below the in-month planned position at 73.53%.
- Appraisal compliance is performing just above the rate of the previous year at the same point in time.
- It is unlikely the Trust will achieve its target of 95% appraisals by the end of December 2023.

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.

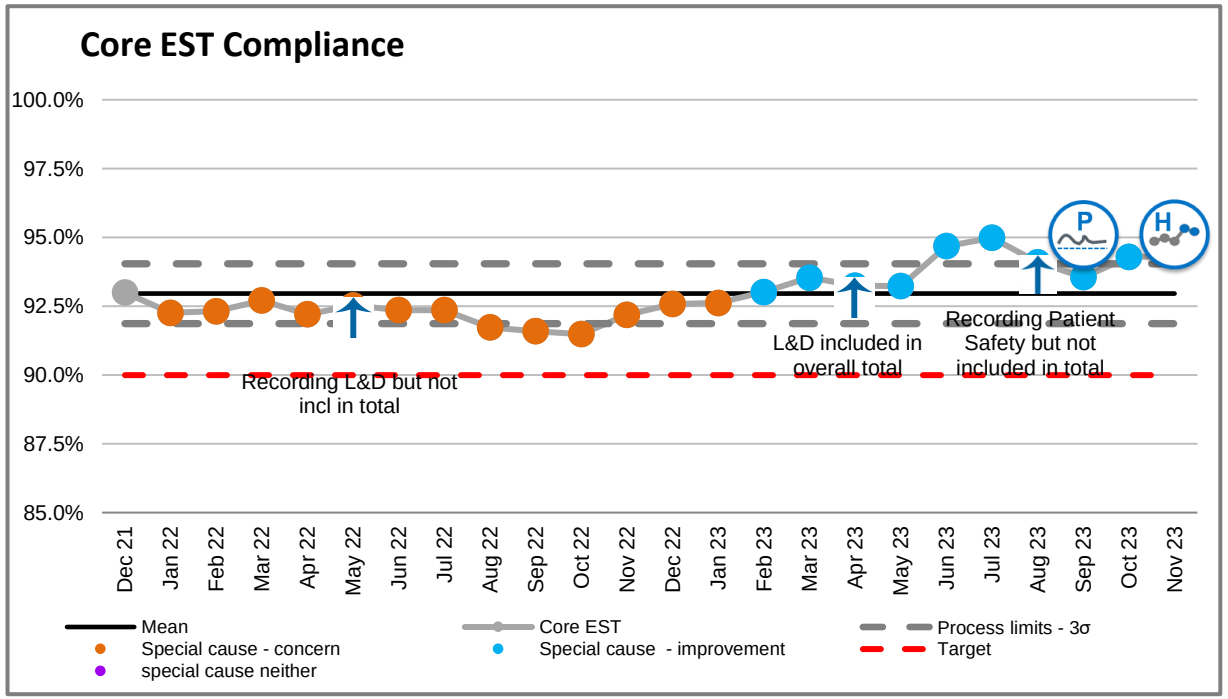
Actions:
- ‘How to’ guide to appraisals video now available as part of our management fundamentals offer, to make it a more people centred conversation.
- New to manager programme launch features appraisals in content
- ESR recording guidance produced to support managers to ensure all activity is captured.
- Targeted approach to support hot spot areas including Connect & Learn sessions (managers and appraisee’s guides) to improve the quality of conversations.
- Connect & Learn sessions ongoing with recent session attended by 25 managers on 31st August 2023, 58 attendees in October and 41 attendees in November. Additional sessions planned.
- 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: 94.34%**



What does the chart show/context:
- The Trust is consistently achieving the 90% target; however the EST compliance is slightly under the 95% stretch target at 94.34%
- Compliance in November 2023 remains above the mean and above the process limits indicating further special cause improvement
- From April 2023 Learning Disability Awareness is now included in the overall EST compliance rate

Underlying issues:
- No current issues.

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

Bank Spend

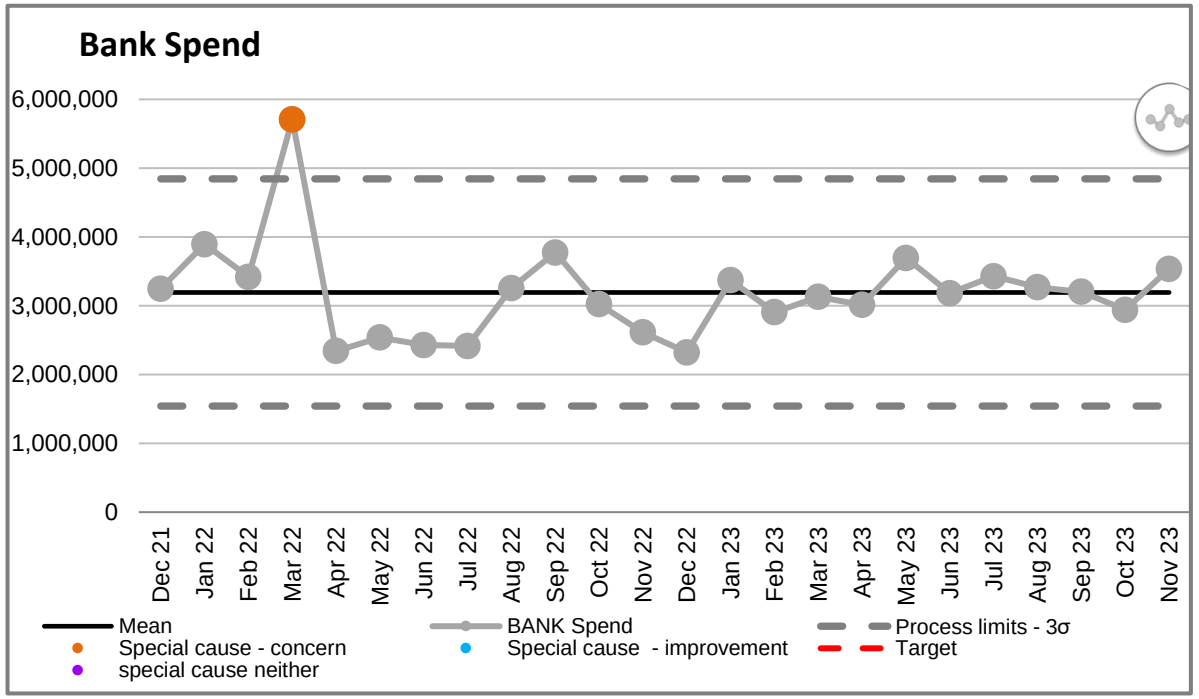
Executive Owner: Suzanne Dunkley Bushby

Lead: Samuel Hall

Business Intelligence Lead: Mark

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: £3.53M



What does the chart show/context:

- From April 2022 bank spend is following common cause variation, since January 2023 bank spend is on or near the mean
- 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 and May 2023
- Bank spend is currently £3.53m in November 2023, an increase from £2.94m in October

Underlying issues:

- There is a reliance on bank usage to cover unplanned unavailability and to support the recovery programme.
- There is also a dependency on Bank to support the running of extra capacity areas that flex open and closed.
- Increase in Bank spend due to opening of multiple extra capacity areas to manage flow.

Actions:

- Plans being developed to operationalise transition out of 20% premium for Nursing and ODP colleagues.
- Medical Bank and Agency spend reviewed and regular Agency users to be sent to divisional colleagues to confirm plan to remove/recruit to positions.

Agency Spend

Executive Owner: Suzanne Dunkley Bushby

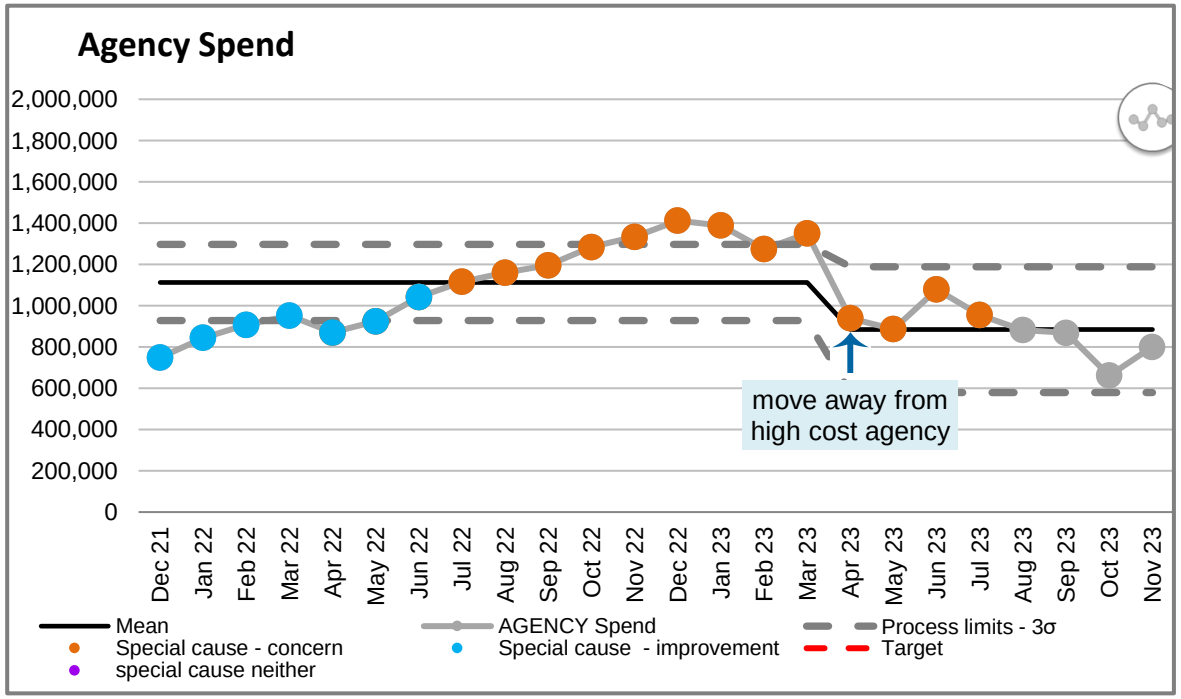
Lead: Samuel Hall

Business Intelligence Lead: Mark

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: £0.80M



What does the chart show/context:

- There had been an increasing trend in monthly Agency spend from April 2022 with a peak in December 2022.
- Spend has decreased from April 2023 due to the Trust moving away from high-cost agency.
- Agency spend is now following normal cause variation from August 2023.
- Spend in November at £0.80m.

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.
- Volume of shifts cascaded to agency still remains high.
- Step up in agency usage in November due to extra capacity areas flexing open when required.

Actions:

- Nursing Agency lead time reduced to 21 days in October 2023.
- 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).
- Director approval is required for all agency usage.
- Long-term Medical Agency usage to be reviewed in January 2024 with MDO colleagues.

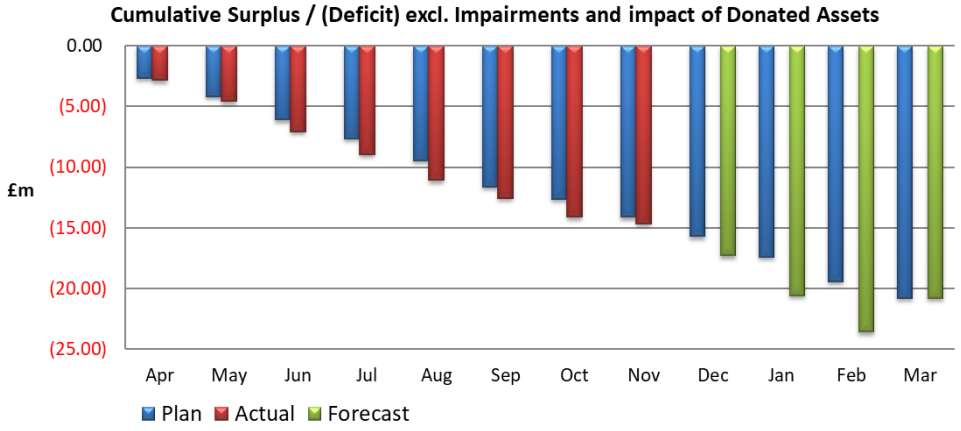
Finance:

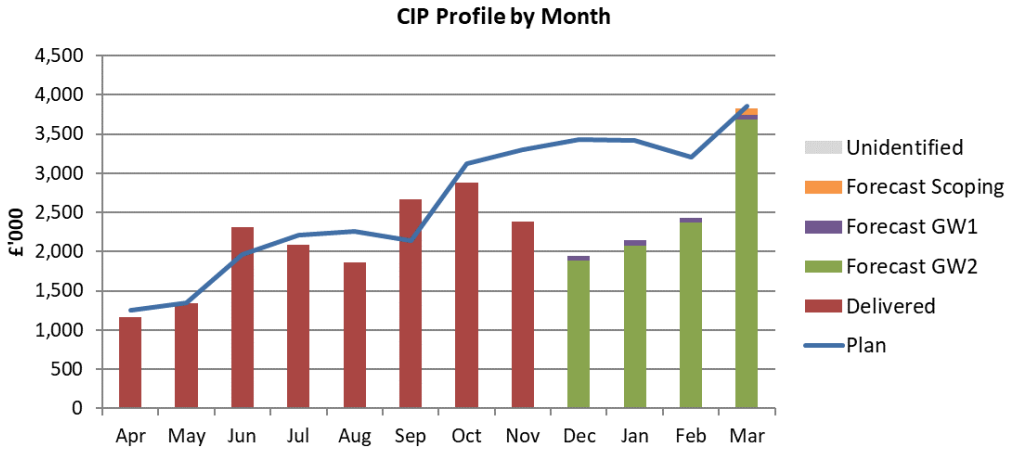
- Cumulative Surplus
- CIP Profile
- Capital Spend
- Cash Balance

Financial Performance

Calderdale and Huddersfield NHS Foundation Trust

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 £14.66m, a £0.54m adverse variance from plan. The forecast is to deliver the £20.80m deficit as planned.
- The Trust has delivered efficiency savings of £16.70m year to date, £0.89m lower than planned, and is forecasting a £4.4m shortfall in delivery of CIP.

Underlying issues:

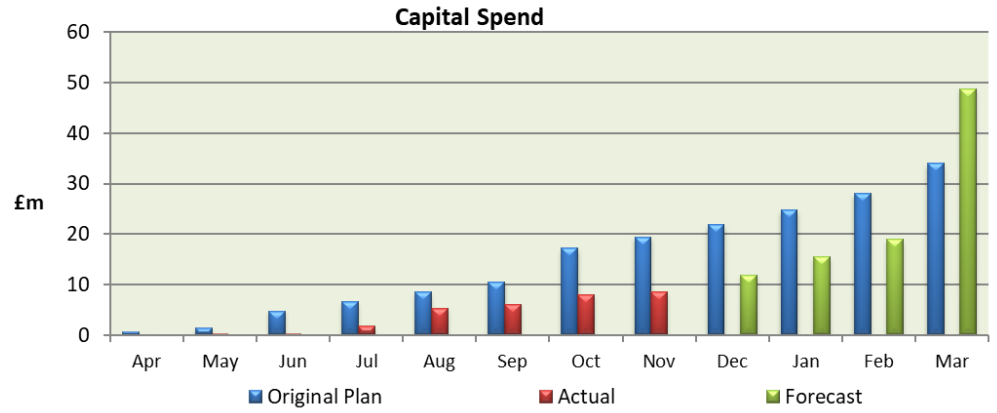
- Key drivers of the adverse variance included: higher than planned bed capacity due to an excess of patients awaiting Transfer of Care (TOC) / higher than planned Length of Stay (LOS), £3.49m pressure due to impact on associated efficiency plans and surge capacity; Strike costs; and non-pay inflationary pressures. These pressures were offset by early delivery of other efficiencies and higher than planned commercial income. YTD Strike costs of £2.1m have now been funded.
- 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 are £4.4m slippage on efficiencies, non-pay inflationary pressures, additional bed capacity and £0.7m forecast Strike costs. The forecast improved by c.£3.5m this month due to the allocation of £2.1m funding for Strike costs and a further £1.6m of Elective Recovery funding expected due to Recovery performance.

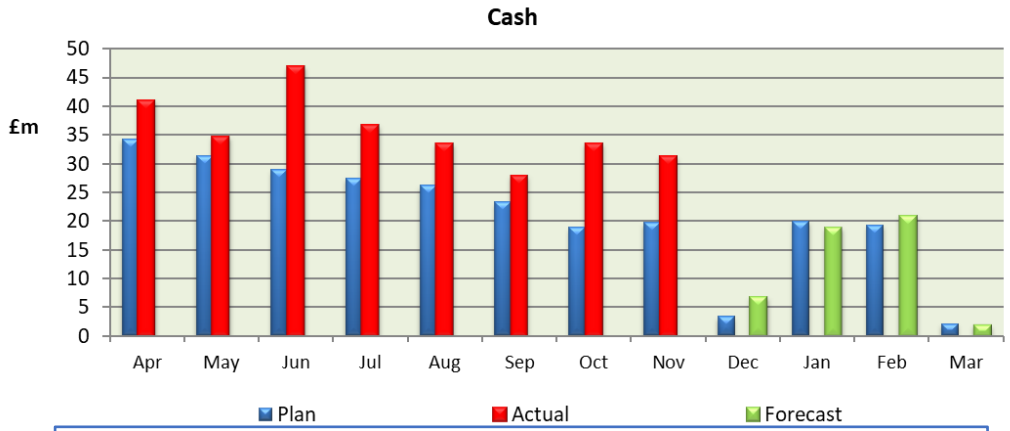
Actions:

- Further opportunities and potential mitigations are currently being considered at both Trust and System level with the aim of closing the remaining 'likely case' gap.

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 £8.51m on Capital programmes year to date, £10.96m lower than planned. Capital Forecast is to spend £48.81m, £14.80m more than planned: including additional Public Dividend Capital (PDC) funding awarded to support the Community Diagnostic Centre and HPS expansion; and an increased capital allocation for Reconfiguration. At the end of November, the Trust had a cash balance of £31.31m, £11.53m higher than planned. Use of Resources (UOR) stands at 3, as planned, with all metrics as planned.

Underlying issues:

- The Capital underspend is due to delays in the Pharmacy Robot project, HRI Reconfiguration, Cath Lab and CT Scanner. Leases are also underspent.
- The increase in the capital expenditure plan means that the Trust will now need to drawdown £15.30m of Revenue Support PDC to support the deficit, £5.80m more than planned.

Appendix A – Variation and Assurance Icons

Calderdale and Huddersfield NHS Foundation Trust

Variation Icons:

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

Assurance Icons:

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

Appendix B (i) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

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

Appendix B (ii) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

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

Appendix B (iii) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

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

Appendix B (iv) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

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

Appendix B (v) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

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

Appendix B (vi) – Metrics Rationale and Background

Calderdale and Huddersfield NHS Foundation Trust

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

EXECUTIVE SUMMARY: Total Group Financial Overview as at 30th Nov 2023 - Month 8

KEY METRICS

	M8				YTD (NOV 2023)				Forecast 23/24			
	Plan	Actual	Var		Plan	Actual	Var		Plan	Forecast	Var	
	£m	£m	£m		£m	£m	£m		£m	£m	£m	
I&E: Surplus / (Deficit)	(£1.48)	(£0.52)	£0.96		(£14.12)	(£14.66)	(£0.54)		(£20.80)	(£20.80)	(£0.00)	
Agency Expenditure (vs Ceiling)	(£1.06)	(£0.80)	£0.25		(£8.45)	(£7.08)	£1.37		(£12.67)	(£10.88)	£1.79	
Capital	£2.23	£0.54	£1.69		£19.47	£8.51	£10.96		£34.00	£48.81	(£14.80)	
Cash	£19.78	£31.31	£11.53		£19.78	£31.31	£11.53		£2.19	£1.90	(£0.29)	
Invoices paid within 30 days (%) (Better Payment Practice Code)	95.0%	91.6%	-3%		95.0%	93.4%	-2%					
CIP	£3.30	£2.39	(£0.91)		£17.59	£16.70	(£0.89)		£31.50	£27.05	(£4.45)	
Use of Resource Metric	3	3			3	3			3	3		

Year To Date Summary

The Trust is reporting a £14.66m deficit, (excluding the impact of Donated Assets), a £0.54m adverse variance from plan. The in month position is a deficit of £0.52m, a £0.96m favourable 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), £3.49m pressure due to impact on associated efficiency plans and surge capacity; Strike costs of £2.09m; and non-pay inflationary pressures. YTD Strike costs will now be funded through an additional ICS allocation and this benefit is included in the YTD position. Other pressures are offset to some extent by additional Elective recovery Funding, early delivery of other efficiencies 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 £10.37m.
- 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 already been amended to reflect the impact of Strike action and a further amendment is expected following recent national announcements. 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 108.0%.
- The Trust has delivered efficiency savings of £16.70m, £0.89m lower than planned.
- Agency expenditure year to date was £7.08m, £1.37m lower than the Agency Ceiling, (3.7% of total pay expenditure) but £1.34m higher than planned.

Key Variances

- Income is £7.06m above the plan. Clinical contract income is 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 ERF funding (£0.35m) and higher than planned NHSE funded high cost drugs and devices. Year to date commercial income is above plan (Health Informatics and HPS) and there is also a favourable variance on Provider to Provider contracts. This additional income supports higher than planned costs in the year to date position.
- Pay costs were £4.04m higher than the planned level. Pay pressures are linked: to higher than planned bed capacity (£3.49m) - £0.80m surge capacity, plus £2.70m 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 (£2.09m impact YTD); supernumerary overseas nurses (£0.84m). These pressures have been offset to some extent by early delivery of other (non recurrent) efficiencies and 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 £6.61m higher than planned year to date due to: higher than planned rates, utilities and maintenance costs; the impact of actions required to eradicate Legionella; Health Informatics commercial contracts (£1.13m offset by additional income); higher than planned expenditure on clinical supplies including devices, ward consumables, equipment hire, patient appliances and theatre costs; and higher than planned insourcing / outsourcing costs associated with Elective Recovery and key Medical Staffing gaps.

Forecast

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.

Current likely case assumes receipt of £16.66m of ERF, £1.63m 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 there is now a strong expectation that there will be the opportunity for the Trust to secure additional funding as a result of the current strong performance on Recovery.

Total Group Financial Overview as at 30th Nov 2023 - Month 8

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M8

CLINICAL ACTIVITY

	M8 Plan	M8 Actual	Var
Elective	3,124	3,103	(21)
Non-Elective	35,890	34,831	(1,059)
Daycase	33,631	34,946	1,314
Outpatient	292,839	305,567	12,728
A&E	116,514	118,120	1,606
Other NHS Non-Tariff	1,329,093	1,462,274	133,180
Total	**1,811,092**	**1,958,840**	**147,748**

TOTAL GROUP: INCOME AND EXPENDITURE

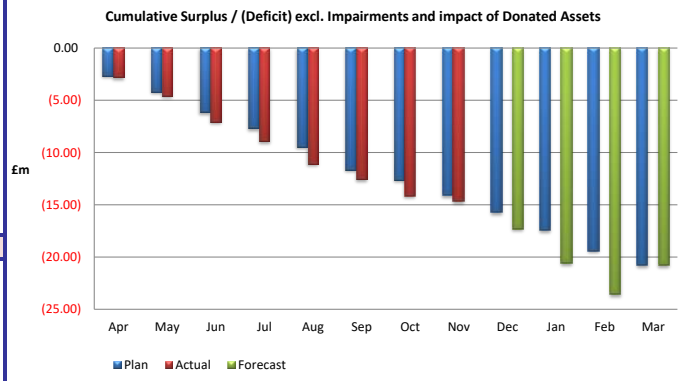
	M8 Plan	M8 Actual	Var
	£m	£m	£m
Elective	£11.93	£12.62	£0.68
Non Elective	£84.30	£85.76	£1.47
Daycase	£24.27	£25.88	£1.61
Outpatients	£29.71	£32.34	£2.62
A & E	£21.00	£22.04	£1.04
Other-NHS Clinical	£145.29	£139.72	(£5.58)
CQUIN	£0.00	£0.00	£0.00
Other Income	£36.68	£41.90	£5.22
Total Income	**£353.19**	**£360.25**	**£7.06**
Pay	(£233.00)	(£237.05)	(£4.04)
Drug Costs	(£31.84)	(£31.08)	£0.75
Clinical Support	(£22.68)	(£22.51)	£0.16
Other Costs	(£43.26)	(£50.54)	(£7.28)
PFI Costs	(£10.79)	(£11.05)	(£0.25)
Total Expenditure	**(£341.57)**	**(£352.23)**	**(£10.66)**
EBITDA	**£11.62**	**£8.02**	**(£3.59)**
Non Operating Expenditure	(£25.74)	(£22.68)	£3.06
Surplus / (Deficit) Adjusted*	**(£14.12)**	**(£14.66)**	**(£0.54)**

* 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

DIVISIONS: INCOME AND EXPENDITURE

	M8 Plan	M8 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	(£69.59)	(£69.29)	£0.29
Medical	(£89.41)	(£95.14)	(£5.73)
Families & Specialist Services	(£62.91)	(£62.68)	£0.23
Community	(£21.70)	(£21.25)	£0.45
Estates & Facilities	£0.00	(£0.00)	(£0.00)
Corporate	(£37.79)	(£37.57)	£0.22
THIS	£0.90	£0.85	(£0.05)
PMU	£0.82	£1.58	£0.76
CHS LTD	£0.46	£0.38	(£0.08)
Central Inc/Technical Accounts	£266.40	£269.01	£2.62
Reserves	(£1.30)	(£0.55)	£0.75
Surplus / (Deficit)	**(£14.12)**	**(£14.66)**	**(£0.54)**

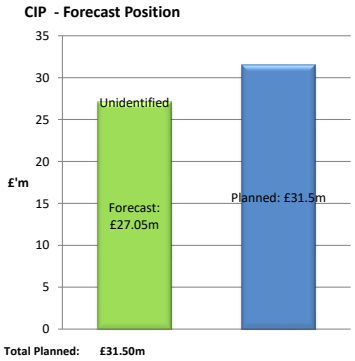
TOTAL GROUP SURPLUS / (DEFICIT)

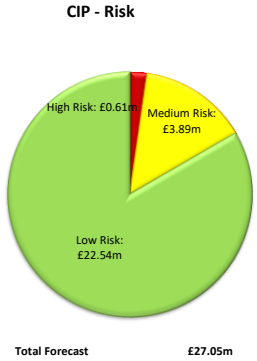


KEY METRICS

	Year To Date			Year End: Forecast			
	M8 Plan	M8 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£14.12)	(£14.66)	(£0.54)	(£20.80)	(£20.80)	(£0.00)	
Capital	£19.47	£8.51	£10.96	£34.00	£48.81	(£14.80)	
Cash	£19.78	£31.31	£11.53	£2.19	£1.90	(£0.29)	
Invoices Paid within 30 days (BPPC)	95%	93%	-2%				
CIP	£17.59	£16.70	(£0.89)	£31.50	£27.05	(£4.45)	
	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	4,671	35
Non-Elective	53,866	52,253	(1,613)
Daycase	49,935	52,142	2,208
Outpatient	434,259	454,976	20,718
A&E	174,293	176,696	2,403
Other NHS Non- Tariff	1,975,197	2,173,219	198,022
Total	**2,692,185**	**2,913,958**	**221,772**

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var
	£m	£m	£m
Elective	£17.69	£19.05	£1.36
Non Elective	£125.90	£128.08	£2.17
Daycase	£36.01	£38.69	£2.68
Outpatients	£44.01	£48.23	£4.22
A & E	£31.42	£32.97	£1.55
Other-NHS Clinical	£219.67	£212.36	(£7.30)
CQUIN	£0.00	£0.00	£0.00
Other Income	£55.28	£62.82	£7.53
Total Income	**£529.98**	**£542.20**	**£12.22**
Pay	(£350.38)	(£354.86)	(£4.49)
Drug Costs	(£47.98)	(£46.79)	£1.18
Clinical Support	(£33.68)	(£33.75)	(£0.07)
Other Costs	(£63.83)	(£75.34)	(£11.51)
PFI Costs	(£16.19)	(£16.57)	(£0.38)
Total Expenditure	**(£512.06)**	**(£527.31)**	**(£15.25)**
EBITDA	**£17.92**	**£14.89**	**(£3.04)**
Non Operating Expenditure	(£38.72)	(£35.69)	£3.03
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

DIVISIONS: INCOME AND EXPENDITURE

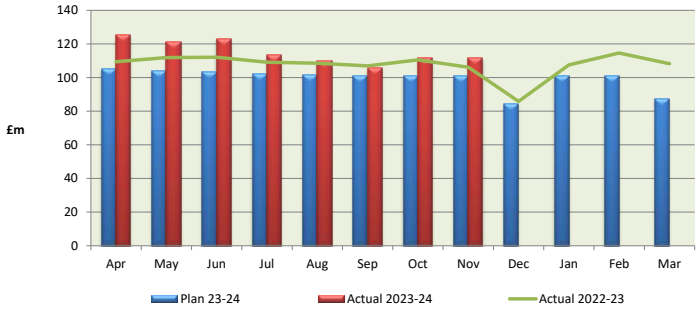
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	(£103.73)	(£104.65)	(£0.91)
Medical	(£136.89)	(£143.96)	(£7.07)
Families & Specialist Services	(£94.68)	(£95.10)	(£0.42)
Community	(£33.11)	(£32.67)	£0.45
Estates & Facilities	£0.00	(£0.00)	(£0.00)
Corporate	(£56.26)	(£55.97)	£0.29
THIS	£1.36	£1.36	£0.00
PMU	£1.20	£2.00	£0.80
CHS LTD	£0.71	£0.63	(£0.09)
Central Inc/Technical Accounts	£402.11	£403.86	£1.75
Reserves	(£1.51)	£3.69	£5.20
Surplus / (Deficit)	**(£20.80)**	**(£20.80)**	**(£0.00)**

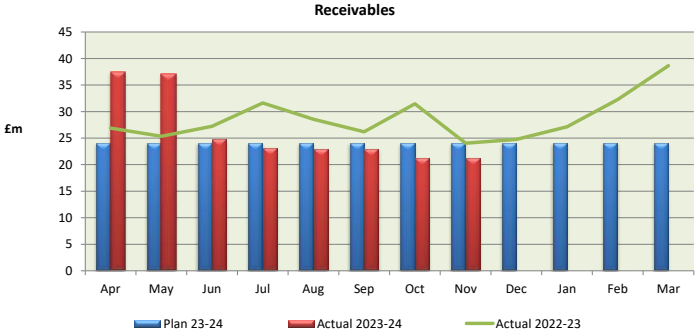
Total Group Financial Overview as at 30th Nov 2023 - Month 8

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

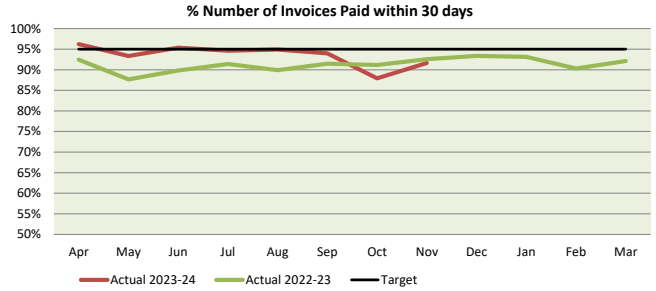
WORKING CAPITAL

	M8 Plan £m	M8 Actual £m	Var £m	M8
Payables (excl. Current Loans)	(£100.79)	(£111.79)	£11.00	
Receivables	£24.04	£21.31	£2.73	



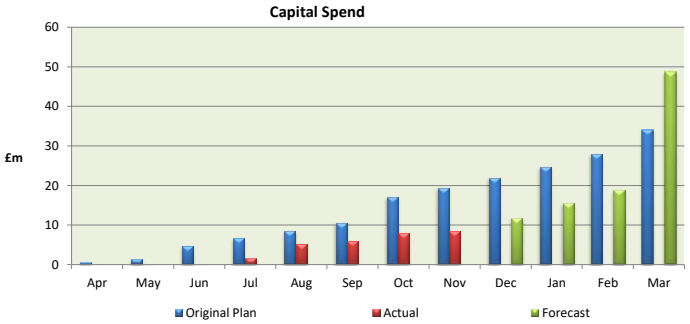


BETTER PAYMENT PRACTICE CODE



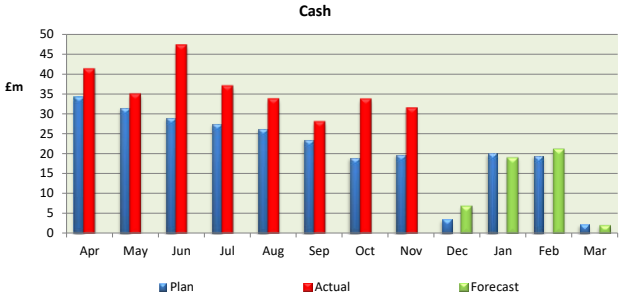
CAPITAL

	M8 Plan £m	M8 Actual £m	Var £m	M8
Capital	£19.47	£8.51	£10.96	

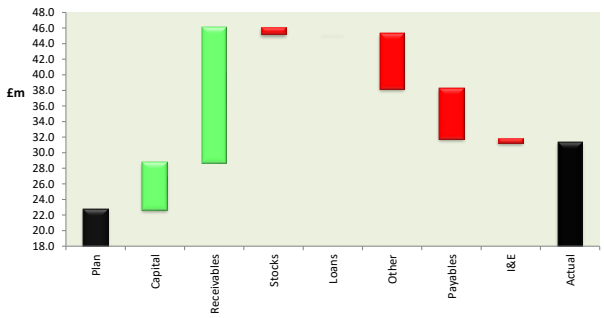


CASH

	M8 Plan £m	M8 Actual £m	Var £m	M8
Cash	£19.78	£31.31	£11.53	
Loans (Cumulative)	£13.25	£13.25	£0.00	



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The Trust is reporting a £14.66m deficit, (excluding the impact of Donated Assets), a £0.54m adverse variance from plan.
- Year to date the Trust has incurred higher than planned costs due to: higher than planned additional bed capacity of £3.49m (including slippage on associated CIP); Strike costs of £2.09m; and non-pay inflationary pressures. YTD Strike costs will now be funded through an additional ICS allocation of £2.1m and other pressures were offset to some extent by the early delivery of other efficiencies 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 £10.37m.
- Overall Weighted Elective Recovery Position as a percentage of plan was 108%.
- The Trust has delivered efficiency savings of £16.70m, £0.89m below the planned level.
- The Trust has a cash balance of £31.31m, £11.53m more than planned.
- Capital expenditure is lower than planned at £8.51m against a planned £19.47m.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3, as planned, with all metrics as planned.

NOTES

- 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 c.£3.5m in month compared with the position reported in M7 due to the additional ICS allocation to support YTD Strike costs and an assumed additional £1.6m of ERF.
- Forecast assumes full receipt of £16.66m of Elective Recovery Funding (ERF), £1.63m more than planned.
- The Capital forecast is to spend £48.81m, £14.80m more than planned. Additional PDC funding has been awarded to support the Community Diagnostic Centre and HPS expansion. Internally funded capital is forecast at £22.22m, £5.19m 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. The increased capital expenditure agreed for Reconfiguration will increase the Trust's reliance on Revenue Support Public Dividend Capital (PDC) above the planned level in 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. The increase in the capital expenditure plan means that the Trust is now forecasting to drawdown £15.30m of Revenue Support PDC to support the deficit, with associated additional revenue costs.
- The Trust is forecasting to end the year with a cash balance of £1.90m. The Trust is required to manage cash to this level in order to access Revenue Support PDC.
- The Trust is forecasting a UOR of 3 as planned.

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

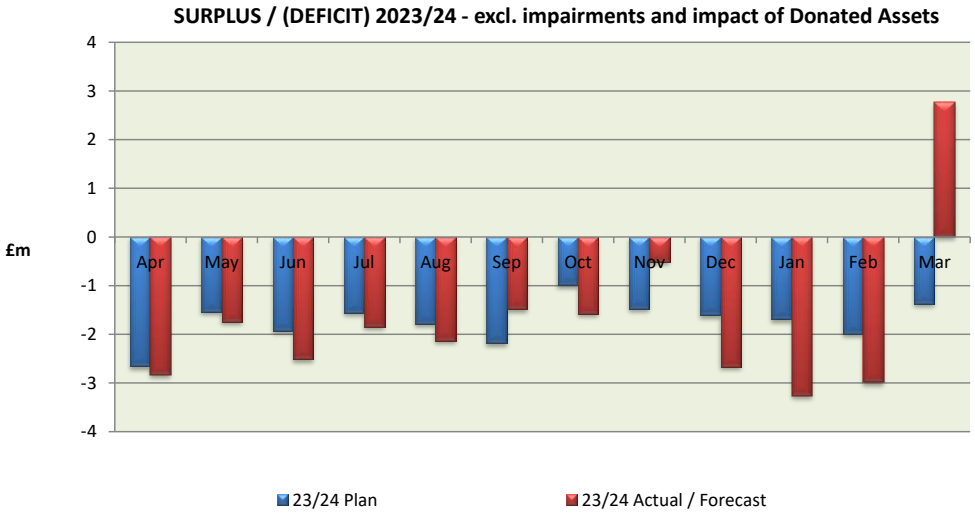
FORECAST 2023/24

23/24 Forecast Position (31 Mar 24)

Statement of Comprehensive Income	Plan £m	Forecast £m	Var £m	
Income	£530.07	£542.38	£12.31	
Pay expenditure	(£350.38)	(£354.86)	(£4.49)	
Non Pay Expenditure	(£161.68)	(£172.45)	(£10.77)	
Non Operating Costs	(£39.15)	(£36.31)	£2.84	
Total Trust Surplus / (Deficit)	**(£21.15)**	**(£21.25)**	**(£0.10)**	
Deduct impact of:				
Impairments & Revaluations (AME)[1]	£0.00	£0.00	£0.00	
Donated Asset depreciation	£0.43	£0.62	£0.19	
Donated Asset income (including Covid equipment)	(£0.08)	(£0.18)	(£0.09)	
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 £23.20m, £2.40m worse than planned. Key drivers of this forecast gap are £4.36m slippage on efficiencies, non-pay inflationary pressures, additional bed capacity and £0.71m of 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 of 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 for winter bed capacity and the associated impact on planned efficiences.

The worst case scenario is a £10.29m 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 perfromance, additional 'Surge' bed capacity during the winter months; ongoing pressures due to supernumerary overseas nurses, mobile CT requirements; Radiology outsourcing; 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. 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 there is now a strong expectation that there will be the opportunity for the Trust to secure additional funding as a result of the current strong 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 are ongoing regarding the allocation of the remaining funds.
- The 'likely case' forecast includes expected costs for the upcoming Junior Doctor Strikes. These and any further future strikes will have a direct cost and may also impact on Elective Recovery progress. The forecast assumes that any required activity catch up as a result of Industrial action will not incur any additional expenditure and will be contained within the planned cost envelope agreed for Elective Recovery.
- Forecast assumes that the Trust will have access to sufficient funding to cover any costs incurred through provision of the Community Diagnostic hubs.

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Board of Directors

Committee Name:	Workforce and OD Committee
Committee Chair:	Karen Heaton
Date(s) of meeting:	18 December 2023
Date of Board meeting this report is to be presented:	11 January 2024
ACKNOWLEDGE	The following points are to be noted by the Board following the meeting of the Committee on 18 December 2023 where the strategic theme was Health and Wellbeing. • The Committee received presentations on workforce psychology, men's health, the role of a wellbeing ambassador and the role and impact of the FSS Wellbeing Board. The presentations were all informative and powerful and demonstrated colleague commitment to health and wellbeing and the positive impact this has on our colleagues contributing to realising our One Culture of Care. We have made genuine progress with this strategic theme and await the results of the latest staff survey. The work will continue to embed this level of care across the Trust. • Health and Wellbeing is one of the priority areas of our People Strategy and the Committee received an update on the financial planning and support now available to colleagues. This is aimed at encouraging staff o manage their finances in a cost-of-living crisis and minimise their debt. • IPR-The revised format was welcomed by the Committee, and it was noted that the EDI data is now included. It was also noted that the number of colleagues undertaking fire safety training has improved . Turnover has reduced and WOD will keep a watch on this as turnover can be both positive and negative . • Changes to the Terms of Reference in relation to membership of the Committee was approved. • The quarterly vacancy (Q2) deep dive reflected the decreasing level of turnover and the improving recruitment position although the challenges in nursing and medical remain. • The Freedom to Speak Up report was available to the Committee and will be presented to the next meeting of the Board of Directors.

ASSURE	• The detailed Nursing and Midwifery Safer Staffing Report was presented to the Committee providing assurance that we are not out of line with the national picture and in some areas we are stronger. Our recruitment processes have been successful despite the national shortage of midwives, and we have been able to encourage some potential leavers to stay. The report reflected the complexity of managing staffing levels and meeting service needs in addition to the rigour applied to managing this challenging situation. A review using the Birthrate Plus toolkit is to be commissioned. The Board should also note the achievement of the Quality Mark against the national preceptorship framework. An update on the Nursing, Midwifery and AHP Steering Group Programme was received. A comprehensive dashboard has been developed which combines the use of retrospective data to demonstrate the trend of the impact of recruitment strategies. The detail now available provides valuable understanding of the workforce position at an organisational and service level. Following a review of the international nurse arm of the recruitment programme it was decided to pause recruitment until May 2024.There will continue to be a focus on growing our own. It was noted how strong AHP recruitment had been, and turnover had decreased significantly to approximately 4% from 13% - a real success story and worthy of putting forward as a national case study.
AWARE	• The Committee also received an annual report on the Trust's age profile which has not changed significantly and requested that colleagues consider how best to present this in future, so areas of concern are highlighted. • The Trust's has a detailed retention strategy and work continues on this to ensure that learning from experiences is shared across the Trust as well as utilising nationally available tools.
ONE CULTURE OF CARE	One Culture of Care is considered as part of the workforce reports and in discussions.

Calderdale and Huddersfield NHS Foundation Trust

CHAIR'S HIGHLIGHT REPORT
to the Council of Governors

Committee Name:	Audit and Risk Committee (ARC)
Committee Chair:	Nigel Broadbent, Non-Executive Director
Date(s) of meeting:	24 October 2023
Date of Board meeting this report is to be presented:	2 November 2023
ACKNOWLEDGE	• The Committee noted the good progress which has been made in terms of the implementation of recommendations from internal audit reports. 79% of all recommendations (122 in total) over the last 12 months have been completed, 24 recommendations are not yet due, a further 7 recommendations have revised target dates and only one recommendation was overdue. • The fire safety annual report for 2022/23 provided information that the mandatory fire safety training target had been achieved with 90.4% undertaken during the year and that the fire warden training had increased by over 500.
ASSURE	• The Committee undertook a deep dive into the processes involved in producing the Clinical Audit programme. The Committee was appraised of the overall process, how audits are prioritised, the improved staffing position and how the process was being reviewed. Improvements are planned to the clinical audit processes with an emphasis on agreeing clear timescales for each audit. • The Committee also undertook a deep dive into the processes on LocSSIPS and NatSSIPS (safety standards for invasive procedures) which had recently been subject to a report from Internal Audit with limited assurance. ARC took assurance from the fact that most of the recommendations from the report had now been implemented and there were agreed timescales for the outstanding actions. The clinical audits on invasive procedures would be restarted in Q4 this year and a follow up has been arranged by Internal Audit. • The Committee approved the fire safety report for 2022/23 with some changes to reflect the fact that additional capital funding had been approved for

	the current year which would address some of the issues raised in the report. • The High Level Risk Report (HLRR) was considered by ARC prior to it being presented to the Trust board. It was agreed that some presentational changes would be made to the HLRR to combine some of the risks with common issues and highlight the mitigation which is in place for each risk. The current risk management system makes this difficult and it has been agreed that a new system will be procured which will make the triangulation of data with other systems and the presentation of information easier. It was also agreed that greater emphasis would be placed on risk at the performance review meetings to ensure that key performance issues are reflected in the High Level Risk Report. • ARC also considered the latest version of the Board Assurance Framework and approved the updates including the addition of a new risk on cyber security which has a risk score of 15. • The Committee approved an update to the Trust Scheme of Delegation. ARC had recently approved changes to the authorisation limits of new expenditure by the board or relevant sub group, transactions with delegated authority, and authorisation limits for disposals, losses, write offs and other compensation items. The Scheme of Delegation has been updated to reflect these changes to the Standing Financial Instructions and changes to the delegations under the Mental Health Act. • Internal Audit have completed a further five reports in the 2023/24 audit plan including Huddersfield Pharmacy Specials follow up and Compliance with ISO standards which have high assurance, and Financial Planning and budget setting and payroll which have significant assurance. One audit on compliance and training on Nasogastric tubes has been finalised with limited assurance. It was agreed that the relevant Executive lead would be invited to the next ARC meeting to discuss the audit and for the Committee to receive assurance that the recommendations from the audit have been implemented.

	• The Committee received a progress report on counter fraud which outlined the position on current investigations, on fraud prevention awareness and latest fraud alerts issued.
AWARE	• Some minor changes were agreed to the timing of audits as part of the Internal Audit work plan and that the planned audits of length of stay and elective care would be replaced with an audit on outpatient appointment processes. • The Committee approved the losses and special payments and waivers of standing orders for quarter two of the financial year. An update was provided on new processes for reducing the number of losses of patients' personal effects. Audit Yorkshire expressed interest in the new initiatives as it is a common issue among their clients. It was agreed that the opportunity to undertake further deep dives would be included with the Committee work plan. Potential options include the potential impact on the decision making and capacity of Trust colleagues due to the evolving nature of partnership governance, environmental sustainability, procurement/social value or health inequalities.
ONE CULTURE OF CARE	The Committee noted that the reports produced for the meeting were concise but informative providing more time for discussion and thanked the authors and presenters for that.

Calderdale and Huddersfield NHS Foundation Trust

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2024

THE STATUTORY FUNCTIONS OF THE COUNCIL OF GOVERNORS	
Under National Health Service Act 2006:	**Under Health and Social Care Act 2012:**
• To appoint and, if appropriate, remove the Chair • To appoint and, if appropriate, remove the other non-executive directors • To decide the remuneration and allowances, and other terms and conditions of office, of the Chair and other NEDs • To approve the appointment of the Chief Executive • To appoint and, if appropriate, remove the NHS Foundation Trust's external auditor • To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them and the annual report In preparing the NHS Foundation Trust's forward plan, the Board of Directors must have regard to the views of the Council of Governors.	• To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors • To represent the interests of the members of the Trust as a whole and of the public • To approve "significant transactions" as defined within the constitution • To approve any applications by the Trust to enter into a merger, acquisition, separation or dissolution • To decide whether the FT's private patient work would significantly interfere with its principal purpose, i.e. the provision of goods and services for the health service in England or the performance of its other functions • To approve any proposed increase in private patient income of 5% or more in any financial year Jointly with the Board of Directors, to approve amendments to the FT's constitution.

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

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

	25 Jan 2024	25 Apr 2024	25 July 2024	TBC 2024 AMM	24 Oct 2024	COMMENTS
Integrated Performance Report (Quality)	✓ Receive as part of Finance and Performance Report	✓ Receive an update as part of Finance and Performance Report	✓ Receive an update as part of Finance and Performance Report		✓ Receive an update as part of Finance and Performance Report	
Quality Account Priorities	✓	✓ Including confirmation of new 22/23 QA detail Year end 21/22 quality accounts - Q4	✓ including quarterly update 3 QA priorities 22/23		✓ including quarterly update 3 QA priorities 22/23	
Updated Council of Governors Calendar	✓ Receive	✓ Receive	✓ Receive		✓ Receive	
REGULAR ITEMS						
Election Process		✓ 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	25 July 2024	TBC 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	25 July 2024	TBC 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
Risk Register	✓		✓			

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Council of Governors Meetings Dates – 2023-24

Public Council of Governors

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

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

Council of Governors Development Session Workshops

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

Joint Council of Governors and Board of Directors Workshops

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

Calderdale and Huddersfield NHS Foundation Trust

Informal Governors' Meetings 2024

Date	Time	Location
Tuesday 23 January 2024	2:00 – 3:00 pm	Microsoft Teams
Wednesday 27 March 2024	10:00 – 11:00 am	Microsoft Teams
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
Member Engagement	Tuesday 19 March 2024	2:00 – 4:00 pm	Meeting Rooms 3 & 4, 3rd floor, Acre Mills Outpatients
An Introduction to NHS Finance	Thursday 23 May 2024	1:30 – 3:30 pm	Large Training Room, Learning Centre, CRH

20. RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

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

To Receive

Calderdale and Huddersfield NHS Foundation Trust

QUALITY COMMITTEE

Monday, 21 August 2023

STANDING ITEMS

132/23 WELCOME AND INTRODUCTIONS

Present

Denise Sterling **(DS)**	Non-Executive Director **(Chair)**
Dr David Birkenhead **(DB)**	Medical Director
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
Andy Nelson **(AN)**	Non-Executive Director
Victoria Pickles **(VP)**	Director of Corporate Affairs
Lindsay Rudge **(LR)**	Chief Nurse
Elisabeth Street **(ES)**	Clinical Director of Pharmacy
Michelle Augustine **(MA)**	Governance Administrator **(Minutes)**

In attendance

Liz Pepper **(LP)**	Medical Examiner Service Manager **(item 141/23)**
Gillian Sykes **(GS)**	End of Life Care Facilitator **(item 136/23)**
Nicola Greaves **(NG)**	Quality Improvement Manager (Patient Experience) **(item 136/23)**
Dr Tim Jackson **(TJ)**	Lead Medical Examiner **(item 141/23)**
Gemma Puckett **(GP)**	Director of Midwifery and Women's Services
Abbie Thompson **(AT)**	Matron – Community Division **(item 136/23)**
Diane Tinker **(DT)**	Head of Midwifery **(item 139/23)**

Apologies

Mr Neeraj Bhasin **(NB)**	Deputy Medical Director
Gina Choy **(GC)**	Public Elected Governor
Jennifer Clark **(JC)**	Head of Therapies
Sharon Cundy **(SC)**	Head of Quality and Safety
Lucy Dryden **(LD)**	Quality Manager for Calderdale Integrated Care Board

Gemma Puckett, who joined the Trust on Thursday, 17 August 2023, was introduced and welcomed to the Quality Committee as the incoming Director of Midwifery and Women's Services, once **DT** retires on Thursday, 28 August 2023.

133/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

134/23 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 24 July 2023, circulated at appendix A, were approved as a correct record. The action log can be found at the end of these minutes.

SPECIFIC REPORTS

135/23 FOLLOW-UP ON APPOINTMENT CONCERNS

Jonathan Hammond presented the above update as circulated at appendix B, highlighting the progress of the recommendations following a task and finish group set up at the end of 2022, in response to concerns raised around specific patients who had the potential to be lost to follow-up.

A closing paper of the actions was also included, which went to the Executive Board in June 2023 and accepted. The recommendations in today's report describe how the actions are being taken forward through different governance structures.

KH asked about the overall oversight of follow-up appointment concerns, to ensure there is progress and improvement. **JH** stated that the risk will be reduced with the continued decrease in the length of waiting times, which will be overseen by the Access Delivery Group, the Finance and Performance Committee, and through to the Trust Board. The challenge is the volume of patients, and in order to reduce those volumes, additional validation processes are taking place for follow-up patients.

AN asked about the training element and the ambition of the development of 'super-users'. **JH** stated that some areas will be easier than others, with some motivated colleagues, however, there is a challenge with junior doctors who rotate every six months, however, there is a shift to use those change agents for focussed periods of time during the start of the rotations to ensure early good habits, which would hopefully start to make a difference. There is some variability in being able to have 'super-users', however, there is further work to be done to give people time to get to a point where they can then share that skill set and knowledge.

DS also asked about the training, and whether there were any hotspots which would be prioritised before the rollout. **JH** stated that there were no particular hotspots, however, there is variability within specialties, with clusters of clinicians who do it really well, and some who do not. **DB** stated that there are challenges in areas with capacity where there is a shortage of medical staff.

DS stated that it was very encouraging to see the amount of work being done to progress with all the recommendations, and the report clearly states the routes for assurance and ongoing monitoring. **JH** asked whether a specific update in relation to the training, Electronic Patient Record and Cerner should return to the Quality Committee at a later date, due to the impact on quality and safety throughout the organisation, which was agreed.

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

136/23 LEARNING FROM PATIENT STORY – END OF LIFE CARE

Nicola Greaves, Gillian Sykes and Abbie Thompson were in attendance to present the above learning, as circulated at appendix C.

Three of the four soundbites (feedback from findings of the National Audit of Care at the End of Life audit) were played during the meeting:

- *"My 93 year old mother was able to stay by his side in a bed for the whole time. This was such a comfort for us all. The hospital treated my dad and ourselves with care and dignity. We are very grateful that my dad could pass in the best place for him"*

- *"My mother deteriorated quite unexpectedly in hospital. When it became clear she was dying, staff were clear, but sensitive on the matter. Whilst I was present, the nurses were amazingly sensitive and respectful of my mother, and I think the nurses did their duties exceptionally. Even after my mum died, the nurse still spoke to my mum, explaining that she was removing her jewellery which was at my request. This was amazingly touching and beautiful. I will remember it always. Everything was carried out with dignity and respect. I will be forever grateful to those that Huddersfield Royal, they deserve the highest praise in my opinion".*

- *"We were not hold of my mother's imminent death at all. In fact, two days earlier, quite the opposite. I knew from two days before that something was not quite right, so I travelled for hours by car to see her. No one listened to me, or a nurse who agreed that she'd rapidly declined. I wasn't allowed to see my mum in spite of the distance I travelled and she died*

a few hours later. I did manage to barge in and see her for 5 minutes while collecting my dad. Mum died in the night and dad was not well enough to get back to the hospital and consequently never saw mum again. We were entitled to more than one visitor for an hour, given that my mum was at end of life, but no one communicated this to us and deliberately restricted our time with her. We cannot get that time back. Some nurses were lovely and communicated on the phone to us, but clearly no information of use, as no one told us she was about to die. There were health issues but the notes had not been uploaded when a doctor was asked to give us an update. She died that morning but no one updated us, or gave us end of life opportunities in the days before her death. My dad is still suffering guilt today of the fact that my mum died alone without a family member and that he couldn't get to see her in death. This could so easily have been avoided with better communication and less rigid adherence to the rules that were enforced by the hospital, not the NHS per se, as at the time COVID restrictions were being lifted".

From all strands of feedback, three key areas were identified – improving communication, involvement of loved ones and carers in decision-making, and identifying end of life sooner and more efficiently. The work done by the end of life team over the past year was also highlighted.

AN asked if there were a set of outcomes or improvements for this work. **GS** responded that monitoring takes place through audits on a local level, however, the National Audit of Care at the End of Life is carried out every two years, and results are a key measure of improvement in outcomes, which are hoped to be shown by 2024. **AN** asked if any measures have been picked from the last audit. **GS** stated the key measures are recognising end of life and clear, outcomes from the end of life care strategy, which is nearing completion.

LR commented that the recognition of dying and taking appropriate treatment has been a challenge for clinical teams for a number of years, however, there are also organisational challenges and it is envisaged that the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) improvement programme will help. **JMidd** also commented that work is ongoing within the end of life care steering group around the last 12 months of life.

VP stated that a dying well event in October 2023 is due to be publicised across Kirklees, which will bring organisations together and look at unblocking barriers to work better together and share information which will be crucial to people dying in the place they want to die and the interventions and support around them.

AT also provided assurance on work taking place within various local and regional workstreams on benchmarking outcomes, with dashboards for each workstream showing patient outcomes achieving preferred place of death; the utilisation of care plans appropriate for the last days of life, and recognising that early recognition by clinicians is important. These are reported on a monthly basis through the Patient Safety and Quality Boards.

OUTCOME: **NG**, **GS** and **AT** were thanked for the update.

SAFE

137/23 NATIONAL IMPROVEMENT BOARD

Lindsay Rudge presented the above as circulated at appendix D, providing the Committee with an overview following the review undertaken by Anne Eden and the subsequent formation of the National Improvement Board and NHS Impact.

The background of the National Improvement Board was provided, as well as the NHS Improvement approach (drivers and enablers), the leadership for improvement programme and the scope and remit of the National Improvement Board.

The proposed timeline for implementing the actions were highlighted, with the transition into the new operating model becoming business as usual from Autumn 2023 onwards. This will

align with the publication of the new single assessment framework for CQC, including the new well-led framework.

In terms of the national shared priorities, **DS** asked whether Trusts are given an opportunity to influence these. **LR** stated that the link provided gives varied case studies, with no evident priorities as yet.

KH asked if there was a role for the Integrated Care Board in this. **LR** stated that Integrated Care Boards are expected to have system improvements, and the Quality Committee within the Integrated Care Board are yet to establish their performance data framework.

AN queried whether the National Improvement Board will be a genuine adaptation for the Trust, or whether there will be key gaps where work is required to get to an expected level. **LR** stated that there will be a mix of both, with being able to adapt recognised methodologies, and also an opportunity to drive the quality improvement programmes further, through more visibility and becoming more embedded in the organisation.

LR noted that a facilitated Quality Summit has been scheduled for 11 October 2023 to enable discussion with divisional leadership teams, collaborative leads, quality leads, Clinical Directors, Matrons, senior leadership teams and Quality improvement leads to discuss priorities and reset the quality and safety agenda.

OUTCOME: **LR** was thanked for the update and stated that quarterly progress updates will be provided to the Quality Committee.

138/23 Q1 INFECTION PREVENTION AND CONTROL REPORT

David Birkenhead presented the above report as circulated at appendix E, highlighting that the Clostridium difficile position has improved from previous years, with eight cases to date, with three of those being community acquired cases, which will not contribute to the Trust's ceiling of 37.

Aseptic Non-Touch Technique (ANTT) competency assessment for medical staff currently sits at 96%, and the induction programme has been changed for the intake of new junior doctors in August, whereby they now have a two-day induction programme, which includes ANTT competency checks. It is hoped that the metric will improve by the next quarter's results.

There have been a limited number of outbreaks associated with norovirus, and COVID-19 numbers have been relatively low during quarter 1.

The Infection Prevention and Control (IPC) Board Assurance Framework (BAF) continues to be revised, and ongoing Quality Improvement audits and Frontline Ownership (FLO) audits are positive.

DB mentioned that Gillian Manojlovic (Senior Infection Control Nurse) has now retired and Belinda Russell is now the lead Infection Prevention Control Nurse.

KH asked about the Healthcare Associated Infections (HCAI) data, and that four of the five national objectives have been breached. **DB** stated that those objectives have not yet been breached for this quarter, however, they were breached last year, and there are some challenges which require the development of an action plan and try to improve. It was noted that CHFT is not unique in those challenges, particularly post-COVID.

DS noted being over the 50% target for Escherichia coli (E.coli) in quarter 1, and asked if this was a concern at this point. **DB** stated that unfortunately, 27 of those were community onset, healthcare associated (COHA) E.coli cases, where there is little direct influence on them other than working with community partners to improve. The COHA Clostridium difficile cases do not contribute to the CHFT ceiling, however, the hospital onset, healthcare associated (HOHA)

cases do, but clarification will be sought as to whether the 27 COHA E.coli cases will be measured against the Trust's metric.

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

139/23 MATERNITY SAFETY AND NEONATAL REPORT

Diane Tinker presented the above report, circulated at appendix F1, highlighting the key points.

Copies of the embedded learning event, a report on Avoiding Term Admissions in Neonatal Unit (ATAIN) – April to June 2023, the ATAIN action plan, a Transitional Care report – April to June 2023 and a Perinatal Mortality Review Tool (PMRT) action plan were also available within the appendices of this report.

In relation to the three gaps within the registrar rota due to two senior registrars being successful in being appointed to consultant posts, **AN** asked whether there were any plans to address the gaps. **DT** stated that this will be short-term, due to the new rotation of trainees in September 2023.

AN also asked about the transformation programme and whether there were any target dates for clearing all the actions. **DT** stated that the Maternity Incentive Scheme is in year 5 and being started again; the 3 year delivery plan is a three year plan and will run for that length of time; the maternity self-assessment was part of Ockenden 2 as a 'should do', however, the actions will be revised to ensure whether they need to be part of the transformation plan, or whether they are covered by the 3 year delivery plan; the Getting It Right First Time (GIRFT) maternity and GIRFT gynaecology are both ongoing and will always be reviewed on an annual basis. All actions will adapt, and updates will be provided when available. **LR** stated that once the Maternity Transformation Board has been developed, there will be a separate, detailed report on the transformation programme.

In relation to training, **DS** noted that the medical staff role specific and essential training were reporting red, and whether there were any reasons for that and whether it was being addressed. **DT** stated that there has been a focus on training, which will now be part of appraisals and will be further discussed with consultants and midwives.

In relation to the ATAIN report, **DS** asked about the 46% of women who had their labour induced, and asked whether this was a national average or if this was a large amount. **DT** stated that this is discussed in many forums, and unfortunately, this is a rising national rate due to the recommendations from NICE. Many years ago, induction was offered at term plus 14, which then was reduced to term plus 10-12. Currently, national recommendations are to offer inductions at term plus 7. It was stated that inductions are proposed to women as an 'offer', not mandatory. A piece of quality improvement work is now being done around inductions.

The Committee wished **DT** a happy retirement, and thanked her for the work done and the immeasurable impact provided through leadership and assurance from maternity services.

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

140/23 ESSENTIAL TRAINING - PATIENT SAFETY

Joanne Middleton provided a brief update on the circulated paper at appendix G in response to the Patient Safety Incident Response Framework (PSIRF) preparation, which has been signed off at the Education Committee and the Weekly Executive Board.

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

EFFECTIVE

141/23 MEDICAL EXAMINER UPDATE

Tim Jackson and Liz Pepper were in attendance to provide an update on the above as circulated at appendix H.

DB commented on the great progress over the past two years and mentioned a suggestion from a colleague that there was an expectation that there would be a weekend service run on Saturday and Sunday mornings, and payments were available. **DB** asked about the position in relation to that. **TJ** stated that one of the reasons there has been pressure to get the routine community scrutiny on board by October 2023, is that it allows the winter months and up to April 2024 to fine-tune what is being done. The three requests are (1) an extended hours service which will cover weekends and bank holidays; (2) urgent releases for our faith communities; and (3) extending the service to paediatrics and other partner organisations, such as the private sector and the hospices. There is an explicit aim to carry out these requests, and currently the first iteration of the financial envelope has been shared in the last week, which is being reviewed and how it translates into providing a service. Nominally what has been proposed is that an availability on a Saturday or Sunday or bank holiday morning will be provided when cases can be received. If done in a reasonable time, it can be scrutinised, and if not, will roll over to the next day. There will be some communications circulated once final clarity has been reached.

DS commented on the really good service provided by the team and it is hoped that the work to be undertaken in the Community runs as smoothly as expected.

OUTCOME: **TJ and LP** were thanked and the Committee noted the report.

RESPONSIVE

142/23 QUALITY REPORT

Lindsay Rudge presented the above report as circulated at appendix I.

With regard to highlights from the Clinical Outcomes Group, **DB** reported challenges with attendance at the meeting, which will require strengthening. Summary Hospital-level Mortality Indicator and Hospital Standardised Mortality Ratio are within the expected ranges; In-hospital crude mortality remains the same; there is good progress and work ongoing within sepsis and learning from deaths, with clear challenges in relation to activity seen in A&E and pressures on colleagues relating to managing and dealing with strikes in a safe manner. It is hoped that the Quality Summit in October 2023 will reset some of this work moving forward.

AN commented on the incident data and being a long way from the 95% target, and asked if there was further work to be done to manage this better. **LR** stated that the fundamental work is the Patient Safety Incident Response Framework, and the medical division will be used as a test area for clustering themes, address underlying issues, and learning from them. **JMidd** stated that with Patient Safety Incident Response Framework, there will be a suite of learning response tools, and from looking at current data around incidents for the last three years, most fit into existing quality improvement collaboratives, which will allow for embedded learning to not seeing recurring incidents.

AN asked whether there were any early signs of the stop process in the dementia screening compliance. **LR** stated that there has been progress in some areas, with the stop process now being reinvigorated on the Acute Floor at Huddersfield, via a task and finish group.

KH commented on the clear report and the consistency in relation to complaints, and asked that compliments are categorised in order to have a sense of which areas are doing well.

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

143/23 GOVERNANCE ACTION PLAN

Vicky Pickles presented the above as circulated at appendix J.

As a result of the Committee's self-assessment, there were some areas where responses were *'did not agree'* or '*do not know'*, therefore, some proposed actions have now been put in place to address those.

One of those areas was the Committee not having any objectives, however, the next steps following the completion of the annual report, are proposed as Quality Committee objectives for the next 12 months:

- Approve and seek assurance on the first year of implementation of the Quality Strategy.
- Oversee and seek assurance on the full implementation of Patient Safety Incident Response Framework
- Provide robust reporting to the Board on the key quality indicators and priorities and reasons for any gaps in performance
- Ensuring the voice of the patient / carer / public is within discussion and decisions of the Committee

OUTCOME: The Quality Committee were in agreement with the actions.

144/23 INTEGRATED PERFORMANCE REPORT

The report was circulated at appendix K for information, as most topics within the report have been discussed throughout the meeting. The good performance in cancer was noted.

OUTCOME: The Quality Committee noted the report.

ITEMS TO RECEIVE AND NOTE

145/23 HEALTHCARE SAFETY INVESTIGATION BRANCH AND MATERNITY ANNUAL REPORTS 2022-2023

The following links were provided for information:

https://www.hsib.org.uk/news-and-events/maternity-investigation-programme-year-in-review-202223/

https://www.hsib.org.uk/news-and-events/annual-review-202223/

146/23 ANY OTHER BUSINESS

CHFT response to the Lucy Letby verdict

Vicky Pickles summarised the actions agreed with Directors, regarding the CHFT response to the Lucy Letby case. A 'true for us' report will be done to test how the Trust fits against the learning from the case.

It is important to recognise that a significant amount of time has passed since the crimes were committed and processes that are in place now, were not in place at that time, for example, Freedom To Speak Up was not embedded in the same way that it is now; the fit and proper person guidance has recently been strengthened and the Healthcare Safety Investigation Branch (HSIB) is now in place. It is important to carry out a review and provide assurance that services are safe for patients and colleagues, and what the Trust's position would be if a concern was raised as described at the Countess of Chester Hospital.

The True for Us report will be submitted to Trust Board in September 2023.

147/23 MATTERS FOR ESCALATION TO THE TRUST BOARD

- Information on the National Improvement Board (item 137/23)
- Update on end of life care (item 136/23)
- Maternity and Neonatal Report and discussion on training element and oversight that this improves (item 139/23)
- Update from Medical Examiner Service (item 141/23)
- Key updates from the Quality Report (item 142/23)
- Updates from the Integrated Performance Report (item 144/23)

148/23 QUALITY COMMITTEE ANNUAL WORK PLAN

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

POST MEETING REVIEW

149/23 REVIEW OF MEETING

- Full and thorough meeting
- Good discussion
- Good receipt of assurance in a number of areas

NEXT MEETING

Monday, 25 September 2023
2:30 – 5:00 pm
Microsoft Teams

QUALITY COMMITTEE ACTION LOG

Following meeting on Monday, 21 August 2023

Overdue	New / Ongoing	Closed	Going Forward

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	RAG RATING / DUE DATE
UPCOMING ACTIONS				
24.10.22 (171/22)	Integrated Performance Report **Length of stay update**	**Gemma Berriman**	**LR** also stated that it would be helpful to bring a presentation on the data to see the broader impact of all the increased activity and that expanded bed base to see what that means in terms of harm and incidence. **Action**: Presentation to be requested for Quality Committee **Update:** Charlotte Anderson (Performance and Intelligence Lead) will attend the April meeting to present. **Update 17.4.23:** See item 58/23 **DS** asked about the current length of stay. **CA** stated that further work with another colleague will be required in order to provide this data. **Update**: Availability of report to be confirmed **Update 21.08.23**: **LR** reported on a new programme now set up on length of stay as part of the delivery across the Turnaround Executive Programme. An update can be requested from Gemma Berriman (Chair), due to current presentations on key highlights. It was also stated that an update on the Well Organised Ward (WOW) can also be included. **AN** also reported that a deep dive into length of stay will be provided at September's Finance and Performance meeting. **Action 21.08.23:** Update to be requested from Gemma Berriman (Director of Operations) on length of stay and WOW	**October 2023**
CLOSED ACTIONS				
24.10.22 (168/22)	**Split Paediatric Service**		**LR** commented on the risk relating to the APNP model at Huddersfield, which is at a score of 16 on the risk register, stating that Simon Riley-Fuller (ADN in FSS) has been asked to review this. It was also noted that the Emergency Department (ED) are also looking at the impact of any incidents or near misses that have occurred as a result of the described risk, the results of which can be returned to a future Quality Committee for oversight and assurance to ensure that the risk is not tolerated. **Action 24.10.22**: For any results of the review of the risk and impact of incidents and near misses to be returned to the Quality Committee **March Update**: Followed-up with **SRF** as to whether the risk reviews have taken place, and also with the Risk Management Team as to whether there have been any reports from ED in relation to the impact of incidents or near misses as a result of the above risk. Awaiting responses on both. Update: Risk 7776 was originally scoring 20, and reduced to a 16 as there are not gaps every day for the PNP cover. Of note, a trainee has handed in their final dissertation and if successful, will be able to add as part of the PNP rota later this year. It is anticipated at this point, that the risk score will reduce further. The Children's Directorate and ED team have collated a paper that has been presented to WEB in terms of plans for urgent care delivery for CYP on both hospital sites. If approved this will cumulate in the APNP's being based on the CRH site. Dr Morris, Tom Ladlow, Fiona Stuttard, Chloe Gough and Julie Mellor are aiming to meet to try to progress this work. **April Update:** Awaiting an executive sponsor. Division escalated to Performance Review Meeting and awaiting response. **Update 17.4.23: LR** stated that Venkat Thiyagesh and Helen Barker presented a paper to the Weekly Executive Board around the staffing model, which was approved. **Action 17.4.23:** Update to be provided at future meeting. **Update**: Pending agreement of Executive Sponsorship and phased approach to delivery (escalated by directorate at February through to June Performance Review Meetings, May Patient Safety and Quality Board and May Weekly Executive Board. Awaiting confirmation on Executive Sponsor, however, Lead Nurse and Consultant supporting Paediatric ED work and progressing plans. **Update 21.08.23**: **LR** reported that an Executive Sponsor is now in place, and a Children's Board is being set up, with Rob Aitchison (Deputy Chief Executive) as lead, and **LR** as Deputy Chair. The first meeting is due to take place in the first week in October, and a decision is needed as to how this will report into Quality Committee, either directly, or via a sub-committee. OUTCOME: Will close this action and add as an item to the workplan. Frequency of reporting will be amended once decision has been made.	**CLOSED August 2023**

Calderdale and Huddersfield NHS Foundation Trust

QUALITY COMMITTEE

Monday, 25 September 2023

STANDING ITEMS

150/23 WELCOME AND INTRODUCTIONS

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
Sharon Cundy **(SC)**	Head of Quality and Safety
Lucy Dryden **(LD)**	Quality Manager for Calderdale Integrated Care Board
Jason Eddleston **(JE)**	Deputy Director of Workforce & Organisational Development
Karen Heaton **(KH)**	Non-Executive Director
Joanne Middleton **(JMidd)**	Deputy Chief Nurse
Andy Nelson **(AN)**	Non-Executive Director
Gemma Puckett **(GP)**	Director of Midwifery and Women's Services
Michelle Augustine **(MA)**	Governance Administrator **(Minutes)**

Apologies

Jennifer Clark **(JC)**	Head of Therapies
Jonathan Hammond **(JH)**	Chief Operating Officer
Jo Kitchen **(JK)**	Staff Elected Governor
Victoria Pickles **(VP)**	Director of Corporate Affairs
Lindsay Rudge **(LR)**	Chief Nurse
Elisabeth Street **(ES)**	Clinical Director of Pharmacy

Nikhil Bhuskute, recently appointed Deputy Medical Director, was introduced and welcomed to the Quality Committee.

151/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

152/23 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 21 August 2023, circulated at appendix A, were approved as a correct record. The action log can be found at the end of these minutes.

SAFE

153/23 MATERNITY AND NEONATAL OVERSIGHT REPORT

Gemma Puckett presented the above report, circulated at appendix B.

AN noted from the CQC Report the plan of the must do actions, and asked what is done with the should do actions. **GP** stated that the actions are being put into a plan, and will be monitored at the Maternity and Neonatal Board.

AN commented on the Healthcare Safety Investigation Branch (HSIB) investigations, and asked how the investigations are completed and closed, and how it is ensured that learning is taken from them. **GP** stated that the approach to HSIB investigations are the same as all learning from incidents. An action plan would be developed when the report is received, and is monitored through the orange panel and the maternity forum for completion of actions. Learning is shared in several ways, including an embedded learning event which was held

recently where actions were taken away on how to improve services. The investigation would be closed once the actions have been completed.

AN also asked if there were opportunities to learn from others. **GP** stated that actions and recommendations are reciprocal and shared into the Local Maternity and Neonatal System (LMNS).

KH asked whether the actions from the CQC will be highlighted within the Transformation Action Plan, as opposed to having a separate plan. **GP** stated that the actions would be included to minimise duplication.

The LMNS assurance visit on 28 November 2023 was also mentioned, which will be to reassess compliance to the original Ockenden Report and the seven immediate essential actions. Evidence is currently being submitted.

GC asked for an update on the Maternity Incentive Scheme. **GP** reported that there are 10 safety actions and all elements need to be compliant. This was added to the risk register due to the concerns around training. This is beyond the Trust's control, and has been escalated to LMNS colleagues, regional officers and nationally to NHS Resolution, as CHFT are not the only organisation challenged by this.

The Chair asked about the Healthcare Safety Investigation Branch case linked to an off-pathway breech homebirth and asked how it is ensured that mothers who are off pathway are monitored by minimising risk. **GP** stated that maternity is a challenging environment with women who may seek care outside of recommended clinical guidance, therefore, a referral to be seen in obstetric clinics is made to ensure an informed risk and benefit discussion with mothers takes place, in order for them to make an informed choice. Once a choice is made, this is then supported, which is a national requirement.

Copies of the Avoiding Term Admissions in Neonatal Unit (ATAIN) report and action plan, a Transitional Care report and a Perinatal Mortality Review Tool (PMRT) action plan were also available within the appendices of this report.

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

CARING

154/23 ANNUAL PATIENT EXPERIENCE REPORT

Joanne Middleton presented the report as circulated at appendix C.

One of the discussions through the Patient Experience and Caring Group has been what can be taken in terms of learning with the approach and methodology of the well-received Quality Improvement initiative, which can be used across the organisation.

The Chair commented on the comprehensive report and the amount of work undertaken in the last year.

With regard to complaints and the survey identifying some improvements, **AN** asked whether there is an action plan to address these issues. **JMidd** stated that one of the measures is to look at how many complaints have been re-opened, and involvement with patients and relatives is one of the areas for improvement.

AN commented on the three year strategy, and asked whether the measures would be included in a dashboard. **JMidd** stated that the outcome measures are a focus of the Patient Experience and Caring Group and will be used to report back into the Quality Committee.

The Chair commented on the maternity survey and asked **GP** whether the 'speak to a midwife' initiative would address the 'somewhat worse than expected' responses in relation to mothers

having the opportunity to ask questions about their labour and birth, or whether there was another initiative in place to respond to that. **GP** stated that the 'speak to the midwife' campaign is more aimed at getting people into the service as early as possible in their pregnancy, and hopefully the score should improve as more discussions are had with every contact made.

The Chair also noted that the amputee rehabilitation service survey, which showed 100% of responses from white patients, and queried whether this could be looked into as there will be amputees across diverse communities, which **JMidd** agreed to pick up.

The Chair also commented on the inclusion of an update on Observe and Act and would have liked to see that Non-Executives and Governors who are involved in the process, included in the update, as they provide an independent, external view on what is taking place at ward level.

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

WELL LED

155/23 GETTING IT RIGHT FIRST TIME (GIRFT) REPORT

Neeraj Bhasin presented the report as circulated at appendix D.

KH commented on the consistent good news story with GIRFT, and the recognition for the good work. With regard to the impact of the GIRFT agenda, and evolving to a national approach, **KH** asked whether this would be a step back rather than step forward.

NBha agreed on the consistent story and on the local process becoming the national toolkit. This is a change which cannot be controlled, therefore, the national GIRFT team have been contacted, stating that the process created locally needs to adapt to match the national central approach. Inputs are no longer co-ordinated through the former central GIRFT team, as work is undertaken through different routes, therefore, changes are needed to ensure that the reporting, oversight and benefits and capture are maintained.

In relation to the Further Faster Programme, **AN** asked whether there were any examples of where CHFT could go further. **NBha** provided an example around reducing variation, where the Programme will give clear national guidance, which can then be embedded into the organisation, creating standardisation, and reducing outpatient demand.

The Chair reiterated that this continues to be positive good news, and asked that some examples of good impact, improvement in patient care, value for money and cost effectiveness is added to the next GIRFT report.

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

EFFECTIVE

156/23 CLINICAL OUTCOMES GROUP 6-MONTH REPORT

David Birkenhead presented the report circulated at appendix E.

There have been some challenges with the Clinical Outcomes Group as well as its reporting workstreams, and it is one of the areas where industrial strikes had an impact; not through loss of activity, however, where colleagues had limited capacity to take work from the meeting to implement, due to forward planning for upcoming strikes. The departure of two key colleagues also impacted on the delivery of work of the Group, however, this is being progressed, firstly with the appointment of **NBhu** as Deputy Medical Director to take oversight of some of this work, and secondly, with appointment into the Associate Director of Quality and Safety post in the New Year.

Progress is being made through the workstreams with significant assurance; however, Stroke continues to be a challenge across most of the West Yorkshire Association of Acute Trusts. The Sentinel Stroke National Audit Programme data is not where the Trust would want it to be, and challenges relate to an increased number of patients presenting with stroke and increased morbidity of those patients. There is a challenge with getting CT scans done within one hour and having those patients on the stroke unit for the right period of time. There are also challenges with the therapy services and gaps in services, which means a seven day service is not available, due to resource issues. Work is ongoing as a priority with the division to improve stroke performance.

There is still limited assurance around dementia, and changes have been made in terms of the dementia screening process, which is beginning to see improvement, however, there are challenges to appoint into the Dementia Lead post, which was recently vacated. Amanda McKie (Consultant Nurse for Learning Disabilities) is providing interim oversight into this work.

The Nutrition Operational Group also has limited assurance with two Never Events relating to Nasogastric feeding tubes, with actions relating to improving the reliability of the feeding modalities moving forward. Some good work has taken place around the Malnutrition Universal Screening Tool, which has shown improved compliance in the last six months, and work on protected mealtimes continues.

End of Life Care also has limited assurance and the main issue relates to the recognition of the dying phase, which impacts on the ability to provide the support required for patients through the end phase of their lives, and some education training is planned for this. The roll out of the Recommended Summary Plan for Emergency Care and Treatment process will hopefully help with making it clear as to what people's wishes are toward the end of their lives.

The Falls Collaborative also shows an improved position via the Integrated Performance Report, however, there are challenges with attendance at meetings and the stepping down of the Clinical Lead.

In terms of falls and the issue in relation to an inconsistency at ward level with the practices of bay tagging and cohorting, the Chair asked how this is picked up across the wards. **JMidd** stated that there has been a focus on walkrounds with Matrons revisiting risk assessments of safety issues.

The Chair acknowledged the challenges of the Clinical Outcomes Group and noted the upcoming Quality Summit, where there will be an opportunity to discuss the best way forward for this Group.

It was also noted that there will be an overview report on Nasogastric tubes at the next Quality Committee.

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

RESPONSIVE

157/23 INTEGRATED PERFORMANCE REPORT

The report was circulated at appendix F for information, and **DB** mentioned the impact of strikes on quality improvement projects, and the measurable impact on waiting lists, and the expectance of further disruptions with upcoming strikes.

There are some small increases in the 40-week waits which are being monitored by putting on extra lists to mitigate those developing any further. There are main concerns with the Ear, Nose and Throat (ENT) team and this is managed through a task and finish group, led by the Surgical division, to source some external support to reduce the appointment slot issues (ASIs).

The Chair commented on the inclusion of the health inequalities metrics, which are in an early stage of development.

The safe metrics show a good overall position.

OUTCOME: The Quality Committee noted the report.

ITEMS TO RECEIVE AND NOTE

158/23 ANY OTHER BUSINESS

There was no other business.

159/23 BOARD TO WARD FEEDBACK

One of the responses from the Committee's self-assessment on effectiveness was to have more Board to Ward feedback, therefore, going forward, this will be an agenda item and an opportunity to feed back any information from the Board that the Committee needs to be shared with a department or team.

The Chair shared that following the last Board meeting, there was a discussion with the Chair who challenged the Quality Committee to ensure there is a level of rigour around neonates and neonatal deaths, as the minutes were not very explicit that the audit was submitted in April 2023 meeting. It was suggested that **GP** and **KH** ensure that during any go sees, that any progress made with the recommendations which came out of the neonatal audit report return to the Quality Committee.

160/23 MATTERS FOR ESCALATION TO THE TRUST BOARD

- Maternity Incentive Scheme and challenges with achieving some standards (item 153/23)
- Updates from the Clinical Outcomes Group (item 156/23)
- Updates on the comprehensive Patient Experience Annual Report (item 154/23)
- Changes from Getting It Right First Time and how it may affect CHFT (155/23)
- Update from the Integrated Performance Report (item 157/23)

161/23 QUALITY COMMITTEE ANNUAL WORK PLAN

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

There are no new amendments, however, this may change as a result of the upcoming Quality Summit.

POST MEETING REVIEW

162/23 REVIEW OF MEETING

- Good to see a holistic approach taken and prioritisation of care where health inequalities are concerned
- Meeting done in record time
- Presenters have assumed that papers have been read and able to succinctly provide any highlights, which worked well

NEXT MEETING

Monday, 23 October 2023
2:30 – 5:00 pm
Microsoft Teams

QUALITY COMMITTEE ACTION LOG

Following meeting on Monday, 25 September 2023

Overdue	New / Ongoing	Closed	Going Forward

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	RAG RATING / DUE DATE
UPCOMING ACTIONS				
24.10.22 (171/22)	Integrated Performance Report **Length of stay update**	**Gemma Berriman**	**LR** also stated that it would be helpful to bring a presentation on the data to see the broader impact of all the increased activity and that expanded bed base to see what that means in terms of harm and incidence. **Action**: Presentation to be requested for Quality Committee **Update:** Charlotte Anderson (Performance and Intelligence Lead) will attend the April meeting to present. **Update 17.4.23:** See item 58/23 **DS** asked about the current length of stay. **CA** stated that further work with another colleague will be required in order to provide this data. **Update**: Availability of report to be confirmed **Update 21.08.23**: **LR** reported on a new programme now set up on length of stay as part of the delivery across the Turnaround Executive Programme. An update can be requested from Gemma Berriman (Chair), due to current presentations on key highlights. It was also stated that an update on the Well Organised Ward (WOW) can also be included. **AN** also reported that a deep dive into length of stay will be provided at September's Finance and Performance meeting. **Action 21.08.23:** Update to be requested from Gemma Berriman (Director of Operations) on length of stay and WOW **Update**: Deferred to the November meeting	**November 2023**

Calderdale and Huddersfield NHS Foundation Trust

QUALITY COMMITTEE

Monday, 23 October 2023

STANDING ITEMS

163/23 WELCOME AND INTRODUCTIONS

Present

Denise Sterling **(DS)**	Non-Executive Director **(Chair)**
Nikhil Bhuskute **(NBhu)**	Deputy Medical Director
David Birkenhead **(DB)**	Medical Director
Gina Choy **(GC)**	Public Elected Governor
Penny Daynes **(PD)**	Pharmacist **(item 166/23)**
Jason Eddleston **(JE)**	Deputy Director of Workforce & Organisational Development
Karen Heaton **(KH)**	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

Katherine Cullen **(KC)**	Deputy Clinical Director - Pharmacy **(Observing from Shadow Board)**
Laura Douglas **(LDo)**	Deputy Head of Midwifery **(Observing from Shadow Board)**

Apologies

Neeraj Bhasin **(NBha)**	Deputy Medical Director
Sharon Cundy **(SC)**	Head of Quality and Safety
Jonathan Hammond **(JH)**	Chief Operating Officer
Andy Nelson **(AN)**	Non-Executive Director

Lorraine Wolfenden, Governor, was welcomed to her first meeting.

164/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

165/23 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 25 September 2023, circulated at appendix B, were approved as a correct record. The action log can be found at the end of these minutes.

SAFE

166/23 MEDICINES MANAGEMENT COMMITTEE REPORT AND TERMS OF REFERENCE

Penny Daynes was in attendance to present the report and terms of reference as circulated at appendix C1 and C4.

PD reported that the Medicines Management Committee (MMC) has a huge agenda, which looks at new project requests; updates the Trust guidelines and the Trust Medicines Code; work on drug shortages and drug recalls; updates on the Trust's antibiotic usage; updates from the Electronic Patient Record team; and compliance with NICE guidance.

There was a previous concern from the MMC regarding the migraine service not providing some of the treatments which were recommended by NICE, however, this was reviewed,

escalated to the Clinical Effectiveness and Audit Group, and has now been resolved, due to having a Neurology Consultant in place who is now providing the new treatment.

The MMC have also reviewed their clinical guidelines on the intranet relating to medicines, and identified that some have gone past their review date. Prompts have been made to the authors, and any outstanding guidelines have now been followed up, and will be updated at the next MMC in November.

The MMC meets six times a year, and is chaired by Dr Nick Brown, Medical Oncology Consultant. There is good representation from Medical, Nursing and Pharmacy staff, and representation from the Medicines Management Leads from the Integrated Care Boards. It is a really well-attended meeting, which gets through a lot of business on the agenda.

There were no items to escalate, except assurance that the Committee is meeting, and an update on the meeting's activities.

ES conveyed thanks to **PD** who will be leaving the Trust next week, for her work with the MMC and supporting Dr Brown.

LR queried whether the report should be a combined report going forward, including the medicines safety agenda. It was agreed that this will be discussed outside of the Quality Committee, with an update provided at a future meeting.

KH commented on the number of approvals of new products that are undertaken at the MMC meeting, and asked how quickly these are fed back to colleagues in order for them to follow. **PD** stated that the requester of the new products attends the MMC and receives immediate feedback on whether their product has been accepted or rejected. Each directorate has their own Pharmacist who also liaises with the directorate. Once approved, products are put in place straight away and can be rolled out fairly quickly, due to **PD** also being in charge of the pharmacy stock control system.

ES stated that there is some cross-over work with the NICE Technology Appraisals, whereby drugs have to be made available within a three month period. This is also reported into the Clinical Effectiveness and Audit Group if there are any concerns.

In relation to medication shortages, **DS** asked whether the position has now changed regarding diabetic medication. **PD** stated that this is now being managed by a regional group. There are a number of treatments that are currently unavailable, and any patients who are on those treatments are being reviewed by the Diabetes Team to determine whether they could be moved to an alternative product. One of the products will be a long-term supply issue, which is being managed with input from the Diabetes Team and Primary Care.

Copies of the Medicines Management Committee minutes from May and July 2023 were also available at appendices C2 and C3.

The terms of reference were ratified.

OUTCOME: **PD** was thanked for the update and the Committee noted the report and ratified the terms of reference.

167/23 Q2 INFECTION PREVENTION AND CONTROL (IPC) REPORT

David Birkenhead presented the report as circulated at appendix D, highlighting that Clostridium difficile will be in a challenging position at year-end, with 28 cases so far this year, against a ceiling of 37. CHFT is not unique in this, and there will be some revision of how the targets are set across the network, as the objective is not an easy one to achieve at this point in time.

There have been four cases of Pseudomonas Aeruginosa, which is a waterborne organism. These are small numbers and very difficult to manage, however, work is taking place to test, flush and decontaminate certain parts of the water systems throughout CHFT and taking guidance around any abnormal results from our authorised engineer.

Aseptic Non-Touch Technique (ANTT) Competency assessments by medical staff has been taken through the Performance Board, and improvement is expected over the coming weeks.

The recording of Infection Prevention and Control (IPC) Level 2 training is being followed up to ensure that all training has been uploaded onto the Electronic Staff Record (ESR) following the induction of new medical colleagues.

An increase in COVID through the last quarter has been noted, with about 45 cases in total in the last month, which have now started to decrease, with around 16 patients at the moment. Many of those are hospital onset COVID cases, following transmission on the wards. It is also difficult at this point in time as there is no guidance to colleagues to remain off work if they have COVID, or no guidance for them to test, therefore if they are fit to work, they can attend. Colleagues are being reminded of the importance of vaccination and to use masks and socially distance if they have respiratory symptoms. The good news is that most patients have not been desperately unwell, and many have been asymptomatic.

ES mentioned the investigations following a Clostridium difficile case, and asked whether the learning is shared across divisions. **DB** stated that learning is taken largely through the Antimicrobial Group, with a lot of targeted work at the moment on antimicrobial usage and intravenous (IV) oral switches and avoidance of raw spectrum antibiotics. The learning sits within the divisions to cascade from those individual root cause analyses, however, the move to the Patient Safety Incident Response Framework in relation to Clostridium difficile investigations will hopefully provide a more systematic review of the issues faced, therefore there will be better learning across the number of Clostridium difficile cases seen, rather than individual learning for teams, which is currently happening through the Serious Incident framework process. Learning is feeding through, and also through the Performance Board.

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

168/23 MATERNITY AND NEONATAL OVERSIGHT REPORT

Gemma Puckett presented the above report, circulated at appendix E.

LR informed the Committee of the risk in relation to the Maternity Incentive Scheme, which is on the CHFT risk register and being monitored closely. There has also been an escalation into the Local Maternity and Neonatal System (LMNS), which is also being monitored nationally, as this is part of the PROMPT training which requires a Multi-disciplinary Team approach. The disruption through the industrial action has created a risk which has disrupted the sessions.

KH commented on the workshops which looked at the outcomes and the recommendations from the Healthcare Safety Investigation Branch (HSIB) reports, and queried whether the work is continuing from those workshops. **GP** stated that the work is continuing and the team are looking at how all the work can be brought together and embed learning into the health inequalities workstream into personalised care. **LR** stated that the work will be set out into the themes from the three-year plan, to ensure it is business as usual.

VP mentioned the Maternity Incentive Scheme visit on Tuesday, 28 November 2023, which the team are well prepared for. **LR** stated that the inspectors will be the Regional NHSE Midwife, her deputy, and the Lead Chief Nurse on the Local Maternity and Neonatal System (LMNS).

DS thanked **GP** for including the presentation on the 15 steps to success, and the feedback received, and commented on the good progress made on the Perinatal Mortality Review Tool (PMRT) action plan.

DS also commented on the 4.52 whole time equivalent (WTE) fixed term Band 5 posts within the midwifery staffing section of the report, and queried why Band 5 colleagues were on fixed term contracts. **LR** stated that these are staff nurses who are working in women's services, who are trialling a different working model.

DS mentioned the statement around safety action 6 and the significant amount of manual audit which needs to be undertaken, and asked how this will be addressed. **GP** stated that work with the business intelligence team will be undertaken to build a dashboard for saving babies lives, as well as carrying out snapshot audits.

Copies of the Avoiding Term Admissions in Neonatal Unit (ATAIN) report (July to September 2023); the Perinatal Mortality Review Tool (PMRT) action plan and the CHFT 15 steps presentation were also available at Appendices E2, E3 and E4 respectively.

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

169/23 QUALITY AND SAFETY STRATEGY

Lindsay Rudge provided a verbal update on the above, stating that a Quality Summit took place on Wednesday, 11 October 2023, which was well-attended, with over 60 colleagues across each division, as well as the senior leadership teams, including Clinical Directors and Matrons.

The feedback and recommendations from the Summit are now being collated to be utilised to shape the Quality and Safety Strategy going forward. An outline of the proposed strategy was presented at a recent Board Development Day, reframing the approach to quality assurance and quality improvement, with a real focus on building quality improvement (QI) capacity and ensuring focus on the right quality agenda.

There was some good feedback on the day of the Summit around some of the processes; there were updates on the fantastic work from the Collaboratives, which now need their work connecting across divisions.

Engagement has now taken place via the Summit with clear feedback, and a draft Quality and Safety Strategy will be brought into the next Quality Committee meeting.

OUTCOME: **LR** was thanked for the update.

170/23 NASOGASTRIC TUBE ASSURANCE REPORT

Lindsay Rudge presented the above report, circulated at appendix G.

Am internal audit was commissioned following two Never Events in relation to placement of nasogastric tubes. The first incident was in January 2023 and the second in April 2023. A number of immediate actions were undertaken as a result, and are detailed within in the report.

A number of ongoing actions have been undertaken, and the plan is to carry out a re-audit in quarter 4 of 2023-2024, given that processes, policies, guidance and education have been strengthened to ensure that actions taken have made an improvement.

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

WELL LED

171/23 BOARD ASSURANCE FRAMEWORK (BAF) RISKS

The report was circulated at appendix H:

6/19: Compliance with quality & safety standards

LR reported that the risk has been updated, and the Strategy is expected to be drafted by the end of November 2023. Work has been undertaken around risk management and risk registers; a response to the Lucy Letby case which came through the Board of Directors has taken place, along with some deep dives into different neonatal cases. There are still some inconsistencies in quality improvement methodology, therefore, some of the recommendations from the Quality Summit will be how colleagues are supported around quality improvement, and a restructure of the Quality Structure, as part of the Quality and Safety Strategy.

KH asked about progress with the Quality and Safety Team structure and accountability action and whether this was near completion. **VP** stated that the new structure has been drafted, and an agreed structure is expected to be in place by the end of the 2023 calendar year, if not before.

4/20: CQC Rating

VP provided an update on the BAF risk, which is currently scoring 12, mainly due to working through what the new CQC inspection framework means for the Trust. There was an engagement visit around Discharge, Patient flow and Medicines Management on Friday, which had extremely positive feedback.

A presentation was provided to the Board of Directors on the new inspection framework, and a similar presentation was provided at the Quality Summit.

4/19: Public and Patient Involvement

VP provided an update on the BAF risk, which is currently scoring 12. The strategy was approved earlier this year which is now starting to be rolled out. There is currently a gap in the Patient Experience manager role, however, in the interim, Amanda McKie (Nurse Consultant for Learning Disabilities), will be supporting the Patient Experience and Caring Group, as well as an experienced patient experience and public involvement senior nurse colleague from NHS England who will be doing some hours through the Bank. The Strategy is being reviewed to ensure that it is on plan and that we are meeting our statutory obligations for patient experience and involvement.

3/19: Seven day services

This risk was removed from the Board Assurance Framework in July 2023. The standards remain, but are not a key risk to the Trust's strategy. National reporting is no longer required. Audits of progress against the standards will continue to be reported to and scrutinised by the Quality Committee.

OUTCOME: **LR** and **VP** were thanked and the Committee noted the report.

EFFECTIVE

172/23 Q1 LEARNING FROM DEATHS REPORT

Nikhil Bhuskute presented the report circulated at appendix I.

Compliance during quarter one for the initial screening reviews has shown a steady downward trend, and actions are engaged with each member of the review team. Discussions now take place on the clarity of what is needed for the initial screening reviews, as they were previously done simultaneously with the quarterly mortality reviews, which is why the data showed a peak every three to four months, as colleagues were not aware of the policy. Communications have now improved, and confident that compliance will improve going forward.

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

RESPONSIVE

173/23 QUALITY REPORT

Lindsay Rudge presented the report circulated at appendix J, highlighting:

- Two open Never Event incidents which remain open – one was the wrong eye injected (declared in July 2023) and the other was medication administrated via wrong route (declared in September 2023). **LR** and **DB** met with the Surgical senior leadership team around the never events that had occurred, and asked the division to carry out a deep dive, and awaiting their report on actions undertaken.
- 14 incidents were over 60 days (not including Healthcare Safety Investigation Branch). A revised escalation process has been in place from July 2023 to manage investigations that have breached the 60-day timescale. It remains a challenge to allocate investigators due to clinical commitments. The transition to Patient Safety Incident Response Framework (PSIRF) principles regarding learning responses is expected to support this.
- Four open patient safety alerts:
  - *Potential risk of underdosing calcium gluconate in severe hyperkalaemia*
  - *Shortage of GLP-1 receptor agonists*
  - *Shortage Of Verteporfin 15mg Powder For Solution For Injection*
  - *Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls- action on going*.
- Good performance against complaints continues, with themes being patient care, clinical treatment and communication
- Breakdown of the areas where compliments have been received
- Legal services continue to have inquests at coroners courts; and an update on Martha's Rule was included, which is around all patients in NHS hospitals in England (and those acting on their behalf) to have the legal right to request a second opinion from a senior clinician in the same hospital, if a patient is deteriorating rapidly but it appears concerns are not being taken sufficiently seriously by medical staff. From Quarter 4 2023-2024, as part of the Deteriorating Patient collaborative, the HOOP (Hospital out of hours Programme) Team and the Critical Care Outreach Team will be combined to give a 24/7 cover for acutely unwell adults and deteriorating patient. As part of that, some of the recommendations from Martha's Rule will be included around people being able to speak up and access a different review.
- Action plan submitted to the CQC to meet the must do and should do actions.
- There are a number of external regulatory visits planned which are detailed in the report
- The Council of Governors were updated on the progress of the Quality Priorities
- Work is underway on the backlog of responses from the Medical division on NICE guidance
- Focussed work is being undertaken on the clinical repository is being maintained and up to date.

- Highlights from the Clinical Outcomes Group included:
  - Summary Hospital-level Mortality Indicator and Hospital Standardised Mortality Ratio are both within the normal range, with the Hospital Standardised Mortality Ratio better than national average. Both pertain to the work of the Care of the Acutely Ill Patient Programme.
  - A statistically significant decrease in the number of harm falls
  - A significant increase in the Malnutrition Universal Screening Tool scores
  - Some progress being made with dementia screening
  - Ongoing work with antimicrobial best practice and the related audit

DS asked about progress with ward assurance. **LR** stated that there is improvement in where information is recorded, and still working through the well organised ward, ensuring that information is recorded in the right place.

OUTCOME: The Quality Committee noted the report.

174/23 INTEGRATED PERFORMANCE REPORT

David Birkenhead presented the report circulated at appendix K.

The organisation remains challenged in relation to performance, with a number of patients attending, particularly over the last week. Extra capacity wards are now open and there are also challenges around the delivery of the acute service, which has not been helped by the number of strikes from medical staff over the last seven months, and upcoming joint strikes between consultants and junior doctors. There are also challenges in relation to elective activity, albeit, still performing well compared to peer organisations.

LR reported that a message from the Quality Summit was around moving indicators from the 'hit and miss' column to the 'pass' column on the performance matrix summary.

OUTCOME: The Quality Committee noted the report.

ITEMS TO RECEIVE AND NOTE

175/23 INFECTION PREVENTION AND CONTROL COMMITTEE MINUTES

A copy of the minutes from 13 July 2023 were circulated at appendix L. There were no comments.

176/23 CLINICAL OUTCOMES GROUP TERMS OF REFERENCE

The 2023 Clinical Outcomes Group terms of reference were circulated at appendix M for ratification.

OUTCOME: The Quality Committee ratified the terms of reference.

177/23 SAFEGUARDING COMMITTEE TERMS OF REFERENCE

The 2023 Safeguarding Committee terms of reference were circulated at appendix N for ratification.

OUTCOME: The Quality Committee ratified the terms of reference.

178/23 NHS ADULT INPATIENT SURVEY 2022 BENCHMARK REPORT

Lindsay Rudge presented the report circulated at appendix O, which was an overall positive report, with CHFT being in the top five for a number of indicators.

The plan is to now integrate the key area results into an action plan, and take through the Patient Experience and Caring Group. The results also need to be shared more widely with colleagues as the report is a positive read.

In terms of one culture of care, **LR** stated that the investment placed in colleagues, their health, their wellbeing and support cannot be taken out of context from the results, therefore, it was asked that **KH** referenced this at the Workforce Committee.

179/23 ANY OTHER BUSINESS

There was no other business.

180/23 BOARD TO WARD FEEDBACK

The Chair noted the NHS Adult Inpatient Survey 2022 benchmark report will be monitored through the Patient Experience and Caring Group.

181/23 MATTERS FOR ESCALATION TO THE TRUST BOARD

- Assurance from the Medicines Management Committee report and the ratification of their terms of reference (item 166/23)
- Updates on the Quality and Safety Strategy and feedback from the Quality Summit (item 169/23)
- Assurance report on nasogastric tubes (item 170/23)
- Update from Quality Report, including the Serious Incident reduction of backlog (item 173/23)
- Updates on the Board Assurance Framework (BAF) risks (item 171/23)
- Ratification of the Clinical Outcomes Group and Safeguarding Committee terms of reference (items 176/23 and 177/23)
- Update on NHS Adult Inpatient Survey 2022 Report (item 178/23)

182/23 QUALITY COMMITTEE ANNUAL WORK PLAN

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

POST MEETING REVIEW

183/23 REVIEW OF MEETING

The meeting ended early.

NEXT MEETING

Monday, 20 November 2023
2:30 – 5:00 pm
Microsoft Teams

QUALITY COMMITTEE
Monday, 20 November 2023

PRESENT

Denise Sterling **(DS)**	Non-Executive Director **(Chair)**
Gina Choy **(GC)**	Public Elected Governor
Lucy Dryden **(LD)**	Quality Manager for Calderdale Integrated Care Board
Jason Eddleston **(JE)**	Deputy Director of Workforce & Organisational Development
Jonathan Hammond **(JH)**	Chief Operating Officer
Karen Heaton **(KH)**	Non-Executive Director
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

Jo Banks **(JB)**	Advanced Practitioner – Frailty Team **(item 188/23)**
Gemma Berriman **(GB)**	Director of Operations **(item 187/23)**
Robert Birkett **(RB)**	Managing Director for Digital Health **(item 189/23)**
Renee Comerford **(RC)**	Associate Director of Nursing For Resilience, Acute Flow and Transformation (RAFT) **(Item 187/23)**
Andrea Dauris **(AD)**	Associate Director of Nursing – Corporate **(item 194/23)**
Richard Hill **(RH)**	Head of Health and Safety **(item 190/23)**
Dr Karin Schwarz **(KS)**	Consultant Paediatrician **(Item 196/23)**

STANDING ITEMS

184/23 - WELCOME AND APOLOGIES

Neeraj Bhasin **(NBha)**	Deputy Medical Director
Nikhil Bhuskute **(NBhu)**	Deputy Medical Director
David Birkenhead **(DB)**	Medical Director
Jennifer Clark **(JC)**	Head of Therapies
Sharon Cundy **(SC)**	Head of Quality and Safety
Joanne Middleton **(JMidd)**	Deputy Chief Nurse
Lorraine Wolfenden **(LW)**	Governor

185/23 - DECLARATIONS OF INTEREST

There were no declarations of interest.

186/23 – MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 23 October 2023, circulated at appendix B, were approved as a correct record. The action log can be found at the end of these minutes.

187/23 – MATTERS ARISING: UPDATE ON LENGTH OF STAY AND WELL ORGANISED WARD (WOW)

Gemma Berriman and Renee Comerford were in attendance to present an update on length of stay and the well organised ward, as circulated at appendix C.

In relation to the Delays in ED slide (slide 5) which outlined the serious incidents in the Emergency Department since 2021, **LR** asked how long the delays were and whether they were from the ambulance or delays in the ED. **GB** stated that the delays were in-department delays, from the time the patient arrived and the time leaving the department. Some of those were delays of 6 hours and the longest was 23 hours.

The Committee were advised to watch the 5-minute video on the Well Organised Ward which was embedded in the presentation.

In relation to the risks relating to extra capacity, and the 22 patients who had six or more moves, **LR** requested a thematic review takes place, and will liaise with the clinical audit team regarding this.

In relation to excess deaths, **AN** asked whether local performance shows any trends or correlation with our rising pressures in the Summary Hospital-level Mortality Indicator. **GB** stated that this is difficult to tell, however, it is known that there is an increase in the length of waits in the ED above 12 hours. **LR** stated that outcomes need to be looked at, and proposes a recommendation that a different set of safety metrics are required in Urgent and Emergency Care that monitors ongoing quality aspects, and to describe the population risk and what delays mean for people.

In relation to the bed moves, **AN** asked if the bed moves were a symptom of the extreme pressures, and if there is a correlation between pressures and moves. **RC** stated that getting to a proactive point is needed in order to plan discharges better, as the pressures in the ED are creating the late moves and the number of moves. Audits are taking place on the bed moves which take place after 10:00 pm, as part of the Discharge Quality Group.

In summary, the well organised ward approach should make an impact on identifying patients who do not need a hospital bed. **LR** also noted that this work will be monitored through the Clinical Outcomes Group for a safety and quality oversight, as it is not only about urgent and emergency care, but also about pathways for patients.

OUTCOME: **GB** and **RC** were thanked for the update.

SPECIFIC REPORTS

188/23 – DISCHARGE PATIENT STORY

As part of the presentation at item 187/23, Jo Banks was in attendance to present a snapshot of a good patient story and patient journey through the hospital until discharge.

OUTCOME: **JB** was thanked for the update.

189/23 - PROGRESS OF TRAINING AND DIGITAL SOLUTIONS FROM FOLLOW-UP APPOINTMENT CONCERNS

Robert Birkett was in attendance to provide an update on the approach to education and training in relation to best practice use of digital clinical systems including the Electronic Patient Record (EPR), as circulated at appendix D.

ES asked whether the provision of the change team were available wider. **RB** stated that the team are a CHFT resource and are available for specific areas.

AN asked how the impact of training is measured in order to continue developing. **RB** stated that this is being measured in terms of outcomes, reduced incidents, less serious incidents, and it is hoped that some of the training will feature in those outcomes.

AN also asked whether the local digital champions are still a possibility, and if any progress has been made. **RB** stated that there is now a position to make progress, as it is hoped that colleagues within the change team will be inspired to eventually become digital champions, as well as the students from the University of Huddersfield undertaking Digital Nursing Placements.

LR gave a mention to Louise Croxall (Chief Nursing Information Officer) for driving this forward and having a pragmatic approach to supporting this work.

KH and **DS** commented on the useful update and the innovative work being done.

OUTCOME: **RB** was thanked for the update and the Committee were in support of the multi-method approach to digital clinical systems education, training and development.

190/23 - HEALTH AND SAFETY OVERVIEW

Richard Hill was in attendance to provide an update, circulated at appendix E, on the personal safety of colleagues around violence and aggression and security, and the NHS health and safety workplace standards, which are a range of subjects to comply with in line with the Health and Safety Executive (HSE).

AN stated that a previous issue was the reporting of incidents, and the ability to reach security when needed, and asked whether this has improved. **RH** stated that a newsletter was produced in the last six months in terms of Datix reporting and the availability of security and how to access them, however, this newsletter may be repeated in a different format early next year to ensure colleagues are aware that these facilities are available. **RH** also stated that it is difficult to measure what good DATIX reporting looks like, although, this could possibly be benchmarked with other Trusts, if this information is released. **VP** commented on spending some time with Reception colleagues within the Emergency Department at CRH and was surprised at the level of abuse they receive, to the point of not wanting to leave the reception desk area to use the toilet facilities, which were in the public area. **VP** asked the colleagues about reporting this, however, they felt jaded with the process, and it was felt that some visibility from senior leaders in that space may help during the evening hours. **RH** stated that closer work is required between ISS and Equans to bring both security services together.

In relation to lone working and on-call Pharmacists who are sometimes on their own and unsupervised, **ES** asked whether they would be notified if there was any change to what should be done differently. **RH** stated that a health and safety audit of Pharmacy is due to take place and work is underway on Stage 2 work with CHS and key members of staff who often work alone.

KH commented on the Violence and Aggression Policy and would like to see this pushed throughout the organisation; and that Lone Working is also important and needs to be monitored that the processes and procedures are being followed, in order that colleagues do not feel vulnerable in any circumstance.

JH supported the joint working with ISS and Equans, and stated that the work on the Policy was triggered by feedback from security colleagues who felt vulnerable. The key in improving

the Policy and the training offer is continuing to work collectively with security colleagues to ensure momentum is kept. It was also suggested that targeted training is required for the Emergency Department reception colleagues.

LR noted that as part of the launch of the Violence and Aggression Policy, a video is being recorded for support of the policy, and keen to capture some of the key messages from a patient perspective around a comprehensive nursing assessment, and also providing some resources to help when things do escalate. This will form part of a document which will supplement the Policy on the intranet. Key messages will also include support for colleagues.

DS asked whether there are any sanctions for individuals who display inappropriate behaviour to colleagues and who may be persistent offenders. **RH** stated that this will form part of the promotion and awareness of the Policy, which has been tested.

OUTCOME: **RH** was thanked for the update and the progress being made on safety issues for patients and colleagues.

191/23 - UPDATE ON NASOGASTRIC (NG) TUBE ACTION PLAN

Lindsay Rudge presented the update circulated at appendix F, and highlighted the immediate learning and actions taken, and the ongoing improvement actions. Further reviews and implementation of actions are being done following two previous never events, and assurance that compliance is being monitored through ongoing audit activity, training and daily reviews of every patient that receive a nasogastric (NG) feed. It is hoped that the Well Organised Ward, in relation to Multi-disciplinary Teams reviewing and discussing the nasogastric (NG) feeds and tubes, will provide part of ongoing clinical reviews.

DS asked what measures are in place to ensure the ongoing competency of medical colleagues. **LR** reported that there is no difference between medical and nursing colleagues, as they both require up-to-date competencies to be able to access, place and review those nasogastric (NG) tubes. **DS** also asked if there was a timeline for the external review. **LR** stated that this will be carried out soon.

OUTCOME: The Committee noted the update.

SAFE

192/23 - TRUST PATIENT SAFETY AND QUALITY BOARD (PSQB) REPORT

Lindsay Rudge presented the report as circulated at appendix G, highlighting the items for escalation to the Quality Committee, including:

- Divisions noting increase in moderate harm medication incidents, pharmacy undertaking a deep dive to understand if any further Qi work is required on any themes. **ES** stated that these incidents are being reviewed at the Medication Safety and Compliance Group to see if there are any themes and trends and working with Community colleagues on how to improve.

- Work within surgical division on Appointment Slot Issues (ASIs) and harm reviews. It was noted that a robust process is in place, and **JH** stated that a full investigation was carried out, which was positive and now cleared all patients who were highlighted and no longer have any patients awaiting treatment who were on the list. Additional fail safes have also been put in place, which are being monitored and audited in six months' time through the Data Quality Board.

- Ongoing work within medical division on focussing to close incidents and testing of High Impact Level Assessments and Patient Safety Incident Response Framework learning responses.

- Quality and Safety team working through a proposal regarding ownership of the green and yellow incidents, with wards closing the incidents, not the risk management team. **DS** asked about the benefit of the approach of the wards closing the incidents. **LR** stated that the wards will be able to update and be clear about the reviews and actions taken, rather than creating another step in the process and causing a delay, and the risk team can concentrate on the learning. The consistency of this across all wards will be raised with the new Risk Manager who is due to start in post next week.

- Children's Therapies – Special Schools are increasing their demand which will have an impact on the Childrens Therapy Services. A visit from Calderdale is expected, and notification received from Kirklees.

OUTCOME: The Committee noted the update.

193/23 - PROPOSAL FOR TRUST PATIENT SAFETY AND QUALITY BOARD (PSQB)

Lindsay Rudge reported that a review has taken place and it is felt that the PSQB, as it currently functions, is repetitious for divisional colleagues. The proposal is to take the PSQB out of the governance structure and place the quarterly reports which divisions previously submitted, back into the Quality Committee on a quarterly basis, with one division dedicated to reporting to the Quality Committee at a time. **JM** and **NBhu** will work with divisions to outline what the Quality Committee needs, and create a reporting cycle and programme for the three divisional meetings during the quarter, before they are reported to the Quality Committee.

DS stated that this is a good response to the recurring theme of duplication, which was put forward during the Quality Summit in October, and asked at what point it would be envisaged that the change will take place with the divisions reporting into the Quality Committee. **LR** responded that it is hoped that this is done during quarter 4, and the first reporting cycle starts in the new financial year.

LR stated that this will be included in a paper which formally describes the governance arrangements.

194/23 - SAFE SUSTAINABLE AND PRODUCTIVE STAFFING

Andrea Dauris was in attendance to present the new report into Quality Committee, circulated at appendix H, summarising the activity undertaken within the Safe, Sustainable and Productive Staffing Meeting (SSPSM) during May to September 2023.

The SSPSM was set up in response to the National Quality Board (NQB) standards of 2016. Activity is split between the SSPSM and the Nursing, Midwifery and AHP Workforce Steering Group. The SSPSM is focused on the qualitative, outcomes and impacts on patient experience. It was assured that the requirements of the NQB are being met to undertake and deliver safe, effective, caring, responsive and well led staffing levels. It was also noted that the Chief Nursing Officer for Safer Staffing is also briefing the CQC in terms of the framework on how safe staffing levels are achieved.

The report provides a response to a previous gap and provides assurance on how the NQB and the developing workforce safeguards expect the Trust to work. A dashboard has been developed which integrates a number of key pieces of information, and further work is required regarding the red flags, which is the escalation which takes place when there is a staffing

issue. The report details a number of closed red flags. The Committee was asked to note the retraction plan, and the volume of activity associated with agency workers, however, there is confidence that with the on-boarding of new graduates by the end of November, there should be a difference in the volume of activity.

In terms of the model hospital and benchmarking, **AN** asked whether this prompts any follow-up. **AD** reported that there is a wealth of information available from model hospital, and a recent piece of work has been done which identified that under 25s were a significant outlier in the number of leavers. The majority of the Band 5 vacancy positions are made up of internationally educated nurses and the graduate workforce, and if this group of people are identified as leavers, this is a line of enquiry which needs to be explored.

LR assured that triangulation is carried out with the quality and safety metrics and a trigger to carry out deep dives.

ES asked how links are made to Physician Associates who are consistently on the wards, and Pharmacists, who would not fit into the AHP bracket. **LR** stated that there are rules on how they are counted, and what is in or out of the scope for care hours per patient day (CHPPD). AHPs are a paraphyletic workforce which cover a number of areas, and is difficult to determine how many hours they contribute to. Pharmacy Technicians are included and from a CHPPD perspective, where others can be included, they will be, however, the correct decision is required in order to not create any unintended consequences.

AD asked about the frequency of the report coming into the Quality Committee going forward. **DS** stated that the report also goes to the Workforce Committee, and as long as this report focuses on patient experience, and safe and quality of care, there will not be a duplication of information which already goes into Workforce. It was agreed that the frequency will be a twice yearly report.

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

195/23 - MATERNITY AND NEONATAL OVERSIGHT REPORT

Gemma Puckett presented the above report, circulated at appendix I.

GP noted that health inequalities will be included in the report moving forward, and the work being done to make outcomes better for those who are impacted most.

AN commented on the encouraging staffing position, and asked if there was anything further which could be done in relation to areas on the maternity dashboard which are scoring red. **GP** stated that regarding breastfeeding, some targeted work and actions are being done rather than a general approach.

DS commented on the positive initiative of Dads Matter, which will signpost dads to support services; as well as the change in the Maternity Incentive Scheme reduction in the percentage for compliance, and whether this will impact the risk register. **GP** stated that the change is only for the submission in this period, and is likely to be 90% compliance moving forward. Once the workforce improves and the risk improves, the CNST risk will be different.

DS mentioned the next CQC visit and the key lines of enquiry now received, and asked whether the service is comfortable that there is sufficient information and evidence to respond. **GP** stated that the service submitted a significant amount of evidence in advance, which formed the questions from the Local Maternity and Neonatal System (LMNS) and it has been emphasised that this is a positive visit to look at the good work of the service, rather than an assessment.

LR also noted that colleagues from the service will be attending the Health Overview and Scrutiny Committee meeting this week to update on the Birth Centre.

Copies of the Avoiding Term Admissions in Neonatal Unit (ATAIN) report (July to September 2023) and Transitional Care Report (July to September 2023) were also available at appendices I2 and I3 respectively.

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

196/23 - REVIEW OF NEONATAL DEATHS

Dr Karin Schwarz was in attendance to present an update, circulated at appendix J, on the results of a cluster of neonatal deaths on the Neonatal Unit in November 2022.

In terms of escalation, transparency, and openness, **LR** noted that **KS** rapidly escalated these cases in order to commission and review. In order to close the loop, **LR** suggested that an external audit now takes place to review the review.

OUTCOME: **KS** was thanked for the update.

CARING

197/23 - PATIENT EXPERIENCE AND CARING GROUP REPORT

Lindsay Rudge presented the update on patient experience, as circulated at appendix K, including a report which went to the Calderdale Place Quality Committee on patient experience, and a presentation describing progress, a refresh of the approach to patient experience and the key areas of focus.

AN commented on the positive wording of the shared definition, and the central point of what matters most to the person and how that is implemented.

VP stated that it is important to also have patient engagement within patient experience, and that work will be underway soon for formal engagement with patient groups, including changes planned for Community Podiatry; the moving of some therapy services out of the CRH site, and public engagement regarding the Medical Examiner service.

DS commented on the capacity for this, as is mindful of the upcoming work in relation to Patient Safety Incident Response Framework (PSIRF). **LR** reported on this being the reason for strengthening the resource available within the Quality Directorate to support this agenda.

OUTCOME: **LR** was thanked for the update.

WELL LED

198/23 - CQC GROUP REPORT

This report was deferred to the next meeting.

RESPONSIVE

199/23 - INTEGRATED PERFORMANCE REPORT

A copy of the report, circulated at appendix M, was available for information.

ITEMS TO RECEIVE AND NOTE

200/23 - COMMITTEE ACTION PLAN UPDATE

An update of the Quality Committee action plan, circulated at appendix N, was available.

201/23 - CLINICAL OUTCOMES GROUP MINUTES

A copy of the above minutes from September 2023 were circulated at appendix O for information

202/23 - INTEGRATED CARE BOARD MINUTES

A copy of the minutes from the Kirklees ICB Committee from July 2023 were circulated at appendix P for information.

203/23 - ANY OTHER BUSINESS

There was no other business.

204/23 - BOARD TO WARD FEEDBACK

It was acknowledged that information was received on the length of stay and well organised ward.

205/23 - MATTERS FOR ESCALATION TO THE TRUST BOARD

- Assurance on length of stay and well organised ward **(item 187/23)**
- Updates on the progress of training for digital solutions **(item 189/23)**
- Update on Health and Safety **(item 190/23)**
- Update on nasogastric tube action plan **(item 191/23)**
- Proposal for Trust Patient Safety and Quality Board meeting **(item 193/23)**
- Update from Safe, Sustainable and Productive Staffing Meeting (SSPSM) **(item 194/23)**
- Review of Neonatal Deaths **(item 196/23)**
- Update on refresh of Patient Experience and Caring Group **(item 197/23)**

206/23 - QUALITY COMMITTEE ANNUAL WORK PLAN

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

POST MEETING REVIEW

207/23 - REVIEW OF MEETING

The meeting over-ran.

NEXT MEETING

Wednesday, 20 December 2023
2:30 – 5:00 pm
Microsoft Teams

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE: ENGAGEMENT CHAPTER

Held on Tuesday 23 August 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)
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Peter Bamber	(PB)	Governor
Rob Birkett	(RB)	Chief Digital Information Officer
Mark Bushby	(MB)	Workforce Business Intelligence Manager (for item 94/23)
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 93/23)
Rebecca Armitage	(BA)	OD Practitioner
Andrea McCourt	(AMc)	Company Secretary
Rachael Pierce	(RP)	Recruitment Manager (for item 91/23)
Jackie Robinson	(JR)	Assistant Director of Human Resources (for items 95/23 and 97/23)
Liam Whitehead	(LW)	Head of Apprenticeships & Widening Participation for item 92/23
Jan Mounkala	(JM)	Apprentice

86/23 **WELCOME AND INTRODUCTIONS**

The Chair welcomed members to the meeting.

87/23 **APOLOGIES FOR ABSENCE**

Rob Aitchison, Deputy Chief Executive
David Birkenhead, Medical Director
Jonny Hammond, Chief Operating Officer
Vicky Pickles, Director of Corporate Affairs
Lindsay Rudge, Chief Nurse
Helen Senior, Staff Side Chair

88/23 **DECLARATION OF INTERESTS**

There were no declarations of interest.

89/23 **MINUTES OF MEETING HELD ON 20 JUNE 2023**

It was clarified that on page 7, under the item Developing Workforce Safeguards, 'NB' is Neeraj Bhasin.

The minutes of the Workforce Committee held on 20 June 2023 were approved as a correct record.

90/23 **ACTION LOG – AUGUST 2023**

The action log was received.

91/23 **REVIEW PROGRESS ON RECRUITMENT STRATEGY**

RP presented an update on progress against the strategy. The following was highlighted:-

Attraction and recruitment
- Recruitment event calendar agreed with key partners.
- 4 Trustwide recruitment events arranged for 2023/4
- Employability SOP drafted.

Developing our workforce
- Creation of "Positive Futures" workshops and piloted delivery to local students on Health related pathways.
- Offer has been extended to internal CHFT colleagues Application video created with interview video planned in September 23.

Widening participation
- Expansion of international recruitment to more staff groups including Radiographers.
- Stay and Thrive event held at University of Huddersfield.

Why we are CHuFT about CHFT
- Colleague benefits are promoted at marketplace event during induction and welcome to CHFT

KH enquired about expanding international recruitment to more staff groups. RP confirmed two occupational therapists have already commenced. Two midwives commenced in July and a further three are to start in September. A radiographer is to start in September with more radiographers in the pipeline.

JE suggested future updates should include outputs and outcomes in order to strengthen activity information and how that activity has improved the recruitment position.

KH asked if there was any data around the take up of colleague benefits. JE confirmed some data is available and discussions are currently taking place regarding customer service KPIs particularly in relation to some of the salary sacrifice schemes. KH agreed it would be useful to see what the benefits package captures and take up.

OUTCOME: The Committee **NOTED** the progress against the Recruitment Strategy.

92/23 **REVIEW PROGRESS ON APPRENTICESHIP STRATEGY**

LW and JT presented progress against the strategy. The headlines were:-

- Employer Provider continued strong performance (achievement & low attrition, income generation).
- Focus on learner experience and OCOC.
- Curriculum development and audit readiness.
- Apprenticeship Levy spend development linking to wider workforce strategy & OD
- Created Apprenticeship levy dashboard – Trends and mobility
- Trends include increased uptake of L5+ apprenticeships (make up 49.6 % of all CHFT Apprenticeships).
- Increased Apprenticeship Levy spend by 8% on 22/23 (72% overall).
- Further embedded Widening Employment pathways (30% enter HCSW pathways)
- Created additional WP pathways (T levels) and income generation (NHS England)
- EDI measurable impact
- Maths & English offer
- Team structure and development (grow our own, OCOC, integration with Widening Participation, OD, Engagement, Health and Wellbeing)

JM introduced herself as an apprentice at the Trust. She described her journey into CHFT which commenced via a placement through the Prince's Trust. JM explained she was initially anxious but soon felt very supported and was really happy during the process. She overcame her anxiety and her confidence has boosted. JM has been at CHFT for 6 months and was awarded Apprentice of the Month in June. She is yet to decide which career path to follow as there are so many apprenticeship opportunities at the Trust.

KH thanked JM for telling her story and wished her all the very best in her future career.

DS thanked Liam for a positive report. In terms of the stable attrition rates she asked if data is captured as a tool to ensure people stay in the programme. LM responded that the early preparation in supporting people is key and confirmed apprentice feedback is sought throughout the journey and used to develop the programmes. DS noted the significant difference in take up between the 2 colleges. LW responded that people's choice of programme is a factor. JE commented that in order to better understand the learner's perspective, the Education Committee is looking to expand its membership to a learner colleague. It was noted the July 2021 OFSTED assessment was rated as Good (Outstanding in the area of leadership, management and learner support). OFSTED assessment visits are usually between 3-5 years. Evidence across the 4 main areas of assessment is being collated in readiness of the next visit. KH stated it is a positive story and asked if the 302 apprentices are supernumerary. Approximately two thirds of apprentices are employed by the Trust.

OUTCOME: The Committee **NOTED** the progress against the Apprenticeship Strategy.

93/23 **DEVELOPMENT FOR ALL**

NH and RA presented the key headlines:-

- Level 5 Management & Level 7 Strategic Leadership Programmes; Huddersfield Business School
- Level 3 & Level 5 Aspiring Leaders Programme – Calderdale College
- Management Fundamentals & New to Manager Network; Process, Systems, Me as A Manager
- CHFT Operational Leadership Management Programme & Leadership Framework & Conferences
- NHS Leadership Academy – Online curriculum; leadership masterclasses, compassionate leadership etc
- PLACE based development programmes (WYAAT, ICS – BAME Fellowship Programme, Executive Director Pathways, WYAAT Senior Leadership programmes etc
- Executive Leadership CHFT Conferences
- EDI Education Suite
- Bespoke OD Interventions
- EMPOWER / WTGR / TED Team leader / OCOC Charters / 3 Rs workshops, Connect & Learn, Hot Houses
- Personal Development – Care Club Experiential Learning, Targeted employability interventions, Engagement ambassadors
- Wellbeing development opportunities (Ambassadors, Schwartz round facilitators, mental health)

NB was impressed by the range of development opportunities available. He asked about the prime purpose of the Management Fundamentals tool. LW explained the programme centralises resources. It is an intuitive tool and by monitoring usage of each section further learning programmes can be developed in response to popularity of topics. KH commented on the suite of activity adding that Management Fundamentals consolidates learning and resources that will support a consistent management approach.

OUTCOME: The Committee **NOTED** the extensive development programme.

94/23 **WORKFORCE REPORT (July 2023 data)**

MB presented the workforce report explaining this is the first iteration of the new style report. The report aligns to the 6 chapters of the People Strategy. Direct links between metrics and chapters of the People Strategy are highlighted in the report.

Headline summary:

- Staff in post figures for headcount and FTE have seen increases by 5 and 76.85 respectively. This in part will be due to the 38.81 FTE starters in July 2023, and changes to working hours during the month.
- Overall budgeted establishment dropped slightly by 3.99 FTE, this in conjunction with the FTE increases to actuals has seen vacancies drop to 405.32 FTE (6.69%).
- Substantive recruitment has not progressed at the rate predicted during the planning rounds earlier in the year; while FTE does continue to increase the Trust is ~197 FTE away from the planned substantive workforce level. This has in turn lead to a slower than anticipated reduction to bank staffing and an upturn in agency staffing.
- Turnover remains low at 7.62%, reducing from a peak of over 9% in August 22 to sub 8% in July 23.
- Appraisal compliance increased by 7.4% from 26.0% in June 23 to 33.4% in July 2023. This is above the planned trajectory of 20%.
- Core EST for All shows strong performance across the board with the Trust achieving an overall rating of over 95%. All modules show improving positions with Data Security Awareness continuing to achieve the national 95% target, and Fire now above the 90% threshold.
- Role Specific EST also shows continued improvement moving from 86% to 87% overall compliance. 15 of the 36 Role Specific Essential Safety Training modules are achieving the Trust target of 90%, an increase of 4 from the previous month. 11 modules are achieving less than 85% compliance, a decrease of 4 from the previous month.
- In month sickness increased in July 2023 due to an increase in both the short-term sickness rate of 0.24% and long-term by 0.13%.
- The top 3 reasons for absence in July 23 are Anxiety/Stress & Depression (35%), Musculoskeletal problems (10.2%) and Cold/Cough/Flu (9.5%).
- Estates and Ancillary staff group is an outlier with 13.28% sickness. E&A is a small group containing only 64 colleagues, 21 of which reported absence in July 2023; top reasons for absence mirror that of other staff groups (Anxiety/Stress/Depression, MSK, Cold/Cough/Flu). The number of absence occurrences increased from 10 in June to 24 in July 2023.
- Bank spend increased by £0.25M in July 2023. However this is normal monthly variation.
- Agency spend dropped by £0.12M to £0.95M. This is £0.11 below the agency ceiling set at £1.06M. There had been an increasing trend in monthly Agency spend from May 2022 with a peak in March 2023. This has since fallen due to the Trust moving away from high-cost agency use.

- The Trust has returned to pre pandemic levels in terms of apprenticeship starts (Employer Provider) and increased apprenticeship take up Trust wide. The Trust has over 304 Apprentices in total with a strong growth in those accessing Level 5+ apprenticeships (49.6%).
- 84% of widening participation candidates who progressed into CHFT apprenticeships live in the highest deprivation IMD deciles (1-3).

KH commented on the increase in sickness absence. JE responded the data describes a trend of the last three years. The forward position anticipates maximum intervention to tackle sickness absence. NB enquired if some benchmarking could be shown in the data. MB confirmed this is currently being looked at and is very possible for sickness and turnover. In

terms of Freedom to Speak Up themes, PB questioned if more information could be given. JE responded the slide can be developed and reminded members the annual Freedom to Speak up report routinely shared with the Committee provides greater detail.

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

95/23 **QUARTERLY VACANCY DATA (APRIL TO JUNE 2023)**

JR presented a comprehensive report. The planned vacancy position using the year end estimated budget figure and in month planned actuals was 349.62 FTE (5.76%) in June 2023 and is currently 479.93 FTE (7.91%). Medicine and FSS have the majority of vacancies which is consistent with previous quarters. The Trust turnover has decreased from 8.91% in June 2022 to 7.66% at the end of June 2023 (excludes Trainee Doctor rotations and employee transfers).

ES provided an example of a specialty where other professional roles can support gaps. JR will facilitate the conversation to progress this. KH thanked JR for the very detailed report. KH commented on the decrease in turnover and asked if this was a concern. SD confirmed the People Heat Map shows in some areas an association between very low turnover and low people metric scores. 10% turnover is seen as a healthy base.

JE confirmed future vacancy reports will include a headline summary page.

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

96/23 **INDEX OF MULTIPLE DEPRIVATION**

MB presented information reviewed as part of regular Workforce Monitoring meetings detailing the Trust breakdown by Indices of Multiple Deprivation deciles for both BAME and white colleagues.

- The majority of BAME colleagues within the Trust live in IMD deciles 1-4 (higher deprivation areas), compared to white colleagues who are more evenly spread across IMD deciles 2-8.
- 51% of BAME colleagues live in deciles 1-3 (highest areas of deprivation), compared to 25.6% of white colleagues.
- 14.1% of BAME colleagues live in deciles 8-10 (lowest areas of deprivation), compared to 26.1% of white colleagues.
- Long and short term absence rates reduce as deprivation level decreases.

SD highlighted the importance of this data in that it determines where to target interventions. JE confirmed the Inclusion Group as part of its priorities will undertake deeper analysis. He added the data also feeds discussions led by the Health Inequalities Group.

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

97/23 **NHS LONG TERM WORKFORCE PLAN**

JR presented the NHS Long Term Workforce Plan published in June 2023. The Plan sets out how the NHS will address existing and future workforce challenges by recruiting and retaining significant numbers of healthcare professionals and working in new ways to improve the colleague experience and ultimately patient care. The report summarises key points from the plan and provides an analysis of national, regional and Trust activity against the plan. The NHS Long Term Workforce Plan has a 15-year life cycle and focuses on 3 key areas – train, retain and reform. The Plan aims to increase the number of training places for doctors and nurses to increase the substantive workforce by 2031/2032.

JE stated this is an early assessment of how the Trust will map across the NHS Workforce Plan. Development work by NHS England will be tracked and responded to. Joint working will be required to deliver the organisational aspects of the plan. KH asked if any funding has been identified. It is not clear at this point if ICB funding will filter down. KH queried if review milestones have been factored in. An implementation plan is expected however there are clear delivery points that extend to 2030/2031 in terms of additional medical and nurse training places. Discussion took place regarding the plans to increase the workforce giving consideration to current recruitment challenges.

OUTCOME: The Committee **NOTED** the NHS Long Term Workforce Plan.

98/23 **GENDER PAY GAP**

MB presented a paper that outlined Trust data on the gender pay gap for March 2023 that will be submitted in March 2024. The Trust is required to publish data through the Government online reporting service, and on its own website. As at 31 March 2023, 80.9% of the Trust's workforce were female and 19.1% of the Trust's workforce were male. Due to the Trust employing fewer men overall, the number of male consultants as a proportion of the overall male workforce means that the male consultant workforce will significantly contribute to the pay gap for CHFT. The Bonus pay gap is also driven by the higher proportion of males in receipt of Clinical Excellence Awards (CEAs) as well as the fact they are traditionally in receipt of the higher level CEAs.

NB noted the action plan has focus on addressing CEAs and asked how big an impact CEAs have on actual pay gap. MB responded that medical and dental is a considerable disparity factor adding that the high proportion of males receiving CEAs significantly effects the pay gap. NB commented on the benchmarking information in that one other trust's median data differs hugely. MB stated it absolutely depends on what that middle point value is. He placed emphasis on more females in receipt of CEAs will reduce the median and increase the mean average. NH referenced the specific action to develop a new inclusive CEA process.

OUTCOME: The Committee:

a) **REVIEWED** and **DISCUSSED** the content of the proposed action plan
b) **NOTED** an ethnicity and disability pay gap analysis is being designed
c) **APPROVED** the ongoing monitoring of the relevant actions through the Women's Voices staff network

99/23 **WRES PUBLICATION**

MB presented the data. Areas of improvement have been made in:-

- Overall BME workforce, 23.3% of the Trust representation is BAME an increase of 3% from 2022
- Slight improvement when it comes to shortlisting where all applicants have equal opportunity to be appointed from shortlisting

The Committee noted there is more work to do and areas of focus for 2022/23 will be:-

- Career progression
- Understand why a higher % of BAME colleagues enter into a formal disciplinary process
- Bullying/harassment and discrimination campaign for both patients/service users and colleagues
- Board representation where all members of the Trust Executive Board are white

NH presented the action plan describing the focus on both the NHS and the EDI long term plans. Activities will be overseen by the Inclusion Group. The Committee noted a clear focus on career progression, bullying and harassment and talent pathways.

KH was pleased to see the increase in BAME colleagues joining the Trust. She did express concern in the increase of colleagues experiencing bullying from other colleagues and welcomed actions to tackle this. DS added that whilst it is great to see the percentage increase of posts being offered to individuals from BAME communities she fully endorsed the action to support career progression.

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

100/23 **WDES PUBLICATION**

MB presented the data. Areas of improvement have been made in the following areas:-

- Self declaration rates, overall 5.2% of colleagues within the Trust have a disability, an increase of 0.7% from the previous year
- Disabled applicants have a slightly higher chance of appointment from shortlisting
- Although there continues to be a gap when it comes to shortlisting (9.3%) the position has improved from 2022 (9.7%)
- There has been a decrease in disabled colleagues feeling pressured to come into work even while unwell from 25.1% to 21.5%
- Results of the latest staff survey show disabled colleagues have an improving engagement score of 6.5% an improvement of 0.2%
- Although bullying and harassment from public and staff data significantly differ compared to non disabled colleagues we have seen an improving position

The report highlighted there is progress that needs to be made:-

- Continue efforts to promote self declaration
- Continue efforts to support a bullying/harassment campaign for public and colleagues
- Regarding disabled colleagues feeling the Trust values their work, the data highlights this is an improvement but the divide between disabled and non disabled colleagues have widened from 10% to 11.5% in 2023

NH described focus has been centred on career pipelines, education, career pathways, disability passport and Board representation. She presented the action plan which has been developed to align to NHS England best practice guidance and the five year ED&I plan. Progress will be overseen by the Inclusion Group.

KH thanked MB and NH for the detailed reports.

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

101/23 **BAF DEEP DIVE 1/22**
COLLEAGUE ENGAGEMENT AND WELLBEING

SD presented the report to provide assurance in terms of risk and mitigation. The Committee noted risk 12/19 Colleague Engagement is now merged with risk 1/22 Colleague Wellbeing. The report set out activities that seek to properly engage colleagues, our development opportunities and health and wellbeing support offer. In addition to the report the Committee noted that an Executive sponsor is designated to each staff survey hot spot area. RB and AM as the Executive Sponsors for Community commented they had worked together with the Head of Therapies to develop a clear plan that engages colleagues.

The risk score was reviewed and remains the same.

OUTCOME: The Committee **NOTED** the BAF Deep Dive.

102/23 **EDUCATION COMMITTEE UPDATE**

The notes of the Education Committee had been circulated with papers. Following an external review of the Committee, a half day workshop is taking place on 29 September that will revisit the Committee's purpose, priorities and objectives. It is likely the meetings will move from bi-monthly to monthly. Notes of meetings will be shared with the Workforce Committee

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

103/24 **INCLUSION GROUP UPDATE**

The notes of the Inclusion Group had been circulated with papers. The Group's meeting on 24 August is dedicated to ensure its plan on a page is properly focused, in particular against the NHS EDI Improvement Plan. Notes of the meetings will be shared with the Workforce Committee.

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

104/23 **WORKFORCE COMMITTEE ACTION PLAN**

The Committee will maintain focus on core membership and attendance. It will keep to its workplan and ensure challenge is given to items discussed at Committee meetings.

OUTCOME: The Committee **NOTED** the action plan.

105/23 **WORKFORCE COMMITTEE WORKPLAN**

JE confirmed the workplan will be revised so that the WDES, WRES and Gender Pay Gap data/information for publication is received by the Committee for approval in late April/May followed by a 6 month progress update.

The Committee noted that work is underway to design an ethnicity and disability pay gap analysis. It is anticipated these will be a statutory requirement at some point.

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

106/23 **ONE CULTURE OF CARE – MEETING REVIEW**

No comments were made.

107/23 **ANY OTHER BUSINESS**

No other business was discussed.

108/23 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

KH will present the highlight report to the Board capturing:-
Continuing success of apprenticeships
Development for All suite of offerings
New format of workforce report
Some concerns in vacancy data
NHS Long Term Plan
WRES and WDES
Colleague Engagement BAF

Pivotal role of Inclusion Group.

109/23 **DATE AND TIME OF NEXT MEETING:**

Workforce Committee Hot House:
19 September 2023, 2.00pm – 4.00pm
Theme: One Culture of Care

Workforce Committee:
17 October 2023, 2.00pm – 4.30pm
Chapter: Workforce Design

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE: ENGAGEMENT CHAPTER

Held on Tuesday 17 October 2023, 2.00pm – 4.30pm
VIA TEAMS

PRESENT:

David Birkenhead	(DB)	Medical Director
Nigel Broadbent	(NB)	Non-Executive Director
Suzanne Dunkley	(SD)	Director of Workforce and OD
Karen Heaton	(KH)	Non-Executive Director (Chair)
Vicky Pickles	(VP)	Director of Corporate Affairs
Lindsay Rudge	(LR)	Chief Nurse

IN ATTENDANCE:

Jason Busby	(JB)	General Manager, Emergency Medicine (for item 116/23)
Mark Bushby	(MB)	Workforce Business Intelligence Manager (for item 121/23)
Arley Byrne	(AB)	Senior Clinical Educator for AHPs/Shadow Board
Jenny Clark	(JC)	Head of Therapies
Laura Douglas	(LD)	Deputy Head of Midwifery/Shadow Board
Natalka Drapan	(ND)	General Manager, Eye Care Services (for item 117/23)
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Terry Gamble	(TG)	Staff Side Chair
Nikki Hosty	(NH)	Assistant Director of HR (for items 118/23 and 119/23)
Ansah Jamil	(AJ)	District Nurse, Beechwood/Shadow Board
Kam Khera	(KK)	Surgical Operations Manager/Shadow Board
Mohammad Maqsoob	(MM)	Finance Manager/Shadow Board
Adam Matthews	(AM)	Workforce and OD Business Manager (for item 115/23)
Lis Street	(LS)	Clinical Director, Pharmacy

110/23 **WELCOME AND INTRODUCTIONS**

The Chair welcomed members to the meeting. Arley Byrne, Laura Douglas, Ansah Jamil, Kam Khera and Mohammad Maqsoob were in attendance from the Shadow Board to observe.

111/23 **APOLOGIES FOR ABSENCE**

Jonny Hammond, Chief Operating Officer
Denise Sterling, Non-Executive Director

112/23 **DECLARATION OF INTERESTS**

There were no declarations of interest.

113/23 **MINUTES OF MEETING HELD ON 23 AUGUST 2023**

The minutes of the Workforce Committee held on 23 August 2023 were approved as a correct record.

114/23 **ACTION LOG – OCTOBER 2023**

The action log was received.

115/23 **PEOPLE STRATEGY/WORKFORCE DESIGN**

AM presented an overview of Workforce Design, a tool that provides a framework for teams to work together to consider all aspects of workforce design when considering service change. It focuses on five key impact areas – colleagues, patient safety and quality of care, digital, system and partners and finance. The tool aligns to the 'reform' element of the NHS long term plan published in June 2023.

OUTCOME: The Committee **NOTED** the Workforce Design model.

116/23 **EMERGENCY DEPARTMENT (ED) RECONFIGURATION**

JB began with providing the historical picture of ED. The Committee noted that many elements of the department had not changed for 17 years. The service was failing to meet Royal College of Emergency Medicine standards and was reliant of up to 75% locum cover at premium rates. He explained the steps adopted to create change which included the development of a one culture of care charter and a mission statement. The department underwent transformation resulting in career progression, senior medical rotas, consultant rostered into weekends.

The Committee noted the massive change that consultants are now rostered at weekend and SD asked how this was achieved. JB stated the rich data available in conjunction with feedback and patient stories were the key drivers. The weekend rosters went live on 9 September 2023 without challenge. KH said this is a great example of people working together and congratulated colleagues.

More generally, NB commented on how we could inspire other areas across the Trust to have the same positive mindset to change. JB explained listening to individuals, identifying issues and recognising the need for teamwork influenced buy-in from everyone in the ED team. JB acknowledged LS comment that pharmacy prescriber roles within ED would add value.

OUTCOME: The Committee **NOTED** the ED reconfiguration results.

117/23 **OPHTHALMOLOGY COLLABORATIVE WORKING**

ND presented a detailed overview of the extensive activity that redesigned services across Ophthalmology. She described how results were achieved by listening to both staff and patients, reviewing national guidance and performance against KPIs. Different ways of working and funding to support training were explored, scoping of trials to increase capacity together with collaboration across WYAAT and ICB transformed the service. The Committee noted:-

- Increased capacity
- Improved staff morale
- Improved staff retention and career progression
- Staff feel empowered, valued and celebrated
- Improved care for patients

SD recognised the hard work in both Ophthalmology and ED noting particularly that the stories link to the patient and embed one culture of care and suggested this would make a great case study. LR added this is a great retention story in terms of expanding roles, different career opportunities and a blended workforce. KH commented on the hard focus required in getting change through and congratulated colleagues on their success.

OUTCOME: The Committee **NOTED** the Ophthalmology service transformation.

118/23 **NHS EQUALITY, DIVERSITY AND INCLUSION IMPROVEMENT PLAN**

NH shared the national EDI Improvement Plan and progress made against the six high impact action plans to date. NHS England will provide guidance to assist provider trusts and ICBs in adopting an improvement approach to the implementation of the plan and will establish a good practice repository. The EDI improvement plan supports the progression of CHFT's Inclusion Agenda, People Strategy and our EDI Strategy launched in 2019. NH gave an overview of our local actions developed to deliver against the six high impact actions.

VP commented that the NHS England plan plus the EDS22 and the PSED report will need a collaborative approach so each describes the same story. NH gave assurance of a linked response by providing examples of the planned activity. NH will connect with VP over the next few months to discuss further. JE stated the majority of objectives have a delivery date of 31 March 2024 confirming the Inclusion Group is focussed to make progress in delivery of actions. He acknowledged a lot of excellent work is already happening particularly in relation to workforce. KH does not feel the timescales are realistic and highlighted the challenges of a single national plan. KH referred back to the extensive ED&I data that was discussed at the May 2023 Committee meeting. JE agreed we need to continually test the data in order to demonstrate progress. KH noted the plan describes appraisal objectives for Boards and highlighted that all leaders and managers have accountability.

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

119/23 **WORKFORCE RACE EQUALITY STANDARD AND WORKFORCE DISABILITY EQUALITY STANDARD ACTION PLANS 2023-2024**

NH reminded colleagues the action plans had been shared at the August 2023 Workforce Committee meeting. The action plans have been further developed following consultation with the equality network groups. The standards support the progression of CHFT's Inclusion Agenda. Both reports were shared and discussed with the BAME steering group and Colleague Disability Action Group. The data was discussed and initiatives to address the areas of focus were suggested and documented on the action plan. Both groups agreed the content on the action plans will improve the colleague experience for these under-represented groups.

OUTCOME: The Committee **APPROVED** the action plans for publication on the Trust's website on 31 October 2023.

120/23 **BAF DEEP DIVE 10B/19**
NURSE STAFFING

LR presented the BAF Nurse Staffing deep dive and provided the Committee with a level of assurance in terms of risk and mitigation. The following key points were noted:-

- The current reality of staffing shortages and availability.
- Despite relevant controls and assurances, the reality remains that nurse staffing continues to present a challenge.
- A high proportion of new graduate nurses, combined with an ambitious recruitment programme aimed at internationally educated nurses, requires a focus upon responding to the learning needs of this junior workforce.

The risk rating has been reviewed and remains the same.

JE commented on the excellent work in recruiting nurses. He asked what the intention is regarding domestic and international colleagues. LR confirmed there has been further work around growing and being a good global partner. Stay and thrive is at the core and the new nursing strategy will include a whole section on how we develop, retain and talent manage colleagues through their journey. LR added we have good evidence of colleagues from

previous international recruitment progressing into senior posts and examples of grow your own from apprentice level into healthcare support workers roles transitioning into higher bands and further onward progression. She recognised the importance of managing all our colleagues in a cohort of a really diverse workforce.

KH acknowledged the assurance and noted the score remains following the deep dive. NB echoed the positive work to address gaps in control. He noted the score had reduced prior to the deep dive.

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

121/23 **QUALITY AND PERFORMANCE REPORT (WORKFORCE) AUGUST 2023 DATA**

MB presented the highlights:-

- Staff in post figures for headcount and FTE have increased by 31 and 18.99 FTE respectively
- Overall budgeted establishment dropped slightly by 10.79 FTE
- Substantive recruitment has not progressed at the rate predicted during the planning rounds earlier in the year
- Turnover remains stable at 7.66%
- Appraisal compliance figure at September is 52% which is significantly better than the same point in 2022
- Core EST shows strong performance with an overall rating of 93.86%
- In month sickness decreased in both long and short-term absence.
- Top 3 reasons for absence are anxiety/stress and depression, musculoskeletal problems and gastro
- Bank spend decreased by £0.16m
- Agency spend dropped by £0.08m
- 294 apprentices in the Trust

KH commented the tables are really good and asked if other targets can be populated in future reports. KH expressed concern regarding HPS low scores in appraisal and staff survey. VP agreed in relation to appraisal data which is being addressed via HPS Board. However she feels HPS is a very different environment to NHS and suggests in terms of NHS staff survey that HPS is benchmarked against HPS historic survey results. SD concurred HPS is a long-standing area of concern that has had various levels of support over the years. SD referred to the need for change as described in the earlier ED and Ophthalmology presentations and suggested intense actions are implemented.

NB noted the low MUST training compliance and LR responded the cleansing and revalidation of role specific training is impacting on the number of colleagues being added and/or deleted to training requirements. There has been an increase in colleagues added to the MUST training which is reflecting lower compliance.

NB noted Harrogate is an outlier on turnover but have the lowest sickness absence. SD responded that she has been liaising directly with Harrogate to understand their position. It seems this is a historical picture however SD will continue to seek out trusts who have both good performance and lower absence.

MM commented on the variation in sickness absence across the Divisions. MB responded clinical divisions notably have higher level of sickness absence. SD agreed adding that sickness levels do fluctuate and suggested the absence by staff group data offers a different perspective. LR advised a number of divisions have health and wellbeing groups giving FSS as a good example of innovative work to support the workforce. FSS has an established Wellbeing Board.

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

122/23 **INCLUSION GROUP NOTES**

The notes of the Inclusion Group had been circulated with papers for information.

123/23 **WORKFORCE COMMITTEE WORKPLAN**

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

124/23 **ONE CULTURE OF CARE – MEETING REVIEW**

SD had definitely seen one culture of care embedded in all the transformation improvement work and the work of the nursing recruitment team.

125/23 **ANY OTHER BUSINESS**

No other business was discussed.

126/23 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

KH will present the highlight report to the Board.

127/23 **DATE AND TIME OF NEXT MEETING:**

Workforce Committee Hot House:
24 November 2023, 10.30am – 12.30pm
Theme: Workforce Design

Workforce Committee:
18 December 2023, 2.00pm – 4.30pm
Chapter: Health and Wellbeing

Calderdale and Huddersfield NHS Foundation Trust

Draft minutes of the Audit and Risk Committee Meeting held on Tuesday 24 October 2023, at 10am via Microsoft Teams

PRESENT

Nigel Broadbent (NB)	Chair, Non-Executive Director
Denise Sterling (DS)	Non-Executive Director

IN ATTENDANCE

Andrea McCourt (AM)	Company Secretary
Helen Hirst (HH)	Chair *(Observer)*
Gary Boothby (GB)	Director of Finance
Kirsty Archer (KA)	Deputy Director of Finance
Shaun Fleming (SF)	Local Counter Fraud Specialist
Rob Birkett (RB)	Chief Digital and Information Officer
Victoria Pickles (VP)	Director of Corporate Affairs **(joined for item 68/23)**
Leanne Sobratee (LS)	Internal Audit Manager, Audit Yorkshire
Amber Fox	Corporate Governance Manager *(minutes)*
Sarah Rothery	General Manager, Resilience, Acute Flow and Transformation **(for item 67/23)**
Sree Tumula	Associate Medical Director
Matt Moore	Senior Manager, KPMG
Chris Boyne	Deputy Head, Audit Yorkshire
Tony Wilkinson	Public Governor *(Deputy), Observer*
Isaac Dziya	Public Governor, *Observer*

61/23 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the Audit and Risk Committee.

62/23 APOLOGIES FOR ABSENCE

Apologies were received from Liam Stout, staff governor, Peter Wilkinson, Non-Executive Director and Ric Lee from KPMG.

63/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

64/23 MINUTES OF THE EXTRA-ORDINARY MEETING HELD ON 25 JULY 2023

The minutes of the meeting held on 25 July 2023 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 25 July 2023.

65/23 MATTERS ARISING AND ACTION LOG

The action log was reviewed and updated accordingly. There were no other matters arising.

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

66/23 DEEP DIVES

ASSURANCE ON LIMITED ASSURANCE REPORT ON LOCSSIPS AND NATSSIPS

Sree Tumula, Associate Medical Director provided the following updates following the limited assurance report on the LocSSIPS and NatSSIPS recommendations (invasive procedures), ref CH/23/2023.

- New policy for NatSSIPS /LocSSIPS is well underway with deadline of 31 October 2023; however, likely to be mid-late November once approved and added to the intranet.
- LocSSIPS checklist completed and circulated to divisions, also to be added to the intranet once approved.
- Induction and training to ensure staff are aware of their responsibilities for NatSIPPS and LocSIPPS is now included in the Junior Doctors induction programme and there is a requirement to link with the nursing workforce.
- Completion of LocSSIPS checklist is in progress with a target end of March 2024 to ensure consistent completion.
- NatSIPP/LocSIPP compliance monitoring is a major priority recommendation and added to the annual clinical audit programme and will be reported to Trust Patient Safety Quality Board (PSQB) bi-annually.
- A few of the actions are completed, some are well underway and some to be completed by the end of the financial year.

The Internal Audit Manager confirmed she met with the Associate Medical Director a few weeks ago and now included a re-audit of this area in Q4. The Committee will see progress and compliance on this in April 2024. NB asked if the audit will be twice a year and when the next one will take place. Sree confirmed this is pencilled in for February 2024 over a four-week period. A rolling audit is pencilled in for Q2 and Q4 each year going forward.

DS stated she was pleased to see the action taken so far and will receive assurance via the Quality Committee.

NB asked if there was any wider learning from this internal audit that can be applied elsewhere and the Associate Medical Director advised that there is focus on learning following Never Events, a few of which had occurred during the last few months. These were reported through Quality Committee to the Board and related to naso-gastric (NG) tubes; the limited assurance reports were included in the papers.

CLINICAL AUDIT PROCESS (INCLUDING SELECTION AND GOVERNANCE)
The Associate Medical Director explained she has taken over the portfolio of clinical audit and a significant amount of work has taken place through the Clinical Effectiveness and Audit Group to make improvements to the process. The key points to note were:

- Prioritisation process - national audits are the first priority, regional projects and NICE guidance are a second tier and then local audits as a result of concern regarding practice.
- Clinical Governance Facilitator (Medicine) is now in post with an aim to get back on track.
- Quarterly meetings take place with the clinical governance lead and the Clinical Effectiveness and Audit Group meet on a monthly basis.
- Database is now live on Knowledge Portal.
- Number of audit projects that have been carried over or not completed was highlighted and meetings with audit leads has taken place and it was agreed the audits from 2021 still being carried over are discarded or looked at as a matter of priority if still relevant.
- New process in place to include project proposals with strict timeframes when the audit will be completed.

- National audits are doing well with the exception of the national bowel audit and a meeting with the Clinical Director for Gastroenterology is scheduled to understand how this data is collected from a new database and what measures need to be put in place to manage resource issues.
- A significant amount of work has taken place on the epilepsy audit which is now on track.

DS asked if there are sufficient audit leads in place to support the programme. The Associate Medical Director confirmed the leads are in place; however, there has been an issue recruiting to the clinical governance team leads which has had an impact; however, the Trust are in a better place than previously with the gaps.

DS asked for an update on audit outcomes and what progress has been made with cross cutting themes, sharing and disseminating across Divisions. The Associate Medical Director explained by the time the national audits are presented it is 1 year or 18 months old and some recommendations made have already been put into practice. The focus then shifts with changes in national guidance. Local audits have clear turnaround times which are not as great as national audits and clinical governance facilitators create a concise report to confirm the recommendations and actions. The Associate Medical Director confirmed one area that could improve is the re-audit loop and that the Audit Policy suggests the Trust needs to audit the clinical audit programme. These two actions will be handed over to the colleague taking over the clinical audit portfolio.

NB commented a quarter of audits were not completed last year due to staffing and asked if enough staff are now in place to complete the programme for the current year. The Associate Medical Director provided assurance that there will be enough staff to complete the programme reliant on there being some cleansing to remove projects no longer relevant with a renewed focus and strict timelines. She highlighted the turnover of junior doctors who are only on placement for four months.

NB asked how the Trust determine priorities after the national and local must do's. The Associate Medical Director confirmed this is based on a discussion with the clinical audit leads who are subject matter experts.

Tony Wilkinson asked if the audit system was not performing particularly well and giving the assurance that was needed. The Associate Medical Director responded that there are aspects of the programme performing well on more than 60 national audits. She explained there are only four audits with concern and remedial measures are in place.

OUTCOME: The Committee **NOTED** the deep dives into LocSSIPS and NatSSiPS and the Clinical Audit Process.

67/23 FIRE SAFETY ANNUAL REPORT

Sarah Rothery presented the Annual Fire Safety Report for 2022-23 which detailed work conducted by the Fire Safety team in collaboration with other members and teams within the organisation for the period 1st April 2022 to 31 March 2023. The key points to note were:

- Good progress over 12 months on actions set out in the Fire Strategy.
- Capital funding of £250k allocated for fire across the Trust, spent on the development of plans, a feasibility study for smoke extraction, replacement fire doors, compartmentation works at HRI.
- Fire team have provided expert advice into several large projects such as the refurbishment of the MRI area at CRH, The Rainbow Community Children's Hub

at Elland and refurbishments on ICU at HRI, the reconfiguration for the new ED at HRI and the car park.
- During 2022-23 there were 31 fire alarm activations at HRI and 25 at CRH, some were false alarms, there were no major fires during the reporting period.
- Mandatory fire safety training target was achieved at 90.39%.
- 500 fire wardens were trained during the year, ending the year with 1,518.
- Fire team supported evacuation training and wards can request additional training.
- Fire Safety Response Committee has changed to the Resilience and Safety Response Committee from April 2023.

The Director of Finance highlighted page two of the report suggested fire has not been allocated any funding during 2023/24 which is misleading. The Director of Finance confirmed there has been significant spend on fire in the 2023/24 Programme, including:

- £400k allocated to spend before year end for fire related projects.
- £3.2m on refurbishment of wards 15 and 18 which included new fire doors and compartmentation.
- £500k on a new sprinkler system.
- £250k on ICU including fire doors and fire compartmentation.
- £15k installing new fire doors.
- £12k on fire advice and support re community buildings.
- £30k on compartmentation surveys.
- £55k on upgrades to lifts including fire.

The Director of Finance confirmed the spend profile is the same as agreed by fire services and is on track. However, one area in relation to smoke is not on track and there has been a potential £350k bill for some work on smoke filters and alarms in the HRI block; however, on advice from the Trust Fire Officer confirmed this recommendation has not been actioned as this block is not part of the future HRI estate plan. Overall, the Director of Finance confirmed the Trust is in a good place with investment in fire safety projects and noted the £400k had only recently been approved.

Sarah Rothery agreed to revise the 2022-23 fire report to reflect the comments on funding for fire safety in 2023-24 and noted she would share these key messages with the Trust Fire Officer for inclusion in the 2023-24 report.

Action: Sarah Rothery to update the 2022-23 Annual Fire Safety Report regarding 2023/24 expenditure before submission to the Board of Directors.

NB asked what the timescale was for the survey being undertaken on compartmentation. Sarah Rothery agreed to speak to the Trust Fire Officer for an update on this, explaining the Trust Fire Officer works with CHS.

Action: Sarah Rothery to find out the timescale for the compartmentation survey and share with the Committee.

OUTCOME: The Committee **APPROVED** the Fire Safety Annual Report which will be shared with the Board of Directors with additional context provided to provide assurance that steps are being taken to address fire safety.

68/23 RISK REGISTER

The Director of Corporate Affairs presented the report which detailed risks scoring fifteen or more. Currently there are 49 high scoring risks on the Trust risk register:

- 10 are scored as very high
- 39 are scored as high
- Of the 49 risks, 4 have had their risk scores reduced whilst 2 have had their risk score increased

The post for Assistant Director of Quality and Safety and Head of Risk were currently out for advert.

The Director of Corporate Affairs explained the current system used for risks was built in-house by the Health Informatics Service and a business case was recently approved for Inphase, a more enhanced risk management system which lots of Trusts are looking to use for improved reporting and presentation of the information.

The Director of Corporate Affairs explained the key recurrent themes:

- 16 risks relating to staffing, such as recruitment challenges into specific staffing groups e.g. midwifery.
- 11 risks relating to demand and capacity (outpatient appointments and diagnostics).
- 6 risks relating to equipment coming to end of use of life without good mitigations in place to support this e.g. x-ray and ultrasound – with work to describe these more holistically rather than individual risks.

The report had been shared with Board members for comment and Andy Nelson, Non-Executive Director, had highlighted a few areas where Finance and Performance Committee deep dives had been undertaken but were not reflected on the current high level risk register e.g., stroke, ENT. The Director of Corporate Affairs confirmed there were risks relating to these areas on the risk register; however, the risk scores were lower than 15 and therefore not on the high level risk register. She noted a further challenge for Divisions to confirm if risk scoring is correct.

All Divisions had been asked to describe how they are strengthening their risk management processes in Divisions at the recent Quality Summit.

The Internal Audit Manager is undertaking an internal audit review of risk management processes which will report back to the Committee in January 2024. This will look to strengthen arrangements in place ahead of moving to a new risk management system which will require a thorough review of risks before the transfer into the new system.

DS asked how much has been achieved following the process of confirm and challenge meetings with divisions for risks on the risk register. The Director of Corporate Affairs responded there is not yet consistency across divisions; however, better conversations are taking place.

Tony Wilkinson asked if external auditors check the detail for robustness. The Director of Corporate Affairs responded there was an independent audit last year from Audit Yorkshire and they have just started a piece of work now and will give an opinion on the processes along with some recommended actions where it could be strengthened in January 2024. Tony Wilkinson queried the reliability of the system and the Director of Corporate Affairs explained it was reliable, but not user friendly and did not allow for triangulation with other data sources.

The Deputy Director of Finance shared the improvement work on the risk register in the Corporate division, which covers a broad range of services and explained a corporate risk meeting has been relaunched.

NB asked how the Trust triangulated risks and could improve the process. The Director of Corporate Affairs explained that the Performance Review meetings look at this but that risk is being brought up the agenda to ensure that the risks on the register reflect current performance issues.

OUTCOME: The Committee **CONSIDERED** and discussed the risks scoring 15 or more and **NOTED** the ongoing work to strengthen the management of risks.

69/23 BOARD ASSURANCE FRAMEWORK

The Company Secretary presented the updates to the Board Assurance Framework (BAF). The three top risks relate to reconfiguration, patient flow, demand and capacity and the financial risk.

Following discussion of cyber security at the Audit and Risk Committee in July it was suggested that a risk relation to cyber security should be added. This is in line with advice from the National Audit Office. The Chief Digital and Information Officer has developed a cyber security risk which is proposed for addition, risk 5/23 with a risk score of 15 relating to the Keeping the Base Safe goal. The risk is scored at 15 and was presented for approval with the Audit and Risk Committee providing oversight of this risk.

NB highlighted that the cyber security risk references resilience business continuity plans in clinical areas and asked for assurance that business continuity plans are in place for non-clinical areas. The Managing Director for Digital Health confirmed the resilience for disaster recovery is documented and Corporate divisions have business continuity plans in place which have improved significantly over the last few years.

NB asked how the top three risks were determined scored at 16 and asked why three are selected. The Company Secretary confirmed the higher scores are selected based on risk score and a collective discussion with Directors.

OUTCOME: The Committee **APPROVED** the updates to the Board Assurance Framework, **APPROVED** the addition of risk 5/23 relating to cyber security at a risk score of 15 and **NOTED** the update to the health and safety risk 16/19.

70/23 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments

The 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:

- Value of £107k during quarter relating to settlement of three contractual legal claims from doctors, Chair's approval was given outside of the meeting as per the legal process to proceed within a given timescale.
- Loss of personal effects of £7k accounted for during quarter, relating to 14 claims, significant actions have been taken, including a separate policy relating to the safe keeping of personal property, with losses paid out now charged directly to the ward area where losses are incurred. The presentation to ward managers on this topic was included as appendix to the paper, which had been used to raise awareness of the scale of the issue.
- Consideration to introduce a panel approach for approvals was being discussed.

The Deputy Finance Manager asked Audit Yorkshire to share any top tips of good practice elsewhere.

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

2. Waivers of Standing Orders Report
The Director of Finance presented the waivers of standing orders report and highlighted that five were under the threshold value detailed in the report, totalling £50k. In addition, six contracts were exempt from public contract regulations, totally £447k.

OUTCOME: The Committee **NOTED** the waivers of standing orders.

71/23 INTERNAL AUDIT

1. Review Internal Audit Follow-up Report
The Internal Audit Manager presented the follow up report and confirmed there were eight recommendations that passed their original target date, one related to Consultant Study leave still requires a revised target date. The Consultant Leave policy has been drafted and the aim was to close this one soon.

In terms of seven recommendations with new target dates, three related to MUST, one of which was a major recommendation in relation to completion of the MUST assessments on the back of a limited assurance report. Compliance has now increased to 87.9% and will be marked complete once 90% compliance has been achieved. This has been really positive work. The Director of Finance re-iterated this improvement on the MUST tool and progress was picked up at Executive Board last week. The Internal Audit Manager confirmed a follow up audit is about to commence and further assurance will be provided at the January meeting.

2. Internal Audit Progress Report
The Internal Audit Manager explained they are on track to deliver the plan by the end of the year. There are a small number of changes to two areas of the plan on length of stay and elective care (outpatients and theatres). The consultant job planning audit has been deferred due to an issue with the Allocate software upgrade rounding up the number of programmed activities (PAs) which is a national problem.

- Two high assurance reports – ISO Standards and HPS Follow Up Report
- Two significant assurance reports – financial planning budget setting and payroll
- One limited assurance report – naso gastric tubes

OUTCOME: The Committee **NOTED** the progress made with the 2023/24 Internal Audit Plan and progress against completing Internal Audit recommendations.

3. Limited assurance report
DS asked when the Committee receive a limited assurance report that the Executive lead is invited to the next Committee and asked that the appropriate Director attends in January 2024.
Action: Lindsay Rudge to be invited to the January Committee to discuss the NG tubes limited assurance report.

The Company Secretary explained the Board are working through the enhanced framework from NHS England on Fit and Proper Person and will work with internal audit for adding this to the future audit programme.

OUTCOME: The Committee **NOTED** the Limited Assurance Report.

4. Internal Audit Monthly Insight Report June-September 2023
The Monthly Insight Reports were provided for information.

72/23 COMPANY SECRETARY BUSINESS

1. Scheme of Delegation
The Company Secretary presented updates to the Scheme of Delegation to ensure alignment with the changes to the Standing Financial Instructions approved at the last Committee meeting in July 2023. The Company Secretary has worked with the Deputy Director of Finance to make the changes to the appendices. Updates in relation to the Mental Health Act appendix were also noted. It was agreed that the updates approved would be reported to the Board by the Audit and Risk Committee.

OUTCOME: The Committee **APPROVED** the revisions to the Scheme of Delegation.

2. Review progress on Declarations of Interest
The Company Secretary presented the current position regarding declarations of interest. Out of the total of 1,274 decision makers in the Trust, 201 have submitted a declaration of interest during this financial year to date which equates to 16% compliance. The majority of declarations for decision-making staff are nil declarations, of which there are 169 declarations. Clinical private practice and outside employment are the most frequently made type of declaration.

Communication to staff will be targeted around December as a reminder to declare gifts. An update on compliance will be reported in April 2024.

DS asked if this is linked to the appraisal process, the Company Secretary responded that this was linked in previous years; however, was not currently included in the new appraisal paperwork at present.

The Director of Finance highlighted clinical private practice needs to be recognised from the job planning tool and the job planning software should be triangulated with this to chase declarations that need to be made on the system.
Action: Director of Finance / Company Secretary to discuss this triangulation

OUTCOME: The Committee **NOTED** the mid-year progress report with Declarations of Interest.

3. 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.

NB had a discussion with the Director of Corporate Affairs on deep dives raised at the previous meeting e.g. cyber security and ideas around risks on the Board Assurance Framework such as partnership governance, health inequalities, procurement and social value. NB asked Committee members to share any ideas on deep dives and inform NB / Corporate Governance Manager.
Action: Updated workplan with a deep dive schedule to be shared in January 2024.

OUTCOME: The Committee **APPROVED** the Committee Workplan for 2024.

73/23 LOCAL COUNTER FRAUD

1. LOCAL COUNTER FRAUD PROGRESS REPORT

The Local Counter Fraud Specialist presented the Progress Report for October 2023 which includes local benchmarking for Q2.

The Counter Fraud newsletter for September 2023 was shared.

The Counter Fraud Policy has been briefly reviewed and will be brought forward to the 2024 programme, bringing this forward from the 5 year review period planned for 2026.

The Counter Fraud Strategy for 2023-2026 has been published which sets out their key priorities.

The Managing Director for Digital Health offered support in terms of a cyber lead, alongside Jason Creswell in terms of cyber fraud. The Local Counter Fraud Specialist agreed it would be helpful to discuss the latest issues.

OUTCOME: The Committee **RECEIVED** the local Counter Fraud progress report and September 2023 newsletter.

74/23 EXTERNAL AUDIT

The Senior Manager, KPMG explained an internal NHS planning day for the KPMG team and finance team is scheduled for November 2023 and the team will be in touch to start planning.

The Charity annual accounts for 2022 / 23 were about to be signed off by mid November 2023.

The Senior manager advised KPMG had received the Q2 report for NHS and will be providing a benchmarking document in the next week, for information.

NB asked for an update on staffing within the team. The Senior Manager, KPMG confirmed the senior team was the same (Ric Lee and Matt Moore), and there was one change in the team. He advised KPMG are moving back into the local government market next October and are increasing their staffing resource for this.

OUTCOME: The Committee **NOTED** the update from KPMG, External Audit.

75/23 SUMMARY REPORTS

A summary report of work undertaken since July 2023 for the following groups and minutes of these meetings were made available in the review room:

1. Information Governance and Risk Strategy Group
2. Resilience and Safety Group
3. Risk Group Minutes – July and September 2023
4. Data Quality Board Minutes – August and September 2023

It was noted that reports from the CQC Group, Compliance Group and Risk Group had not been received and would be requested for the next meeting.

OUTCOME: The Committee **NOTED** the summary reports for the above groups.

76/23 ANY OTHER BUSINESS

There were no other items of business.

77/23 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- Good progress with internal audit recommendations.
- HPS moved from a previous limited assurance report to high assurance.
- Fire safety report has good performance, additional information on finances will be provided in this report.
- Deep dives on safety procedures for national and local standards.
- Review of clinical audit processes.
- Agreed high level risk report, good progress with further improvements planned on the presentation in the information and how it is triangulated.
- Approved the Board Assurance Framework and new risk on cyber security.
- Approved the new Scheme of Delegation.
- Processes on lost property processes for patients.
- Limited assurance report on NG tubes that will be reported in January 2024.

78/23 REVIEW OF MEETING

The Director of Finance commented the papers felt more concise and easier to deal with this time and it feels like progress has been made.

DATE AND TIME OF THE NEXT MEETING

Wednesday 31 January 2024, 10.00 – 12:15 pm via Microsoft Teams.

The meeting closed at approximately 11:55 am.

Calderdale and Huddersfield NHS Foundation Trust

Minutes of the Finance & Performance Committee held on Tuesday 26th September 2023, 09.30am – 12noon Via Microsoft Teams

PRESENT

Andy Nelson (AN)	Non-Executive Director (Chair)
Nigel Broadbent (NB)	Non-Executive Director
Kirsty Archer (KA)	Director of Finance
Vicky Pickles (VP)	Director of Corporate Affairs
Karen Heaton (KH)	Non-Executive Director
Anna Basford (AB)	Director of Transformation and Partnerships
Rob Aitchison (RA)	Deputy Chief Executive
Gary Boothby (GB)	Director of Finance
Jonathan Hammond (JH)	Chief Operating Officer
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
Andrea McCourt (AM)	Company Secretary
Philippa Russell (PR)	Deputy Director of Finance
Kimberley Scholes (KS)	General Manager, Planned Access
Gemma Berriman (GBE)	Director of Operations, RAFT
Leanne Elder (LE)	Future Leader Fellow (Shadowing)

OBSERVERS

Robert Markless (RM)	Public Elected Governor
Isaac Dziya (ID)	Public Elected Governor

APOLOGIES

Stuart Baron (SB)	Associate Director of Finance
Brian Moore (BM)	Public Elected Governor
Adam Matthews (AM)	HR Business Partner

ITEM

153/23 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

154/23 DECLARATIONS OF INTEREST

155/23 MINUTES OF THE MEETING HELD 30th August 2023

The previous minutes were approved as an accurate record.

156/23 MATTERS ARISING

157/23 ACTION LOG

The Action Log was reviewed as follows:

Deep dives will be planned for the rest of the year. Any suggestions for subjects please contact the committee Chair.

158l/23 APPOINTMENT SLOT ISSUES DROP OFF

A presentation was given explaining the problem that had been discovered on the system that records patient appointments. The presentation covered the issue, investigation, actions taken and the current position.

Patients who are unable to get an appointment slot sit on the national e-Referral System (ERS). If there is no activity within six months the patients drop off the system and should be moved on to a spreadsheet. Colleagues monitor this spreadsheet and add the drop offs back onto our Appointment Slot Issue (ASI) system.

This has been highlighted as a risk to NHS England (NHSE) and during Covid the timeframe was able to be extended to two years. However, this reverted back to six months once the worst of Covid was over. NHSE have been approached to amend the timeline back to two years again but there has been no response to this.

In June 2023, a patient contacted CHFT for an update on their treatment. It was discovered that they had dropped off the system onto the spreadsheet but because the person responsible for adding them back into the system had been off a number of patients had been missed. This was initially identified as 80 patients.

JH requested an investigation of all drop off patients. This was time consuming and extra resource was provided along with a deadline of 4-6 weeks in which to complete it. Initially 20,000 patients were thought to be at risk. Once the various risks had been ruled out and admin validation had taken place this was reduced to 237 patients. No patients have been identified as being at risk of harm.

These patients have been rebooked where possible and we currently have 40 still waiting. NHSE have been kept updated throughout and are fully supportive of the actions taken by CHFT.

Actions have been put in place to prevent this happening in the future and the approach taken by CHFT has been shared with other Chief Operating Officers. All organisations could be affected in this way.

Consideration is being given to automating the process of adding patients back onto the list.

159/23 NHSE PROTECTING AND EXPANDING ELECTIVE CAPACITY

NHSE have asked Trusts to undertake a self-assessment to provide assurance on recovery plans in relation to the letter received from Sir James MacKey and Professor Tim Briggs on 4th August 2023. Nationally and regionally, the submission will be used to identify providers requiring more support, as well as areas of good practice that can be scaled up to accelerate recovery. The Trust are asked to return this to NHS England by 30 September 2023.

The areas to cover are:

- Validation
- First appointments
- Out-patient follow-ups
- Another one

JH and KS shared a presentation covering in of these areas which will form part of the response.

JH is meeting with the Chief Executive and Trust Chair tomorrow for sign off.

The Committee recommended reviewing the presentation to eliminate CHFT specific acronyms that may not be identifiable outside of the Trust.

Through the presentation the committee were assured that CHFT are in a strong position and can provide assurances that suitable processes are in place against all the points raised in the letter.

FINANCE & PERFORMANCE

160/23 MONTH 5 FINANCE REPORT

The Deputy Director of Finance presented the financial position as reported at Month 5, August 2023.

It was noted that the Trust has reported a £11.08m deficit, (excluding the impact of Donated Assets), a £1.61m adverse variance from plan. The in-month position was a deficit of £2.13m, a £0.35m adverse variance.

Year to date the Trust has incurred higher than planned costs due to an excess of patients awaiting transfer of care and higher than planned length of stay, £1.85m pressure due to the impact on associated efficiency plans and surge capacity Strike costs of £1.43m; and non-pay inflationary pressures including Utilities. These pressures were offset to some extent by early delivery of other efficiencies and higher than planned commercial income (HPS).

The Trust is forecasting to deliver the planned £20.80m deficit, but the 'likely case' scenario is an adverse variance to plan of £7.24m. The Trust needs to identify mitigation of this scale to offset unidentified CIP / expected slippage on high-risk efficiency programmes (£5.10m) and industrial action (£1.95m). Some potential mitigation has already been identified to offset other forecast pressures including non-pay inflationary pressures and additional bed capacity.

Some loss of Elective Recovery funding is likely due to penalties for any patient waiting more than 52 weeks. Current likely case is a loss of £0.33m of income. However, discussions are currently underway to agree what slippage in the agreed waiting list targets might be allowable as a result of the impact of Industrial action. The forecast assumes that any required activity catch up as a result of Industrial action will not incur additional costs but will be contained within the planned cost envelope agreed for Elective Recovery.

The Trust has submitted a request for funding for quarter 3 of £1m in order to maintain a balance of £1.9m cash position in the bank. Further borrowing is planned for quarter 4.

The committee raised some questions around some of the non-pay costs which were answered to their satisfaction.

The committee were asked to note the risk around elective recovery funding (ERF). There are lots of unknown variables around ERF and any penalties will be levelled at system level. There is yet no agreement as to what the plan across Yorkshire would be.

Forecast Scenarios were briefly shared with no significant change from previous months. The strikes risk only includes any strikes announced until the end of October.

NB asked about the level of confidence around achieving the potential mitigation against agency staffing.
CHFT are recruiting more student nurses into posts this year than ever before and will be in the system in the next couple of months. Which should allow agency spend to be reduced significantly.

The committee **RECEIVED** the Month 5 Finance Report.

161/23 TURNAROUND EXECUTIVE 2023/24 CIP PROGRESS

The Deputy Chief Executive gave a verbal update on the current CIP position. There are £23m worth of schemes that have been identified. There is a gap of £8-9m as a result of two high risk schemes Length of Stay and ED. ED will deliver approximately 50% of what was requested in year, but the actions taken should deliver the full year affect in future years. Length of stay is more challenging and has been undergoing deep dives and escalation workshops. There will be a deep dive into this scheme at the next meeting of this committee.
Overall, this leaves in a position where we are likely to have a £5-7m shortfall in achievement of our CIP. A mitigation workshop has been scheduled for this

afternoon to look at this shortfall and identify other ideas/schemes to close the gap. The workshop will also include a run rate discussion as we are currently spending £1m more a month than we planned.

Any outcomes of this workshop will continue to be monitored through TE.

The Committee **RECEIVED** the Turnaround Executive update

162/23 IPR

The Assistant Director of Performance covered the highlights of the August IPR, including changes to the performance matrix metrics.

For August 2023 we continue to perform well in terms of **elective recovery** 65/52/40 weeks although we have started to see the impact of the Industrial Action and the ENT ASI position starting to impact on the > 40- week position. ENT has received £80k from the 'Further Faster' fund to improve its position and has been given the green light by Procurement to start with Consultant Connect this week. The last Task and Finish group concluded on Friday as all the actions have been identified and teams are now on with completing them.

For **diagnostics** we still have challenges in Echo where Elective recovery funding has been diverted within directorate to support recovery. Neurophysiology has also had staffing issues, but plans are in place to achieve the November trajectory.

There is significant work happening to reduce our **follow-up** backlog. As of 22nd September following the introduction of Targeted Admin Validation of the Holding List, we now have over 25,362 follow-up patients past see by date (gradually increasing weekly after the 3,000 admin validation reduction) and we now have an increasing position of 4,204 Incomplete Orders awaiting Clinical prioritisation over 90 days – both areas are being addressed as part of our Access Delivery Group.

Cancer performance continues to be strong with an improvement in-month for the faster diagnosis performance although it remains below target. Total Patients waiting over 62 days to begin cancer treatment compared with February 2020 baseline increased due to the impact of skin long waiters.

ED performance for August was similar to July at 70.32%. We were still in the top 10 Acute Trusts nationally for type 1 ED performance. A recent analysis of admissions via A&E shows an increase in acuity of 30% and an increase in bed days of 24% for April to July 2023 compared to the same period for 2019 although numbers of admissions have stayed around the same therefore with the increase in attendances we have seen a drop in the conversion rate from attendance to admission.

For **Community** Virtual Ward occupancy has improved from July as figures are now based on a 14-day average rather than snapshots. The CHFT plan in line with CKW currently has a bed base of 24 (12 Frailty and 12 Respiratory). The plan started in January 2023 with 5 beds each and will rise progressively to 22 Respiratory and 20 Frailty by the end of March 2024. Frailty occupancy figures combined with Respiratory from July 2023 onwards.

In terms of **SHMI** performance has shown a continuous improving position with a 12-month rolling figure standing at 100.11. Performance did deteriorate in April 2023 to 108.85 and as predicted following the national annual rebasing exercise has improved in May with performance standing at 96.82. CHFT now sits below this national position and remains comfortably within the expected range.

The target of 95% of adult patients to receive a **MUST** assessment within 24 hours of admission/transfer to the ward has been particularly difficult challenge for the Trust however the Task and Finish group have developed a MUST dashboard on KP+ to aid compliance with the MUST assessments. This is working really well and we have seen a significant improvement in performance over the last few months to the current position of 82%.

For **Health Inequalities** further work continues for these patients reduce the disparity in waits and DNAs. Our IPR reporting methodology is being used nationally to show what can be achieved when systems are in place to monitor this performance.

The governors noted that there was no longer an overall performance score on the IPR. This is no longer possible as a result of the various ways in which our performance is now monitored. If the narrative can be adjusted to make it clearer when the IPR is reviewed, then it will be done.
Benchmarking will be included which gives an overview of how CHFT is performing against other trusts.

ACTION: VP to add action to the next governors meeting to discuss the overall performance score and what they would like to achieve by having this.

The committee commented on the number of performance improvements in the report.

The Committee **RECEIVED** the IPR for July

163/23 RECOVERY UPDATE – Including impact of strikes on elective recovery and forward modelling.

Assistant Director of Performance gave an update starting with the fact that CHFT is still performing well and have been above plan for the four out of five months.
Elective recovery performance:

- 65 weeks no patients
- 52 weeks – 10 patients (longest 54 weeks)
- 40 weeks – There has been an increase over the last few weeks and we now have 1134 patients which is some way off trajectory. This is as a result of the combination of strikes and ENT's position.

The impact of the strikes and the current ENT position on our 40-week trajectory was highlighted on one of the slides. Without the strike action but with the ENT position we would still have been above the trajectory though not as high as we currently are. If ENT is removed from the figures as well as the strikes, then we would have been able to maintain performance below the trajectory. The first combined consultant and junior doctor strike has just taken place and the impact of this will need to be monitored.

Regarding outpatient first attendances and procedures there is a variance of 1200 over plan which equates to 111% pf plan delivered. However, in comparison ENT are only managing to do 85% of plan. Actions have been put in place to improve this following the creation of a task and finish group. It was noted that ENT is a national challenge, so support is not available from other trusts.

The target is to have no ASI's over 18 weeks. Currently there are 2867 patients waiting the majority of which are in 5 areas with ENT having 1957.

Work continues to reduce the follow-up backlog.

Diagnostics – The challenges continue with Echocardiology and Neurophysiology although Neurophysiology is expected to be back on track at the end of November.

The Committee **RECEIVED** the Recovery Update

164/23 BAF RISKS

The Company Secretary provided the second update of the Board Assurance Framework risks that this committee is responsible for. These have been reviewed and updated by JH and KA. There has been no change to any of the scoring since the last update. A lot of the risk is because of issues discussed earlier in this meeting. Three out of four of the risks have a score which is higher than our risk tolerance levels and will incur greater scrutiny.

The Committee questioned if any of the risks should reference the ICB and that CHFT's position can be affected by the position of the ICB.
The BAF will go for review to Trust Board in November.

ACTION: Give consideration to including the ICB and include in the report for November.

The committee **APPROVED** the BAF report.

165/23 SURGE AND ESCALATION PLAN AND FULL CAPACITY PROTOCOL AND THE RESILIENCE PLAN (PREVIOUSLY KNOWN AS THE WINTER PLAN)

The Director of Operations, RAFT presented the Escalation and Resilience plans for CHFT. It was highlighted that this is the first of its kind for CHFT as it has been identified that pressures are not only limited to Winter. The plan also includes a full capacity protocol.

OPEL scoring has changed nationally and now scores on 9 parameters. Due to this, CHFT have made the decision to also keep the original OPEL scoring of 22 parameters, alongside the new national scoring, which will be known as LOPEL (Local OPEL) going forward. The new national OPEL tends to score lower than LOPEL. Some other trusts are following the same plan.

As well as the full plan and protocol, action cards have been created to make it easier for colleagues to follow when required.

The document also supports the management of risk in relation to surges in acute patients through ED that require beds. Site Matrons are now onsite 24/7 and site management meetings take place multiple times per day which will continue as part of this plan.

The intention is to review these plans every six months and update to incorporate any learning.

GBE has spoken to Amy Campbell to arrange for some communications to go out to all staff. GBE is also arranging briefing sessions for November / December.

The committee were assured by the thoroughness and rigour of the plans presented and supported the implementation of the Resilience Plan as opposed to just a Winter Plan.

The committed **RECEIVED** the plans.

166/23 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Access Delivery Group
- Capital Management Group –
- CHS / CHFT Joint Liaison Committee
- HPS Board Meeting
- Urgent and Emergency Care.

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

167/23 WORKPLAN – 2023/24

Deep dive on TOC/LOS was due today has been moved back to next month.

Committee **APPROVED** the work plan for 2023/24.

168/23 ANY OTHER BUSINESS

169/23 MATTERS TO CASCADE TO BOARD inc. ONE CULTURE OF CARE

- Continued positive performance in elective recovery and cancer
- Assurances around the Escalation and Resilience plans and our responses to the ASI issue and the NHSE letter on Protecting and Expanding Elective Capacity
- Recovery and IPR key areas to note are ENT and the strike impact
- Continuing concern about our financial position and a likely adverse variance to plan of £7m

DATE AND TIME OF NEXT MEETING:
Tuesday 25th October 09:30 – 12:00 MS Teams

Calderdale and Huddersfield NHS Foundation Trust

Minutes of the Finance & Performance Committee held on Wednesday 25th October 2023, 09.30am – 12noon Via Microsoft Teams

PRESENT

Andy Nelson (AN)	Non-Executive Director (Chair)
Nigel Broadbent (NB)	Non-Executive Director
Kirsty Archer (KA)	Director of Finance
Vicky Pickles (VP)	Director of Corporate Affairs
Karen Heaton (KH)	Non-Executive Director
Anna Basford (AB)	Director of Transformation and Partnerships
Rob Aitchison (RA)	Deputy Chief Executive
Gary Boothby (GB)	Director of Finance
Stuart Baron (SB)	Associate Director of Finance
Adam Matthews (AM)	HR Business Partner

IN ATTENDANCE

Rochelle Scargill (RLS)	PA to Director of Finance (Minutes)
Peter Keogh (PK)	Assistant Director of Performance
Andrea McCourt (AM)	Company Secretary
Gemma Berriman (GBE)	Director of Operations, RAFT
Ansah Jamil	Member of the Shadow Board.
Michael Folan	Director of Operations Community.

OBSERVERS

Robert Markless (RM)	Public Elected Governor
Isaac Dziya (ID)	Public Elected Governor
Pam Robinson (PR)	Public Elected Governor

APOLOGIES

Jonathan Hammond (JH)	Chief Operating Officer
Philippa Russell (PR)	Deputy Director of Finance
Robert Birkett (RB)	Managing Director of THIS

ITEM

170/23 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting. Welcome to Pam Robinson and members of the shadow board.

171/23 DECLARATIONS OF INTEREST

172/23 MINUTES OF THE MEETING HELD 26th September 2023

The previous minutes were approved as an accurate record.

173/23 MATTERS ARISING

174/23 ACTION LOG

The Action Log was reviewed as follows:

141/23 – Deep Dives. This action can be closed. See workplan.

134/23 - 2022/23 National Cost Collection Pre-Submission Report. The national cost collection has been delayed nationally. There have been some technical problems in the national team. This is the latest of several delays so the Finance team will advise when it is appropriate to come back.

146/23 – IPR – Workforce have proposed reducing the turnover target of 11.5% to 10% and this was agreed by the committee. This detail will go into October's IPR. Close action.

162/23 – IPR – Overall performance number request from Governors. This was discussed at the most recent governors meeting. There is a stakeholder briefing which is shared on a regular basis with a select number of colleagues. The governors will be added to this mailing list. The IPR is to be reviewed this month and this will be shared with the Governors, along with a new summary sheet to be included at the front of the IPR. Action to be closed.

164/23 – BAF risk – ICS has been referenced where appropriate in the risk. Remove from action log and pick up at next BAF review.

175/23 LENGTH OF STAY DEEP DIVE

Gemma Berriman and Michael Folan were in attendance to present the update as circulated as Appendix C.

Our business plan for this year set targets to reduce Length of Stay, bed occupancy levels and numbers of patients on our Transfer of Care list. To help meet these targets a new Urgent and Emergency Care Delivery Group was set up which is chaired by the Chief Operating Officer. This identified a number of areas the group wanted to work on. These were narrowed down to projects that could be done well and completed in year. This work created two improvement groups Same Day Emergency Care (SDEC) and Length of Stay (LOS), into which a number of task and finish groups report. The full list of projects is included in the papers. As work has progressed several of the task and finish groups were found to have overlapping actions so they have been merged.

There are 4 patient pathways. Pathway zero are patients who can be discharged without any extra support and these are within the gift of CHFT to reduce the length of stay of. Pathways 1-3 will require extra support ranging from pathway 1 where their package of care needs restarting to pathway 3 who require 24-hour care in a care or nursing home. These are known as transfer of care patients (TOC) and CHFT requires support from the system to discharge these patients.
NHSE have set a bed occupancy target of 92%. CHFT set a target to reach 96% by the 1st July 2023 from 98% in April, then would plan to remove some beds. This

has not been successful. Today's bed occupancy stands at 99.3%. The acuity of patients is higher than pre-Covid often presenting with more than one condition. The industrial action has also had an impact.

We have an average of 95-100 patients on our TOC list which reached 154 at its highest point this year.
Acuity has seen an increase of 30% which has led to a 10% increase in length of stay. Activity however is 88% of pre-Covid levels. Data included in the pack breaks this down by area and by speciality.
Length of stay is monitored at 7 / 21 / 51 and 100-day patients. When this work started there were 8 patients who had been in hospital for 100 days, the longest of which was 372 days; there is now 1. This has been achieved by looking at this cohort of patients weekly and adopting a multidisciplinary approach.

The committee asked what proportion of patients are on pathway zero. This is the majority of patients.
The acuity difference between CRH and HRI is most likely due to the types of specialities at each site. For example, respiratory is at CRH. The exact reasons for the increases in acuity are unknown but Covid is expected to be a factor both from people suffering from long covid and those who delayed seeking treatment during the pandemic.

Community options are being explored to reduce the bed capacity and improve the patient experience. It has been proven that patients recover quicker in their own homes. This involves working with Kirklees and Calderdale partners to deliver services like the discharge to assess home first model. Funding for such services has now been agreed with these partners so recruitment is underway for posts to support this. The correct care would need to be in place before putting any patients on this pathway and clear escalation processes will be in place should it be required.

The Well Organised Wards project (WOW) is underway and better structure is being introduced to all the wards but adapted slightly for each ward to allow for their ways of working.
The surgical SDEC works well and is being rolled out to medical. There is national work going on around standardising SDEC's. There are currently really strict criteria around who can be accepted at SDEC's but this is being reviewed to allow expansion of the service e.g. The ambulance service admitting direct to SDEC when appropriate. This needs to be closely monitored to make sure the ED problems are not transferred to SDEC,

When the new ED opens the plan is to use the old ED to trial an integrated flow hub prior to reconfiguration. This will be a centralisation of services specified in the papers. Collectively all the improvement projects are expected to improve the service and reduce LOS and TOC but it will take time and we should not expect performance to improve until later in the year.

The committee will do a follow-up review of performance in March.

FINANCE & PERFORMANCE

176/23 MONTH 6 FINANCE REPORT

The Deputy Director of Finance presented the financial position as reported at Month 6, September 2023.

It was noted that the Trust has reported a year to date (YTD) £0.9m adverse variance from plan. The Trust will continue to forecast being on plan. The YTD position is better than has been seen in previous months in terms of how far away we are from plan. This improvement is primarily as a result of receiving a bonus of £0.54m for delivering the 22/23 Maternity Incentive Scheme and £0.35m additional Elective Recovery Funding (ERF) reflecting our above plan levels of activity.

Challenges and pressures remain the same as discussed in previous months with strike costs now at £2.1m YTD.

Cost Improvement Programme (CIP) is showing slightly favourable to plan with the Maternity bonus reflected in this. There are challenges in the full year against CIP.

The overall forecast continues to be delivery of the planned £20.8m deficit with the likely case scenario reported to the ICB of an adverse variance to plan of 6.7m.

We continue to be slightly behind our profile capital spend, but this is expected to improve in the coming months..

The cash position is currently stronger than planned partially as a result of the capital position as well as some sizeable bills that that have not yet been received e.g. utilities.

Pressures are being experienced across the whole West Yorkshire Integrated Care System. Work is being done around the consistency of the data reported and assumptions that have been included within the numbers. There is further information required from the centre but the whole system is expected to be unable to deliver the plan this year. It has been agreed across West Yorkshire that we will use the forecast at Month 8 as our final and firm forecast for the year. The forecast position cannot be changed in months 11 and 12. The timing of the Board meeting will not align with the protocol approvals deadline so GB will make a request to Board to delegate approval of the final forecast to this committee.

KH asked if the likely case scenario includes the strike costs. It only includes the costs of the strikes that have happened to date. This will be amended for any future announcements. The maternity incentive scheme bonus was for last year. This year the maternity incentive scheme is to be added to the risk register as we are risk of not delivering some aspects of the scheme.

Additional scrutiny has already taken introduced and over the Summer the team have been asked to demonstrate the controls that have been put in place e.g. vacancy control. The ICS created a checklist of controls needed and CHFT shows green across all of them.

The Use of Resource metric remains at level 3.

The committee asked whether there would be extra scrutiny if the metric changed from a level 3 to a level 4.

ACTION: To find out for the next meeting.

The committee **RECEIVED** the Month 6 Finance Report.

177/23 OVERVIEW OF CAPITAL PLANNING / DRAGONS DEN DAY

The Associate Director of Finance talked to the paper. A capital planning day took place on 13th October. Due to the delay in the development of the multi-storey car park (MSCP) divisions were asked to bring forward any capital requirements to this year to allow for the capital resource needed for the MSCP in 2024/25 The paper lists schemes which were agreed to a value of £8.5m which must be completed before the end of this financial year

The majority of the schemes relate to items which are on the risk register. A contingency pot has been set aside in case of emergencies..

The approved schemes are being man marked to make sure they are completed within the timeframe.

The Committee **RECEIVED** the Capital Planning update

178/23 TURNAROUND EXECUTIVE 2023/24 CIP PROGRESS

The Deputy Chief Executive gave an update. The turnaround executive continues to meet every week. £25.8m of the schemes are now at gateway 2. . The risks of delivery of some of the high-risk schemes means there is £6m of unidentified savings. A workshop identified some more potential savings which would reduce the gap from £6m to around £3.2m. The conversations that have taken place have been good.
Work has started on identifying schemes for next year including looking at building on some of the successes that have been had with the robotic processes.

The committee expressed appreciation to everyone involved for the work they have been doing to close the gap. It was agreed a fuller and more detailed review of the CIP programme and the latest forecast for it would be brought to the next committee meeting.

ACTION: Detailed review of CIP at next meeting showing progress against all the schemes and actions to reduce the level of unidentified savings

The Committee **RECEIVED** the Turnaround Executive update

179/23 IPR

The Assistant Director of Performance covered the highlights of the September IPR, including changes in performance for 8 of the performance matrix metrics.

We continue to perform well on Elective Recovery despite the impact of then strikes and Cancer performance continues to be strong with the faster diagnosis target being achieved for the first time since April.
ED performance reduced in month to 68% with continuing pressures around numbers of patients and acuity. There has also been an increase in the number of patients wating over 12 hours in ED plus an increase in bed occupancy.
Ambulance waits have increased by 3% and is expected to increase again from October when the performance measurement changes to using the arrival time of the ambulance as the trigger for when the clock starts. This is expected to add 5 minutes to each wait.

For Community we have now included % of patients dying within their preferred place of death – palliative care. Performance is consistently above the 80% target with 96% of patients dying at home.

September saw another never event.

The percentage of patients receiving a MUST target within 24 hours has been a difficult challenge but there has been further improvement in month to 86%.

Sickness Absence in September was at its lowest level since April 2021 at 4.3%.

The Committee **RECEIVED** the IPR for September

180/23 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.
The number of patients currently waiting:

- 104 weeks - 1
- 78 weeks - 1
- 65 weeks -1
- 52 weeks – 11
- 40 weeks – 997

The patients at 65 weeks and above is as a result of the issue described at the last meeting where patients dropped off the national referral list. The ones without treatment plans are being man-marked.

Activity was down on plan in month but overall year to date we are still 9% above plan.

We are behind plan regarding our patients waiting more than 40weeks.As mentioned in previous meetings, this is impacted by the challenges in ENT and the strike action. Data has been included in the report to demonstrate the effect of

the ENT challenges and the strike action on the trajectory. This shows that without the delays in ENT and the impact of strike action we would be ahead of our trajectory for 40-week waiters. The committee will do a deep dive into ENT at the next meeting.

There is a plan to carry out deep dives in specialities with a large number of outpatient follow-ups to reduce the overall number of follow-ups for CHFT to 20000 by the end of March 2024.

Diagnostics performance is still impacted by performance in Echocardiography and Neurophysiology and the forecast position for the year has worsened in the last month. The target of reducing the backlog in Neurophysiology to zero by the end of November has now moved back to March and Echocardiogram are still expecting to have 300 patients waiting at the end of March.

It is worth noting that the strikes are also affecting the ability to expand some of the outpatient transformation work. For example, clinics cancelled due to the strikes reduced the opportunity to introduce patients to the patient-initiated follow-up scheme.

The Committee **RECEIVED** the Recovery Update

181/23 4th CT SCANNER FOR CALDERDALE ROYAL

At the last Business Case Approval Group (BCAG) Case on 17th October a case was presented to purchase a second CT scanner for Calderdale Royal. Approval is required from both this committee and Trust board due to the scale of the investment. CHFT have been awarded £2.3m from NHSE against the cost of £2.6m for the second scanner. The paper describes the amount requested from Capital to purchase the scanner in this financial year.

The ask from this committee and the Board is to approve the variation to be signed off with our partner to then allow the external funding to be drawn down. There are patient benefits to purchasing the new scanner including that Bariatric patients who currently have to be transferred to Bradford Trust for CT scans would be able to have them at CHFT.

There are additional revenue costs which will be an ongoing commitment which has been flagged as a cost pressure for next year.

The second scanner would future proof capacity based on the growth of CT requirement.

The committee commented that since the Trust is currently leasing a mobile CT scanner at Calderdale Royal at £15k per week to purchase a new scanner makes financial sense.

The temporary scanner was due to be removed but it was agreed to extend the lease until March 2024 while knowing that the extension is not in budget for this year.

The removal of the leased CT scanner was considered around mitigation to reduce the run-rate costs, but it was decided that that would be detrimental to the patient service.

The committee **APPROVED** the CT Scanner business case to be passed to the Board.

182/23 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.

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

183/23 WORKPLAN – 2023/24

Addition of deep dives for the remainder of the year to March 2024. Follow-up deep dives to be shorter and scheduled around the planning season which requires more of the committees focus.

THIS Commercial Strategy and Future Planning pushed back to November.

Committee **APPROVED** the work plan for 2023/24.

184/23 ANY OTHER BUSINESS

-

185/23 MATTERS TO CASCADE TO BOARD inc. ONE CULTURE OF CARE

- Positive operational performance continues in many areas with the improvement in the MUST score being notable
- Risk to financial plan remains with unidentified savings in the CIP programme and the impact of the strikes
-
- Delegated approval to be requested from Board for finalising the year end forecast at month 8
- Helpful deep dive into LOS shows lots of good work being done but unlikely to meet targets for LOS and TOC until later in the year

DATE AND TIME OF NEXT MEETING:

Tuesday 28th November 09:30 – 12:00 MS Teams

Calderdale and Huddersfield NHS Foundation Trust

Minutes of the Finance & Performance Committee held on Tuesday 28th November 2023, 09.30am – 12noon Via Microsoft Teams

PRESENT

Andy Nelson (AN)	Non-Executive Director (Chair)
Nigel Broadbent (NB)	Non-Executive Director
Kirsty Archer (KA)	Deputy Director of Finance
Karen Heaton (KH)	Non-Executive Director
Anna Basford (AB)	Director of Transformation and Partnerships
Rob Aitchison (RA)	Deputy Chief Executive
Gary Boothby (GB)	Director of Finance
Jonathan Hammond (JH)	Chief Operating Officer
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
Andrea McCourt (AM)	Company Secretary
Philippa Russell (PR)	Assistant Director of Finance
Adam Matthews (AM)	HR Business Partner
James Houston (JHO)	Shadow Board
Mohammad Maqsood (MM)	Shadow Board

OBSERVERS

Robert Markless (RM)	Public Elected Governor
Isaac Dziya (ID)	Public Elected Governor
Pam Robinson (PR)	Public Elected Governor

APOLOGIES

Stuart Baron	Deputy Director of Finance

ITEM

186/23 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting including members of the shadow board.

187/23 DECLARATIONS OF INTEREST

188/23 MINUTES OF THE MEETING HELD 25th October 2023

The previous minutes were approved as an accurate record.

189/23 MATTERS ARISING

190/23 ACTION LOG

The Action Log was reviewed as follows:

134/23 - 2022/23 National Cost Collection Pre-Submission Report. There are still delays so a verbal update is expected to the January meeting with a formal report expected in February based on current timescales.

Actions from previous minutes –

Would there be extra scrutiny if the Use of Resources metric changed from 3 to 4. Currently this is not being closely monitored externally. We would expect extra scrutiny if there was overall movement rather than an individual metric. CHFT have met with NHSE and ICB reps in the last month and the questions are more around the overall plans and the scrutiny is more on the system than individual organisations.

Detailed review of CIP at next meeting showing progress against all the schemes and actions to reduce the level of unidentified savings. Covered in the agenda.

191/23 ENT and CANCER DEEP DIVE

Assistant Director of Performance gave a presentation covering both deep dives.

ENT – As mentioned in previous months, ENT has been particularly struggling which has impacted on the Trusts otherwise excellent recovery position. This is not unique to this Trust; the same picture can be seen both regionally and nationally. There are recruitment issues both nationally and within this Trust and we currently have several vacancies advertised. It is acknowledged nationally that ENT is a fragile service.

We currently have 5612 active refer to treatment (RTT) pathways of which 4851 are appointment slot issues (ASI's) with 2401 being over 18 weeks.
Of the 608 patients waiting for surgery, 8 are now over 52 weeks. The trajectory for the Trust was to reach zero patients waiting over 52 weeks by the end of September 2023.

There is an increase in the two week wait demands for cancer and currently we only have one head and neck consultant. Therefore, ENT are picking up the work which in turn reduces the available ENT capacity for elective recovery work.

A task and finish group was created who produced an action plan,
ACTION: To share after the meeting.

Most of the actions are dependent on recruitment. The biggest gain is to be seen from reducing the intensity of night on-call for middle grades.

Other actions include a change in the booking of emergency clinics from ED and ward attenders, recruitment of 2 new CT1/2 in ENT and recruitment to the 2 vacant posts in middle grade rota.

Discussions are taking place across WYAAT about mutual aid and collaborative working but since the situation is not specific to CHFT, it is unlikely these will be productive at this time.

Daily tracking of 40-week waits is taking place and we are using Pioneer Healthcare for insourcing. CHFT consultants are working with theatres and we are participating in the "Getting is Right First Time" programme.

It is difficult to put a trajectory in place for recovery until some of the recruitment is in place. All avenues of recruitment including agency have been tried without success. There may come a point where joint recruitment between trusts is considered but we are not at that point.

As well as using Pioneer for insourcing but are also trialling Consultant Connect for ENT which has been used successfully within Neurology.

There are some challenges within primary care. Initial work from Consultant Connect found that 20% of referrals do not need a new patient appointment. There is a broader piece of work ongoing to get patients onto the correct pathway.

CHFT do meet regularly with both local medical committee chairs and officers to discuss demand management around referral thresholds. These are not straightforward discussions, and each surgery works differently. We are trying to reach a point with the local medical committees where there are general principles around expectations.

CANCER – CHFT is one of only 2-3 Trusts who have regularly achieved the cancer targets since they were put into place. We are currently second in the country for achieving all the key indicators at the same time.

Changes to the indicators took place in October this year, with some of the indicators being rationalised and the two-week standard being removed completely. CHFT has chosen to continue to monitor the two-week standard internally. The national focus will be on the 28day faster diagnosis standards.
The new targets are:

- The 28-day Faster Diagnosis Standard (75%)
- One headline 31-day decision to treat to treatment standard (96%)
- One headline 62-day referral to treatment standardised (85%)

There are issues with some cancer sites including lower GI, upper GI and Urology which have actions in place to address the issues.

JH highlighted that patients waiting over 62days is being driven by challenges within dermatology in Leeds, who are struggling with their pathways. There are ongoing discussions around mutual aid for cancer as well as broader elective recovery that we are still waiting to see how it plays out. It is expected that there will be a focus on ICB performance rather than individual organisations.

There have been several approaches from trusts who would like to come and see how we do what we do. We have an excellent tracking team who work very closely with clinical teams. Workforce models have been reviewed and adjusted to release consultant and specialist nurse capacity. The cancer delivery group has a good buy in from all the attendees. The group focuses on deep dives and the challenges within specialities and tries to stay ahead of any problems.
The scanning capacity is also good and the new MRI and CDC's help with the cancer pathways. It is a lot of hard work but good work.
Excellent reporting has also been put in place which allows the managers to know the exact position of their specific cancer sites.

The mutual aid expectation is that the patient will transfer in their entirety which would affect CHFT performance figures as the patients waiting time will also transfer for example 72 week waits. Work is to be done to see how this will work through and to discuss with the ICB how these patients will be reported.

FINANCE & PERFORMANCE

192/23 IPR

The Assistant Director of Performance covered the highlights of the October IPR, including changes in performance for 8 of the performance metrics.

The language on the summary page has been adjusted clearly explain what is happening. As per a suggestion colour coding has been added with items in dark green denoting improvement and items in purple denoting deterioration.

- **Total Patients waiting >65 weeks** – change due to ASI drop-off issue that resulted in one patient waiting > 65 weeks. (pathway now closed)
- **Total Patients waiting >40 weeks (LD)** – ENT impacting on small increase in numbers.
- **Total RTT Wating List** – industrial action has impacted on numbers.
- **Staff Movement (Turnover)** – target has reduced from 11.5% to 10%.
- **% of patients that receive a diagnostic test within 6 weeks (IMD 1 and 2)** – impact of Echocardiography and Neurophysiology.
- **Diagnostic activity undertaken against activity plan** - CDC activity for CT began in October - this is additional activity and has increased activity.
- **Proportion of patients spending more than 12 hours in ED** – pressures in ED have increased numbers.
- **ED 4-hour (LD)** – slight improvement in month but still well below overall Trust performance.
- **ED 4-hour (IMD1/2)** – pressures in ED have increased numbers.

In general, CHFT are performing very well against elective recovery. ENT and industrial action are impacting services.

The expectation of a new booking process is to reduce our follow-up backlog numbers down to below 20,000 by end of March 2024.
Cancer performance achieved the first faster diagnosis target for the second month running.
ED performance continues to be challenging and was down to 66% in October. There have been a high number of attendances at both sites which has impacted the 12 hour waits. Bed occupancy reached 99% in October.
There has been a change to the way that ambulance handovers are measured with timings now from the point an ambulance arrives instead of the notification period. This has added an additional 8.5 minutes to ambulance handovers which in turn increased the number of 30-minute waits. The Yorkshire Ambulance Service (YAS) are reporting an increase in demand of 9% compared to last year and a 16% increase for category one calls.

The MUST score has continued to improve over the last few months due to the actions in place and the readily available data. For complaints the 95% target has been achieved.

JH added that the particular challenge is the ED 4-hour target and the number of patients waiting over 12 hours. Late Summer and early September it was possible to reduce the bed base but additional beds have now had to be re-opened to allow flow through ED. Information in relation to the patient cohorts has been reviewed and there has been an increase in the acuity of patients arriving at ED which correlates with the information shared by YAS.

The transfer of care list has also increased over the last few months and into this month has been extremely high. It is thought this is linked to the higher acuity meaning patients are requiring more support when discharged. This is repeated both regionally and nationally.

So far CHFT has managed to keep discharge breaches to a minimum.

KH asked if there is a plan in place to reduce the waiting list post-industrial action?

JH responded that up until the consultant strikes CHFT was able to maintain the position on key targets for waiting times and still be on track to reach zero patients waiting over 40weeks by the end of this year. The impact from strikes over summer and ENT caused CHFT to move away from the 40-week trajectory. Since the strikes have ended, we are not back where we want to be but are moving in the right direction. It is hoped that the trajectory will now be met by the end of March 2024 instead of January 2024 as originally planned but the performance of ENT could prevent that. The mutual aid may affect this. So far 120 patients have been identified for CHFT to take from other organisations.
If there are no more strikes CHFT will be in a good position except for ENT which is expected to still have patients waiting over 52 weeks.

The number of patients attending is expected to increase as usual over Winter and seems to have started earlier this year. A new resilience and a surge and escalation plan is in place to manage this. Within ED changes have been made to the workforce model to make sure that the correct colleagues are present at the times they are needed. This is having a positive impact already. The biggest

challenge is the admitted pathway which impacts not only the admitted but the non-admitted pathways.

The criteria to reside and the delayed transfer of care does overlap. However, not all patients are on both. It has recently been rebased to make sure CHFT is in line with how other organisations measure it.

ACTION: JH to raise the paediatric virtual ward capacity with Stephen Shepley to make sure it is included in the CHFT offering.

What would the ambulance times look like without the newly added 8.5minutes?
ACTION: PK to work through.

Virtual ward is currently reporting 99% against a target of 80%. This number is slightly misleading at the moment as the reporting of the service is worked through. It is expected that demand for virtual ward with grow and more capacity will be needed in future years. Virtual ward has just been opened for acute patients and CHFT is the first Trust in the country to do this. There is a daily focus to maximise capacity of the virtual ward where we can.

The target for Did Not Attend (DNA) is set at 3%. The Chair asked what confidence there is that the DNA's would reach this level. Work has been done with the inequalities team to simplify the patient letters and looking at the reasons that people do not attend.

JH has requested an audit from internal audit to look at the booking pathways. They are currently at the planning stage. There is a split booking process currently where some appointments are booked through the booking team and some through the secretaries. The intent is for the audit to give a baseline position and highlight areas for improvement. This will not be a small piece of work and will take a couple of years to improve the system and ensure it is fit for purpose.

Work is also being done through the getting it right first time (GIRFT) which is allowing benchmarking against other organisations. A lot of work can be done around communication and to better understand why patients do not attend. The new patient portal scheduled to go live in 2024 will assist with patients accessing the information they need.

Sickness absence has increased slightly but this is seasonal. If you track sickness over time hotspots can be identified when sickness levels increase. There is a usually a spike in winter.

The new format IPR has been in place for seven months and as agreed a review has taken place. Assistant Director of Performance covered the key points from the review. The full details can be found in the paper.

Executive directors have been made responsible for sign off of each of the metrics. The timeline has been amended over the last couple of months to allow papers for the committee to be distributed earlier than the day before. It should be noted that December will be tricky for reports due to Christmas.

The making data count team have been used to help decide what information goes into the IPR. The team prefer SPC graphs but currently some of the profile targets do not work with SPC graphs.

Any changes requested during the last seven months have been taken on board. Cancer changes have gone in along with the amended ambulance handover timings. The performance matrix has also been updated. More benchmarking will be going in overtime. The actions have been reviewed to make sure they are still relevant and made leaner when they have been found to include too much detail.

The committee acknowledged that the IPR is a sizeable document but that all the information within it is essential and provides a clear and helpful analysis of performance.

When providing the summary, it is important not to react to one bad month and the summary includes the good news as well as the areas needing improvement.

The Committee **RECEIVED** the IPR for October

193/23 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.

Currently there zero patients at 65 weeks. Previously there had been one as a result of the previously discussed ASI issue but this patient has now been treated. The Patient Initiated Digital Mutual Aid System (PIDMAS) may impact on this performance going forward.

The full performance details are within the paper which highlights the areas overperforming and not performing well. As previously mentioned in this meeting ENT is a problem in relation to the overall position. Graphs within the report show the impact of the industrial action and what level of performance would have been achieved without them. The also show the impact of the ENT backlog.

Within diagnostics there are still problems with ECHO and Neurophysiology where recruitment has been a problem.

The outpatient follow ups have been affected by the industrial action but there and medium- and long-term actions in place to reduce the backlog.

The Committee **RECEIVED** the Recovery Update

194/23 MONTH 7 FINANCE REPORT

The Deputy Director of Finance presented the financial position as reported at Month 7, October 2023.

Year to date (YTD) the Trust is reporting a £1.5m adverse variance to plan as a result of similar drivers to previous months including £2.1m strike costs YTD. Bed pressures are impacting both CIP delivery and presenting additional financial pressures. These pressures were offset to some extent by early delivery of other efficiencies and higher than planned commercial income plus an additional £350,000 for elective recovery.

Capital spend is at £7.79m year to date which is below planned levels driven by timing delays on projects such as the CT scanner, pharmacy robot and reconfiguration. Capital spend has a bearing on the cash position and there is currently £14.6m more in the bank than planned. Utility bills form part of this as one of the suppliers has only invoiced for £0.6m so far instead of the expected £4m. This has led to a requirement to re-assess the cash support for quarter 3 which was discussed at a previous meeting. This will now be required in quarter 4.

CHFT has received permission to spend £13m on reconfiguration in year but this is not cash backed so it is expected the cash support will need to be increased to accommodate this. This will require further approval from board.

PDC charges for the borrowing will outweigh any benefit gained by having cash in the bank.

JHO asked how it works if the deficit is £14m and the cash in the bank is £14m how does it affect the reporting?
It is a timing issue. The money in the bank is spent but due to things like the utility bills the actual bills have not arrived for payment.

FORECAST - The Trust is forecasting to deliver the planned £20.80m deficit, but the 'likely case' scenario is an adverse variance of £5.87m. Key drivers of this forecast are £2.1m of Strike costs, £3.65m unidentified CIP, non-pay inflationary pressures and additional bed capacity. The forecast improved by c.£1m in month compared with the position reported in M6. The likely gap on efficiency plans reduced by £2.5m as additional schemes have been progressed. This improvement has been offset to some extent by the emergence of some additional technical pressures: a likely downward revaluation of the Trust's Joint Venture assets and an expected increase in PDC Dividend due to the proposed funding arrangements for this year's Reconfiguration Capital plan.

Current likely case assumes receipt of £15.02m of ERF as 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 there may be an opportunity for the Trust to secure additional funding as a result of the current strong performance on Recovery.

It has been announced that £800m nationally has been given to the NHS in relation to the strike action. This is not additional funding but money that has

been repurposed from existing funds. £32m has been allocated to West Yorkshire which has been distributed based on strike costs, so CHFT has received £2.1m. West Yorkshire have allocated around half of the £32m across the ICB.

This plus the other items highlighted within the papers means that CHFT is closer to plan and is now forecasting an adverse variance to plan of £1.7m.

GB highlighted that there is an existing risk in relation to delivering this year's plan which is scored at 20. It was suggested that this be reduced to 12.

Bed capacity has been a risk throughout the year and continues to be so delivery of the length of stay CIP schemes are not expected.

The committee **RECEIVED** the Month 7 Finance Report.

195/23 FUTURE PLANNING

The Assistant Director of Finance updated the committee on the future planning. Over the summer NHSE requested that the ICS's came up with a medium-term plan that would cover the next two to three years.

CHFT worked out what the underlying position would be carried forward into 2024/25 which would be the starting point for next years planning.

Across the ICS there is a lot of non-recurrent benefit in this financial year.

The paper gives an early view of the 2024/25 challenge based on Month 4 which is the point the ICS was asked to produce the plan. The risks included have not changed much from the forecast in month 4. The potential deficit for CHFT is £48.3m which is slightly more aligned with system partners than CHFT was this year where we were an outlier. Overall, as an ICS the initial deficit is forecast to be around £300m. The details of other trusts are included in the paper.

Some assumptions have been made as a system which are now playing into the planning as the planning guidance is not expected until Christmas. It has been assumed the ERF will remain recurrent.
An action plan in included in the paper along with the planning timetable for information.

Finance and the Transformation Team have met to discuss opportunities for the new year to build into the plans. The target operating models will also be built in where possible.

In the underlying position £3.1m has been accounted for inflationary pressures. The position does not include any inflationary pressures for next year, and in year is now nearer £4m.

The planning exercise for the next two three years was done at the ICS level and not at Trust level so is not included within the paper. There was a 25-year financial

plan produced as part of the initial reconfiguration work which is updated each year.

The Committee **RECEIVED** the Planning update

196/23 TURNAROUND EXECUTIVE 2023/24 CIP PROGRESS

The Deputy Chief Executive gave a brief update due to most of the items covered under previous agenda items. The TE position and the financial forecast are closely aligned, and the forecast is unlikely to change now. The focus now is to get the existing schemes over the line for this year and start CIP planning for next year.

ACTION: RA to share the month 7 TE dashboard with the committee after the meeting which details the scheme

Since the CIP for next year is not yet known, all opportunities and ideas are on the table at this stage. There is time before pressures and developments are put forward, where the message can go out; the higher the number of pressures and developments the higher CIP will be for next year.

The Committee **RECEIVED** the Turnaround Executive update

197/23 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.
- Cash Committee
- Capital Management Group
- CHS/ CHFT Joint Liaison Group
- CHFT / THIS SLA Review
- Pennine Property Partnership

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

198/23 WORKPLAN – 2023/24

THIS Commercial Strategy pushed back to January

Committee **APPROVED** the work plan for 2023/24.

199/23 ANY OTHER BUSINESS

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200/23 MATTERS TO CASCADE TO BOARD inc. ONE CULTURE OF CARE

- Overall performance strong with the same challenges.
- ENT a real concern.

DATE AND TIME OF NEXT MEETING:
Tuesday 2nd January 2024 09:30 – 12:00 MS Teams

21. Any Other Business

22. 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

To Note

Presented by Helen Hirst