










Council of Governors








Schedule	Thursday 15 July 2021, 14:00 — 16:00 BST
Venue	Microsoft Teams
Organiser	Jacqueline Ryden

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	Annual General Meeting	
	Date: Wednesday 28th July 2021	
	Time: 5:00 – 6:30 pm	
	Venue: Virtual via Microsoft Teams	
	Council of Governors meeting	
	Date: Thursday 21 October 2021	
	Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)	
	Venue: Microsoft Teams	
	To Note - Presented by Karen Heaton	
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1. Welcome and Introductions: Peter Keogh

To Note

Presented by Karen Heaton

2. Apologies for absence: Philip Lewer, Helen Barker, Owen Williams, Veronica Woollin, Gary Boothby

To Note

Presented by Karen Heaton

3. Declaration of Interests

To Note

4. Minutes of the last meeting held on 22 April 2021

To Approve

Presented by Karen Heaton

23/21 DECLARATIONS OF INTEREST

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

24/21 MINUTES OF THE LAST MEETING HELD ON 28 JANUARY 2021

The minutes of the previous meeting held on 28 January 2021 were approved as a correct record.

OUTCOME: The minutes of the previous meeting held on 28 January 2021 were **APPROVED** as a correct record.

25/21 MATTERS ARISING / ACTION LOG

The action log was reviewed and updated.

2021/22 Quality Account Priorities – The Company Secretary reminded governors the shortlisting and voting took place. One of the quality priorities chosen was reducing waiting times for patients in the Emergency Department based on new national standards being issued. As these standards have not yet been issued, a discussion took place with Stephen Baines as Lead Governor with a proposal to monitor an action plan following a cluster of patients waiting 12 hours or more in the Emergency Departments (ED) last year. This action plan will be monitored and reported back to governors for the patient experience ED quality account priority for 2021/22.

OUTCOME: The Council of Governors **NOTED** the update on the 2021/22 quality account priorities for the Emergency Department and **NOTED** the updates to the action log.

26/21 FEEDBACK FROM NON-EXECUTIVE DIRECTORS IN ATTENDANCE – DENISE STERLING AND ANDY NELSON

The Chair invited Denise Sterling and Andy Nelson, Non-Executive Directors to share their background and an update of what they have been involved in with the Trust with an opportunity for governors to ask any questions.

Denise Sterling

Denise Sterling introduced herself who joined the Trust roughly 15 months ago and outlined the Board Committee work she has been involved in via the Quality Committee, Oversight Committee and Audit and Risk Committee.

Quality Committee - Chair

Denise Chairs the monthly Quality Committee provides assurance to the Trust Board that there are adequate controls in place to monitor the quality and safety of care for patients. Denise outlined the following recent work of the Quality Committee:

- monitoring seven focused quality priorities in relation to Covid-19 risks.
- regular discussion of quality account priorities and improvements
- approval of the Quality and Safety Strategy
- a review of the quality governance reporting structure into the Quality Committee
- deep dives into quality issues, for example, looking how to reduce pressure ulcers, reviews of reports on complaints and incidents and the learning from

these and an action plan update regarding previous 12 hour ED breaches, with assurance that no further 12 hour breaches had occurred .

Oversight Committee - Chair

Denise advised that she was Chair of the Covid Oversight Committee, a time limited sub-committee of the Board, which provided independent scrutiny and challenge to the decisions made throughout the pandemic by reviewing decisions and an action log in detail. Andy Nelson and Karen Heaton were also on this Committee. The meetings continued from April 2020 and has recently been stood down now the organisation is in the recovery phase.

Audit and Risk Committee - member, which strengthens links with the Quality Committee.

Workforce Committee - member

Denise also sits on consultant interview panels, which has recently involved international interviews taking place virtually. Denise is also involved in the work on the Observe and Act observation tool with a purpose to introduce virtual engagement with patients to gather feedback on their inpatient experience as part of quality improvement.

Linzi Smith asked for an update on falls. Denise responded an update was provided on falls at the last Quality Committee. There has been some progress and the target has been met to reduce falls by 10% in 2021. There is still a lot of work to do and falls will remain one of the focused quality priorities. The Falls Collaborative has a lot of plans and work to improve falls.

Andy Nelson

Andy Nelson explained the three key areas he is involved in at the Trust.

- Chair of the Audit and Risk Committee
- Member of the Transformation Programme Board
- Works closely with the Health Informatics Service, attending their monthly Executive Board.

Audit and Risk Committee - the reporting into Audit and Risk Committee takes place from four sub-committees, Health and Safety, Risk Group, Information Governance and Data Quality. He explained a deep dive takes place into each of these in turn at each Audit and Risk Committee. It has been very challenging for Internal Audit, Audit Yorkshire to undertake as many audits this year due to the pandemic. The full audit plan has not been completed; however, the parts of the plan which inform the Internal Audit Opinion have been completed. External Audit processes are due this time of the year and no concerns are expected.

Transformation Programme Board - a report on recent consultation on reconfiguration plans was provided to the last meeting from the Director of Transformation and Partnerships which received good response.

Health Informatics Service -the digital agenda continues to drive forward. There is lots of encouraging progress on new initiatives e.g. scan for safety.

Andy advises he also chairs the Green Planning Committee which has been developing a Green Plan for the Trust on sustainability in terms of reducing carbon

emissions. Andy is working closely with Rachel White, Director of Patient Experience reviewing the complaints process. He explained there are a number of initiatives the Trust are currently working on to improve patient experience, such as noise at night and the friends and family test. A model called Observe and Act is being trialed, which is a more thorough process of visiting a ward, currently virtually, by volunteers and non-clinical staff to observe patient care and action e.g. signage, communication, meal times. The purpose is to identify good practice and areas for improvement, creating an action plan. He explained CHFT are the first Trust to pilot this virtually.

Linzi Smith stated the patient experience Observe and Act is a really good idea and asked if there has been any really good feedback from patients. Andy confirmed there has been positive feedback from patients who have enjoyed taking part. Linzi asked if the Trust will be recruiting volunteers. Andy explained there are a few colleagues who have undertaken the training so far and Non-Executives and volunteers will be asked to undertake the training, including non-clinical staff. Linzi asked if this would be rolled out to outpatient areas as well as the wards. Andy explained the pilot has gone well and the Trust now want to expand the number of people who can undertake this which will be taken forward further. The Chair added there is also an opportunity to see if this can be used in the community.

John Gledhill asked for a flavour of the consultation feedback received on the reconfiguration plans and if it was positive. The Chief Executive responded there are roughly 308 responses (50/50 across both sites), 98% have been focused on the expected planning issues etc. car parking, and only 7 from a campaign perspective, less than 2%.

The Company Secretary explained she has taken part in the Observe and Act training and this will in time be rolled out to governors.

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

27/21 Update on 2020/21 and 21/22 Quality Priorities and Quality Report Presentation
Doriann Bailey, Assistant Director for Patient Safety shared a presentation which focused on quality priorities for 2020/21 and 21/22, complaints and the Ockenden maternity update.

Doriann updated the governors on the progress that has been made on the seven focused quality account priorities for 2020/21. The first four are being taken forward for this year which includes falls resulting in harm, end of life care (previously Quality Account Priority), clinical documentation and clinical prioritisation. The three new focused quality priorities for 2021/22 are nutrition and hydration, pressure ulcers and making complaints count.

A progress update was provided on the 2020/21 quality account priorities and the quality priorities for 2021/22 in the presentation which will be circulated with the minutes. The three quality account priorities for 2021/22 are:

1. Recognition and timely treatment of Sepsis
2. Reduce the number of Hospital Acquired Infections including Covid-19
3. Reduce waiting times for individuals attending the Emergency Department

Doriann provided an overview of complaints which has seen a significant decline in the number of complaints from 2019/20, there has been a substantial improvement in the number of complaints closed within the target timeframe; however, it is recognised that more work needs to be done to drive further improvements. There has been a reduction in the number of PALS cases compared to 2019/20 which likely represents the impact of the Covid-19 pandemic on overall contacts with the Trust. There is a slight increase from 2019/20 in concerns handled. A total of 496 compliments were received during the year 2020/21. Doriann provided an overview of the focus improvements during the year.

Doriann provided an update on the CHFT response to the Ockenden review, explaining Maternity services are required to deliver a perinatal quality surveillance model of assurance at a local, regional and national level. The Trust have merged the bi-monthly Safety Champions meeting and Head of Midwifery meetings to form a Perinatal Quality Surveillance meeting to monitor the services in Maternity and ensure the Trust are compliant with the essential actions from the Ockenden maternity report.

John Gledhill asked if there has been an improvement in the emergency department waiting times which Doriann reported as being greater than the national average. Doriann clarified the emergency department waiting times at CHFT are not greater than the national average and figures were not provided. The Chair added that Trust performance for ED waiting times has been good, with the exception of the 12 hour waits.

Linzi Smith asked if the 2,289 PALS cases can be broken down as she felt it was quite high. Doriann re-assured the governors that this includes concerns, feedback and enquiries and is not all negative.

The Chair thanked Doriann Bailey for her update and presentation.

OUTCOME: The Council of Governors **NOTED** the Update on 2020/21 and 2021/22 Quality Priorities and Quality Report Presentation.

PERFORMANCE AND STRATEGY

28/21 Operational Covid Update and Recovery Plans

Peter Keogh, Assistant Director of Performance presented the operational covid update and recovery plans.

The key updates were:

- Number of positive covid cases is now down to single figures
- Discharges are doing well
- Well performing organisation and system
- Pandemic response and recovery framework reflective of core values
- Backlogs across all planned care
- Recovery will be a 12-24 month framework
- In parallel with reconfiguration planning
- Assumptions being made: covid prevalence remains low, vaccine programme continues at pace, health inequalities prioritisation and system approach to capacity and demand

- The approach is focused on health inequalities across the piece working with the Clinical Reference Groups
- Recovery specific access policy will be introduced
- The Trust are focused on Business Better than Usual in terms of how the Trust can work differently following learning from the pandemic

29/21 Performance Update

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

- Second best nationally out of 109 acute organisations for cancer
- Trust performance for February 2021 was 68%
- All cancel targets achieved for March
- 72.5% achieved for March 2021
- Safe, effective, responsive and finance domains are green
- Summary Hospital-level Mortality Indicator (SHMI) is above 100; however, is below 100 for in hospital deaths with further work continuing to analyse out of hospital deaths
- 3 out of 4 stroke targets have been missed following a Covid outbreak on the stroke unit in February 2021
- Overall sickness is now red with a rolling 12-month peak in long-term sickness

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

30/21 Financial Position and Forecast – Month 11

The Director of Finance summarised the key points in the month 11 finance report which were as follows:

- Ahead of plan at month 11
- The Trust is now forecasting a £2.36m deficit which is £0.45m more than planned but an improvement compared to Month 10 and reflects an increase in the required Annual Leave accrual of £4.59m, offset by £1.23m of additional cash support for lost non-NHS income. Any increase to the Annual leave accrual is an 'allowable' overspend from an NHS Improvement perspective
- £450k worse than plan which was agreed with regulators for provision of additional expenditure
- Against the original plan to deliver £15M of Cost Improvement Plans (CIP), the Trust are forecasting to deliver just short of £6m, the finance regime changed in year to be supportive of this as little efficiency and cost improvement could be delivered in year in response to the pandemic, this is not a target being monitored by NHS Improvement in 2020/21
- In the process of finalising the 2020/21 year end position
- £360k surplus in the plan due to additional funding provided from the centre which puts the Trust in a surplus for the second year in a row
- Expenditure that the Trust would have incurred is significantly higher than planned at the start of the year

OUTCOME: The Council of Governors **NOTED** the Month 11 Financial Summary for 2020/21.

31/21 Annual Plan 2021/2022

The Director of Finance provided an update on the annual plan for next year. Due to the pandemic, guidance was delayed, and the finance and planning regime has slipped. The guidance came out late March 2021.

The draft plan via the Integrated Care System is due next week. The plan is moving away from quarters to halves e.g. H1 = first half of the year and H2 = second half of the year. For H1, up to end of September 2021, a draft plan is being submitted next week which is forecast to deliver a balanced plan. The funding regime will continue into the next 6 months which is supportive of the Trust to get back on track for activity. In April, the Trust will receive additional monies for any activity above 70% of what was undertaken in April 2019. There is recognition from the centre of social distancing and operational pressures of colleagues to deliver activity.

Guidance for H2 is still unknown from September 2021 onwards and a financial challenge is expected. The Trust will focus on efficiency.

Linzi asked why it has moved from quarters to twice yearly. The Director of Finance explained this may be in response to the reality of the covid pandemic to move to a six-month planning cycle.

OUTCOME: The Council of Governors **NOTED** the update on the Annual Plan for 2021/22.

32/21 Membership Strategy and Update

The Company Secretary presented the update against the year 1 action plan of the Membership and Engagement Strategy 2020-2023. The three goals in the Membership Strategy are:

1. A membership community that is active and engaged, is representative of our local communities and increases year on year
2. Regular, meaningful, two-way engagement between Trust staff, governors, our members and members of the public
3. Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our future plans

An update on the actions that the Membership Office have undertaken to achieve the goal are given in the enclosed paper. A number of anticipated actions relating to goals 2 and 3 have not been possible due to the Covid-19 pandemic. Lots of work has taken place on social media to involve governors and members.

OUTCOME: The Council of Governors **NOTED** the progress against year 1 of the Membership and Engagement Strategy 2020-2023.

33/21 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration Committee held on 19 April 2021

The Company Secretary provided an update following the Nominations and Remuneration Committee which took place on 19 April. The Committee approved the Chair and Non-Executive Director appraisal process. The Chair's appraisal process

will begin shortly and conclude in June 2021. The governors will have an opportunity to feed into the Chair appraisal process via a survey. The Non-Executive Directors appraisal process has a different timescale and is aligned to the Trust appraisal season.

The succession planning for the Non-Executive Directors was also discussed which supported tenures being extended from February 2022 to February 2023 for Karen Heaton and Richard Hopkin. The minutes of this Committee will be received at the Council of Governors in July 2021.

OUTCOME: The Council of Governors **NOTED** the recommendation from the Nominations and Remuneration Committee (CoG) meeting held on 19 April 2021.

34/21 CHAIR'S REPORT

No further update.

The Chair reminded governors to contact him with any queries they have.

GOVERNANCE

35/21 UPDATE FROM LEAD GOVERNOR/CHAIR

No further update.

36/21 Constitutional and Standing Orders of the Council of Governors Updates

The Company Secretary shared the proposed changes to the Trust Constitution and the Standing Orders of the Council of Governors which are:

Constitutional changes:

- *Section 14.3* - removal of the reserve register for governors which is in line with NHS Provider guidance
- *Annexe 1 - Introduction of a Rest of England constituency* with 2 publicly elected governor posts considering the Integrated Care System arrangements (ICS)
- *14.1.5 - Governor tenure* – *governors are able to re-stand for election after a 2 year gap following a governor finishing two tenures of six years*

Standing Orders of the Council of Governors changes:

- *Section 2.1* – Addition of wording that reflects meetings may be held virtually or in person
- *Section 12 - Minutes* - additions of sections 12.4 and 12.5 regarding recording of attendance and apologies
- *Section 18* - termination of a governor - confirmation that a governor who has been terminated is not eligible to re-stand for election for a period of 2 years from the date of removal from office.
- Integrated Care System (ICS) references added

OUTCOME: The Council of Governors **APPROVED** the changes to the Trust constitution and the Standing Orders of the Council of Governors.

37/21 COMPANY SECRETARY'S REPORT

a. Process for Appointment of Lead Governor - 2021/22

The Council of Governors' were asked to approve the process for the election of the Lead Governor. Expressions of interest are asked to be submitted to Amber.Fox@cht.nhs.uk by Friday 21 May 2021.

Linzi Smith asked if a 12-month term was long enough to be a lead governor. Stephen Baines had no objection for standing for election to be lead governor after 12 months and felt it was the correct thing to do. Stephen added it gives all governors the opportunity to express their opinion.

OUTCOME: The Council of Governors **APPROVED** the process for appointment of lead governor 2021/22 and **NOTED** expressions of interest are to be submitted by 21 May 2021.

b. Timeline and Preparation for 2021 Governor Elections

The Company Secretary reported the process for elections to the Council of Governors is underway in line with the attached timetable. Nomination forms have been issued to members in all the public constituencies as this year there are 12 vacancies for public governors across all the constituencies, and to staff where there are vacancies in staff groups (four vacancies).

OUTCOME: The Council of Governors **NOTED** the timeline and preparation for 2021 governor elections.

c. Date of the Annual General Meeting 2021

The Company Secretary confirmed the date of the Annual General Meeting will take place on Wednesday 28th July from 5:00 – 6:30 pm and will be held virtual via Microsoft Teams.

OUTCOME: The Council of Governors **NOTED** the details of the Joint Board/Council of Governors Annual General Meeting on 28 July 2021.

d. Updated Register of Council of Governors

The Council of Governors' received the updated Council of Governors register.

OUTCOME: The Council of Governors **NOTED** the updated Register of Council of Governors.

e. Chair and Non-Executive Director Appraisal Process

As discussed above.

f. Council of Governors Attendance Register for the Annual Report

Governors were asked to check the record of attendance at Council of Governor meetings and advise of any discrepancies before 30 April 2021, following which they will be published in the Annual Report in June 2021.

OUTCOME: The Council of Governors **NOTED** the formal meeting attendance register.

g. Council of Governors Declarations of Interest Register for the Annual Report

Governors were asked to check the record of declarations of interest register and advise of any discrepancies before 30 April 2021 and notify Jackie Ryden of any

changes. The Council of Governors Declarations of Interest Register will be published in the Annual Report in June 2021.

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

h. Proposal for timing of future meetings

The Company Secretary explained the proposal is to bring the timing of all future meetings forward so they are earlier in the day as there is less need for evening meetings which can conflict with personal commitments. The following times are proposed for future meetings:

Private session – 1:00 – 1:45 pm

Public session – 2:00 – 4:00 pm

The Chair suggested the new timings are trialed at the next meeting and will then be reviewed.

OUTCOME: The Council of Governors **APPROVED** the proposal for timings of future Council of Governor meetings.

38/21 RECEIPT OF MINUTES FROM SUB-COMMITTEES

Minutes of the following meetings were received:

- Quality Committee meetings held on 25.01.21, 22.02.21 and 22.03.21
- Workforce Committee meeting held on 08.02.21 and 08.03.21
- Charitable Funds Committee meetings held on 23.02.21
- Audit & Risk Committee meetings held on 23.01.21
- Finance & Performance Committee Meetings held on 2.11.20, 30.11.20

No questions were raised.

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

39/21 INFORMATION TO RECEIVE

a. Council of Governors Workplan 2021

The Council of Governor's Workplan for 2021 was circulated for information.

b. Council of Governors Calendar 2021

The Council of Governor's calendar of meetings for 2020/21 was circulated for information. This includes all governor meetings, workshops, and Divisional Reference Groups for 2021.

OUTCOME: The Council of Governors **RECEIVED** the Council of Governors Workplan for 2021 and the Council of Governors meeting dates for 2021.

40/21 ANY OTHER BUSINESS

Stephen Baines explained all governors are kept well informed on a regular basis. He fed back on a recent informal governors meeting and invited Cllr Lesley Warner to raise an issue she had discussed at the informal meeting. Lesley requested all

governors to make a public statement in support of a pay increase to urge the government to re-consider the 1% pay increase. Discussion took place and a public statement was not supported: Stephen Baines stated the governor's role is to ensure patients receive the best care and suggested this was down to the Trust itself. Alison Schofield was in support of Cllr Lesley Warner. Christine Mills agreed with Stephen Baines and did not wish to take part. The governors noted the comments made by Cllr Lesley Warner.

The Chair suggested a decision may be required on whether the informal governor meetings are useful as attendance has declined. Stephen Baines added this was brought up at the last informal meetings and asked for a view from the governors. Stephen suggested it may be useful when the new governors start following elections as an informal meeting to meet and get to know each other. Sheila agreed that the informal governor meetings should continue following the governor elections. This will be reviewed again once the new governors are elected.

The Company Secretary reminded the governors there is a joint Board of Directors and Council of Governors workshop scheduled on Tuesday 11 May between 1:00 – 4:00 pm and the agenda will be circulated once it has been finalised with Stephen Baines.

DATE AND TIME OF NEXT MEETING

The Chair thanked the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting and their contribution. The Chair formally closed the meeting at approximately 5:25 pm and invited governors to the next meetings.

Council of Governors Meeting

Date: Thursday 15 July 2021

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

Venue: Microsoft Teams

Annual General Meeting

Date: Wednesday 28th July 2021

Time: 5:00 – 6:30 pm

Venue: Virtual via Microsoft Teams

5. Matters Arising

To Note

Presented by Karen Heaton

NON-EXECUTIVE DIRECTORS

6. Feedback from Non-Executive
Directors in attendance - Alastair Graham
/ Karen Heaton
For Assurance

PERFORMANCE AND STRATEGY

7. Annual Plan 2021/2022

To Note

Presented by Kirsty Archer

Financial Plan 2021/22

Kirsty Archer

Deputy Director of Finance

Funding Regime

National Funding: A Tale of Two Halves

H1

- Additional national Covid-19 Funding of £7.4bn
- Access to Elective recovery Fund
- System Envelopes confirmed

H2



For 2021/22 an additional £8.1bn of national funding has been provided by the government, of which £7.4bn is available in 'H1' to reflect the ongoing impact of Covid-19

In addition, an extra £1.0bn has been provided for elective recovery and £0.5bn for mental health recovery.

Guidance for H2 still not released

H1 = Half 1, April - September 2021. H2 = Half 2, October 2021 – March 2022.

H1 System Plan

- Rollover of 20/21 (H2) financial framework
- Funding envelopes set at Integrated Care System (ICS) level
- Covid-19 funding continued into H1
- West Yorkshire Integrated Care System agreed to allocate funding to organisations on the same methodology as 2020/21
- Funding allocated for inflation
- Additional 'outside of envelope' funding available for specific costs including Covid-19 pass through items (e.g. Testing and Vaccinations)
- Additional 'outside of envelope' funding available for NHSE specialised high cost drugs (above block funded levels) and high cost devices
- Access to £1bn Elective Recovery Funding based on whole of system performance

CHFT Financial Plan

21/22 Plan – H1

- **ICS target for CHFT: Break-Even position - Agreed**
- Assumes delivery of £3m CIP in 6 months
- Block contracts for CCGs / NHS England
- Top Up funding allocated by ICS:
 - System Top Up: £22.18m
 - Growth funding: £1.74m
 - Covid-19 Funding: £11.27m
- **Total planned surplus / (deficit) is £0.00m**

21/22 Plan – H2

- **Subject to confirmation of funding by DHSC / NHSI**
- Assumes that plan will need to broadly align with the 5 year Plan and the NHSI Financial Improvement Trajectory (FIT) of a £24.38m deficit.
- Assumes that Financial Recovery Funding will be allocated in line with this FIT:
 - Financial Recovery Funding: £12.19m
 - Marginal Rate Emergency Tariff reimbursement: £3.07m
- Break-even plan requires efficiency of £14.23m CIP in 6 months
- Assumes return to normal contracting arrangements with CCGs / NHS England
- **Total planned surplus / (deficit) is £0.00m**

H1 vs H2

H1 versus H2	H1 £'m	H2 £'m	Trust Total £'m
Recurrent Baseline C/F into 21/22	(23.752)	(25.010)	(48.762)
21/22 Pressures & Developments	(7.151)	(7.602)	(14.753)
Reduced Efficiency Target 20/21 / FYE inflation		3.486	3.486
System Top Up Income / FRF	24.327	15.262	39.589
Sub Total: Planning Adjustments	17.176	11.145	28.321
21/22 Deficit (BAU)	(6.576)	(13.865)	(20.441)
Covid costs / recovery Reserve	(7.998)		(7.998)
Covid funding	10.868		10.868
Other adjustments	0.534	(0.533)	0.001
21/22 Deficit Excluding CIP	(3.172)	(14.398)	(17.570)
Less items excluded from Control Total	0.172	0.172	0.345
Efficiency Target	3.000	14.226	17.225
21/22 Surplus / (Deficit)	0.000	0.000	0.000

- H1 £3m efficiency requirement, with inclusion of developments approved in principle, £4.5m Covid-19 Reserve and balance of Covid reserve held as Recovery Reserve (£3.5m).
- H2 Business as usual pressure - additional squeeze comes from return to FIT and CIP requirement in tariff. Funding regime for H2 still unknown, national acknowledgement of potential 'cliff edge'.

Covid-19 Reserve

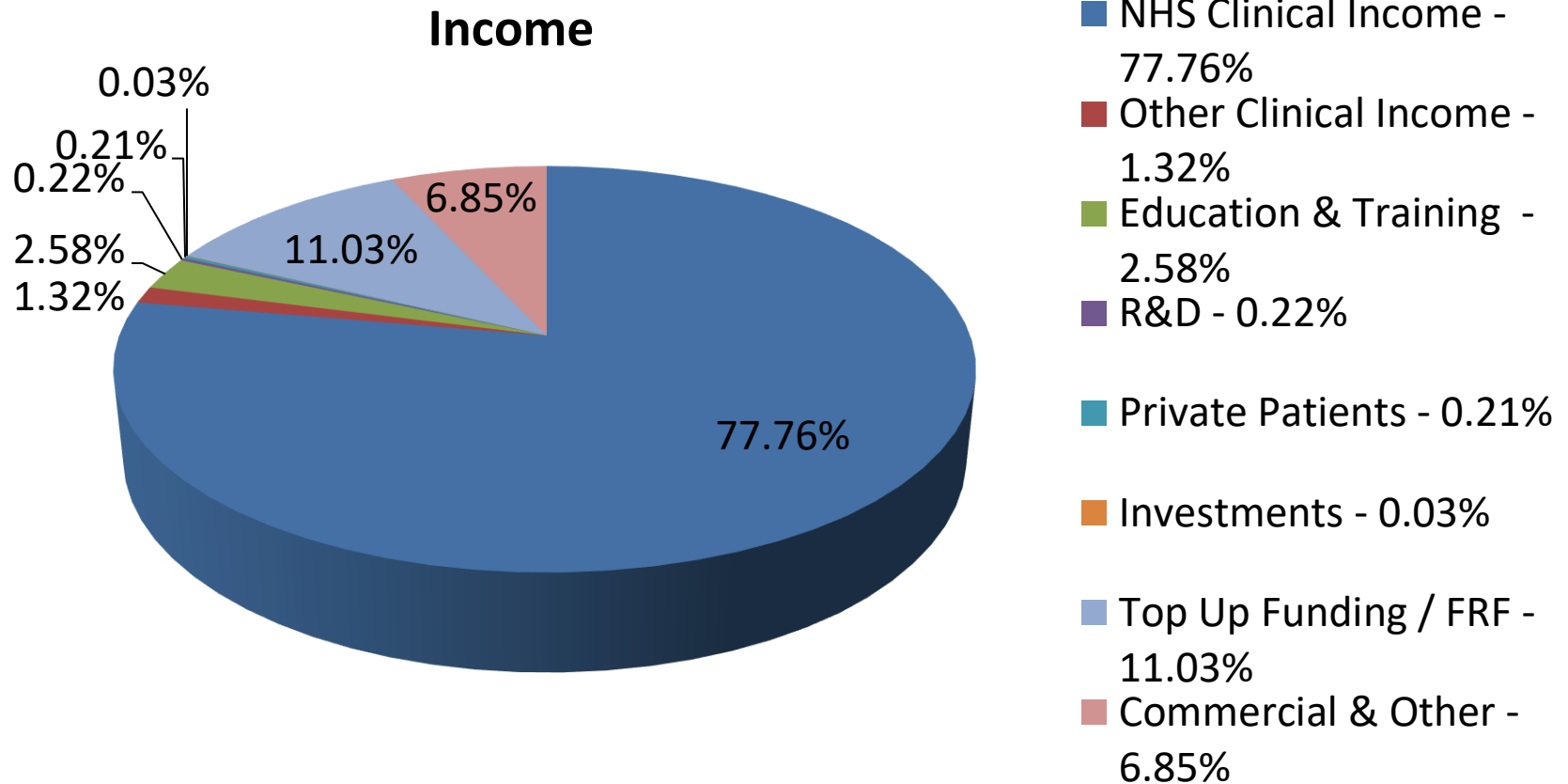
Covid Pressures	£'000
Medical Staffing	1,146
Ward Staffing costs	500
Loss of income	540
Community	452
MRI / CT Mobile Vans	876
Ambulances	76
Non Pay reduction	(116)
Other	1,024
	4,498
Recovery Reserve	3,500
Total	7,998

- Covid funding confirmed at £11.27m.
- Pressures reviewed by Divisions and reduced to reflect current operational position.
- Budget held as a Reserve to offset operational pressures as they occur.
- Recovery Reserve set aside to support delivery of planned activity levels.
- Assumes Covid costs are for H1 only. Limited number of Covid costs funded as H2 developments.
- Recovery plans of £5.4m for H1 subsequently agreed by Executive Board - assumes access to Elective Recovery Funding for balance.

Developments

- At the initial planning stage, alongside the baseline budgets, £2.2m of Developments were funded, based on pre-committed approvals.
- A further £5m of Developments were put forward for consideration. Following Executive review £2.8m funding set aside, subject to the progression of business case stage through Commercial Investment Strategy Committee.
- Developments include new initiatives and elements of new ways of working for Covid with recurrent impact beyond H1.
- Funded Developments include:
 - Dedicated ward pharmacy model £280k
 - Medical e-rostering £193k
 - Health and wellbeing support £100k
 - 7 day services in acute oncology £250k
 - Ascitic drain service £113k
 - Virtual visiting £100k
 - Park and ride £150k
 - Swabbing team £236k

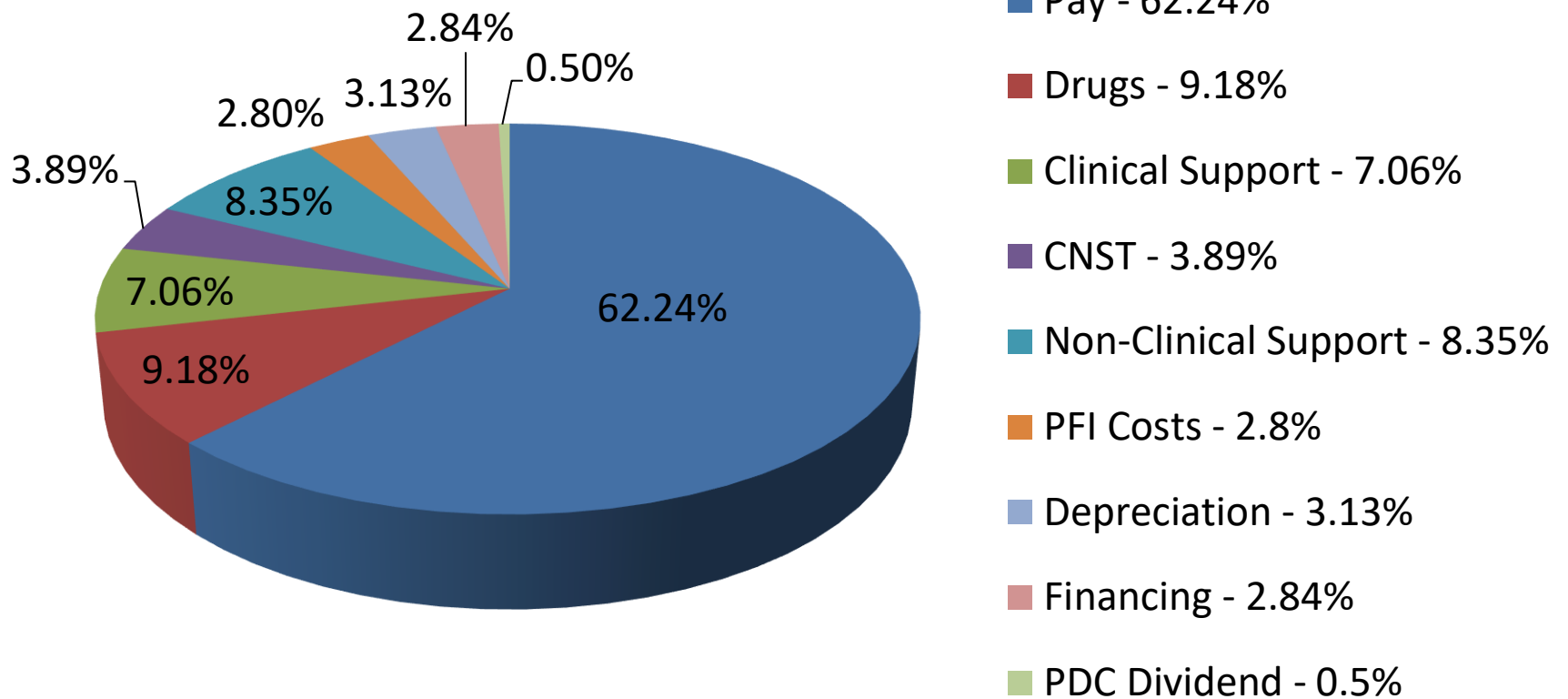
Financial Plan - Income



Total Planned Income: £457.54m

Financial Plan – Expenditure

Expenditure



Total Planned Expenditure: £457.99m

Elective Recovery Fund

Elective Recovery Fund

- Additional funding is available to support Elective Recovery through the £1bn Elective Recovery Fund (ERF).
- Access to the ERF is subject to meeting 5 'gateway criteria'
 - Addressing health inequalities
 - Transforming outpatient services (introducing Patient-Initiated Follow-up (PIFU) in at least 3 major specialties, collaboration to increase uptake of Advice & Guidance/referral triage)
 - System-led recovery
 - Clinical validation, waiting list data quality and reducing long waits
 - People recovery
- Scope includes elective inpatients, day cases, outpatient procedures and outpatient attendances (consultant-led, non consultant-led, face to face and virtual).
- Includes activity delivered by the NHS, Independent Sector Providers or insourced (i.e. will be the source of funding for our contracts with Optegra, BMI and Spire)
- Threshold set against 2019/20 baseline levels of activity adjusted for working day differences – a '**financial**' threshold and is calculated based upon 2019/20 baseline activity levels x 2021/22 tariff consultation prices

Elective Recovery Fund

Value of ERF based upon our 21/22 H1 Plan:

Elective Recovery Fund	2021/22 - April £	2021/22 - May £	2021/22 - June £	2021/22 - July £	2021/22 - August £	2021/22 - September £	2021/22 - H1 Total £
2019/20 Baseline (priced at 21/22 tariffs)	7,659,292	7,227,134	8,553,010	8,167,578	7,468,736	8,461,471	47,537,221
2021/22 Threshold	70%	75%	80%	85%	85%	85%	
Threshold Value of activity (LOWER THRESHOLD 70%/75%/80%/85%)	5,361,505	5,420,351	6,842,408	6,942,442	6,348,426	7,192,250	38,107,380
Threshold Value of activity at 85% (UPPER THRESHOLD)	6,510,398	6,143,064	7,270,058	6,942,442	6,348,426	7,192,250	40,406,638
2021/22 Plan (priced at 21/22 tariff)	6,165,300	6,096,620	7,304,304	7,639,738	7,171,910	7,593,259	41,971,131
Amount above UPPER THRESHOLD (at 120% of tariff)	-	-	-	836,756	988,182	481,210	2,306,148
Amount above LOWER THRESHOLD but below UPPER THRESHOLD (at 100% of tariff)	803,795	722,713	461,896	-	-	-	1,988,405
TOTAL ELECTIVE RECOVERY FUNDING	803,795	722,713	461,896	836,756	988,182	481,210	4,294,552

NB: The above does not include the impact of our baseline adjustments as not yet approved – would increase our ERF further

- Threshold to achieve ERF increases steadily from 70% of 19/20 levels in April to 85% from July onwards
- **Key Point: The ERF is based upon ICS level performance and delivery**
 - if the ICS as a whole doesn't achieve the thresholds, it cannot access the ERF
 - If the ICS as a whole achieves lower than CHFT, each organisation receives a proportionately lower value.

Cash and Capital

Cash and Capital

Cash:

- No borrowing requirement for 2021/22. Revenue debt (£141m) written off in 2020
- Opening Cash balance for the year is £48m
- Planned year end cash balance of £37m
- A high level of accruals will unwind to some extent during the year e.g. capital creditors and annual leave accrual, reducing cash balance.
- The write off of debt and lower cash balances will increase Public Dividend Capital (PDC) dividend payable

Capital:

- £8.09m internally generated capital expenditure planned, funded by depreciation and the sale of properties.
 - £1.50m planned for Wireless Network Refresh
 - £1.04m planned for Scan 4 Safety
 - £3.15m planned for Backlog Maintenance
 - £5.00m planned for Reconfiguration of Services
 - £0.21m other PDC funded schemes planned
- Funded by Public Dividend Capital
- Total capital Plan for 21/22: £18.99m

Summary

2021/22 Financial Plan

- Funding regime known for H1, plans made accordingly. £3m efficiency requirement.
- Funding for H2 unknown, assumptions drive more challenging financial position. National recognition of potential 'cliff edge'.
- Elective recovery funding planned at £4.3m assumed to be invested in full.
- Capital expenditure £19m planned.
- Cash position healthy, following write off of debt in 2020/21.

8. Operational Update and Recovery Plans Presented by Peter Keogh

To Note

Operational Update and Recovery Plans

Council of Governors

15th July 2021

Current Position

Covid position: We continue to see an increase in the patients attending and who are admitted with Covid and currently have 20 inpatients, with 7 in ICU. There is a definite shift to a younger age group and the majority of patients now being admitted have not had their vaccine.

Lifting of restrictions on 19th July will not apply to healthcare settings and we have recently received notification that the rules in place around face masks, goggles and social distancing will remain in force within hospitals. With the prevalence still being high locally it is so important to ensure we keep each other and our patients safe and comply with all Infection Control measures.

Operational Pressures (1)

Emergency Workload: There has been a significant and continued increase in demand for both our emergency departments which is creating pressure at the front door with increased risks relating to social distancing and infection control measures. We are continuing to see high costs in the ED associated with partial segregation and increased attendances.

Across ED we have seen the increase in attendances but the percentage converting to inpatients has reduced; many of these do not require a full ED service.

Whilst emergency admissions are down there is some clinician feedback around patients presenting with increased acuity and complexity as a result of not accessing services and deconditioning during the Covid period this is being explored.

Operational Pressures (2)

Stroke: For our Stroke patients gaining access to a Stroke bed within 4 hours has deteriorated and the issues are multifaceted including a steep rise in admissions and the CT scanner at CRH being out of operation for some time during May which impacted on both timeliness of patient scans and subsequent time of admission into the Stroke bed base. The majority of non bed related metrics are positive.

For **Cancer** although our performance has been excellent, we are now starting to see a step change increase in referrals which is causing pressures on the front end of the pathway initially, in particular diagnostics capacity. This is being discussed with GP and a refresh of the Trust capacity and demand model for cancer is underway.

Operational Pressures (3)

LOS: There has been an increase in the numbers of patients with a length of stay of over 50 days and the complexity of their needs has been noted with an unusually high number of younger patients (< 60) being in this category. Out of hospital capacity is struggling to manage increases in demand, both health and social care impacting on the number of delayed transfers of care

Community services are increasingly seeing more complex and acute presentation with impacts on wider anticipatory care and LTC management. Further work is required to embed the use of acuity and complexity models within the Community to fully evidence this demand.

Recovery

We continue with our recovery plans and each week are seeing more patients than the week before, though we know this is still not enough to reduce our backlogs and see the new patients being referred to us daily.

Following discussions with our local commissioners there has been agreement to look at different options for additional work, which includes a further review of our arrangements for waiting list initiatives, outsourcing to other providers and allowing other providers to use our facilities to see and treat patients.

This is being coordinated within the Surgical Division with colleagues from the CCG working in support. We are starting with ENT and testing the model which we will then start to roll out across those specialties where further additional capacity is required.

Waiting list Result

By 30th September 21

- All P2s within 4 weeks of listing
- All P3s within 12weeks of listing
- A 12 week average RTT waiting time reduction for P4s (? Need to also look from date on waiting list to consider best approach)
- No over 104 week waiters from RTT

By 31st March 22

- P2 & P3 as above
- A further 12week average waiting time reduction

No variation of waiting time by ethnicity

Patients with a Learning disability will be prioritised

Waiting List - Reality

Positive

- 81% of adult patients with a Learning disability now treated
- All Children with a Learning disability on a waiting list identified and treatment planning commenced
- Cancer performance maintained through Covid
- Trajectories in place and ongoing weekly review
- Delivering more activity than plan
- Participating in West Yorkshire elective recovery programme
- LLP recommenced in T&O
- Dedicated bed & Theatre capacity on both hospital sites
- System response to finding more capacity by outsourcing and insourcing with CCG team to support initiated within 1week of escalation
- Waiting time inequities reducing in several specialties

Challenges

- All system patients included on CHFT list (with exception of direct choice GP to IS) meaning higher numbers of patients waiting and length of wait than reported by other Trusts in West Yorkshire
- Maintained compliance with prioritisation criteria meaning a lower volume of P2 activity through Covid (this facilitated increased staffing to ward areas)
- Post surge there is an increasing volume of P2 additions, new patients and upgrades
- More patients added to waiting list weekly than removed
- Currently no 'Any Qualified Provider' capacity in GH or Calderdale
- Significant volumes of staff sickness and vacancies in Theatre
- Little uptake of additional payment lists by supporting teams
- High volume of acute pressures and cancer referrals

Waiting list – Response

Weekly Modelling
Clinical reference Group

Tracking of trajectories
weekly

Ongoing clinical
validation

Deep dive by specialty

Escalation to system
leaders

Separating new
additions from
upgrades in reporting

Personal treatment plan
for over 104/52 waiters

Health inequalities
development session
with all Medical
Secretaries

Self assessment against
new GIRFT standards

Looking at further
options for additionality

Reviewing current
Waiting List Initiative
options

New
insourcing/outourcing
team formed from CCG
staff

System agreement to
seek & utilise all
outsourcing options

Increased scheduling
capacity (which will be
centralised)

Access to Theatres
based on principles of
recovery framework

Theatre efficiency
programme relaunch

Establishment of
specialty theatre groups
with clinical leadership

Recruitment &
retention programme
for Theatre including
Anaesthetic Consultant
leadership

Reviewing patients
listed where little
evidence base for
procedure with a view
to remove

Virtual 'Go Sees' taking
place

9. Performance Update Presented by Peter Keogh

To Note

Council of Governors 15th July 2021

May 2021

OVERSIGHT FRAMEWORK

SAFE		RESPONSIVE	
VTE Assessments	Never Events	Diagnostics 6 weeks	ECS 4 hours
CARING		Cancer 62 day Screening to Treatment	Cancer 62 day Referral to Treatment
Mixed sex accommodation breaches	% Complaints closed	FINANCE	
FFT Inpatients FFT Outpatients FFT A&E FFT Community	FFT Maternity	Variance from Plan	Use of Resources
EFFECTIVE		WORKFORCE	
MRSA	Preventable Cdiff	Proportion of Temporary Staff	Sickness
HSMR	SHMI	Staff turnover	Executive Turnover



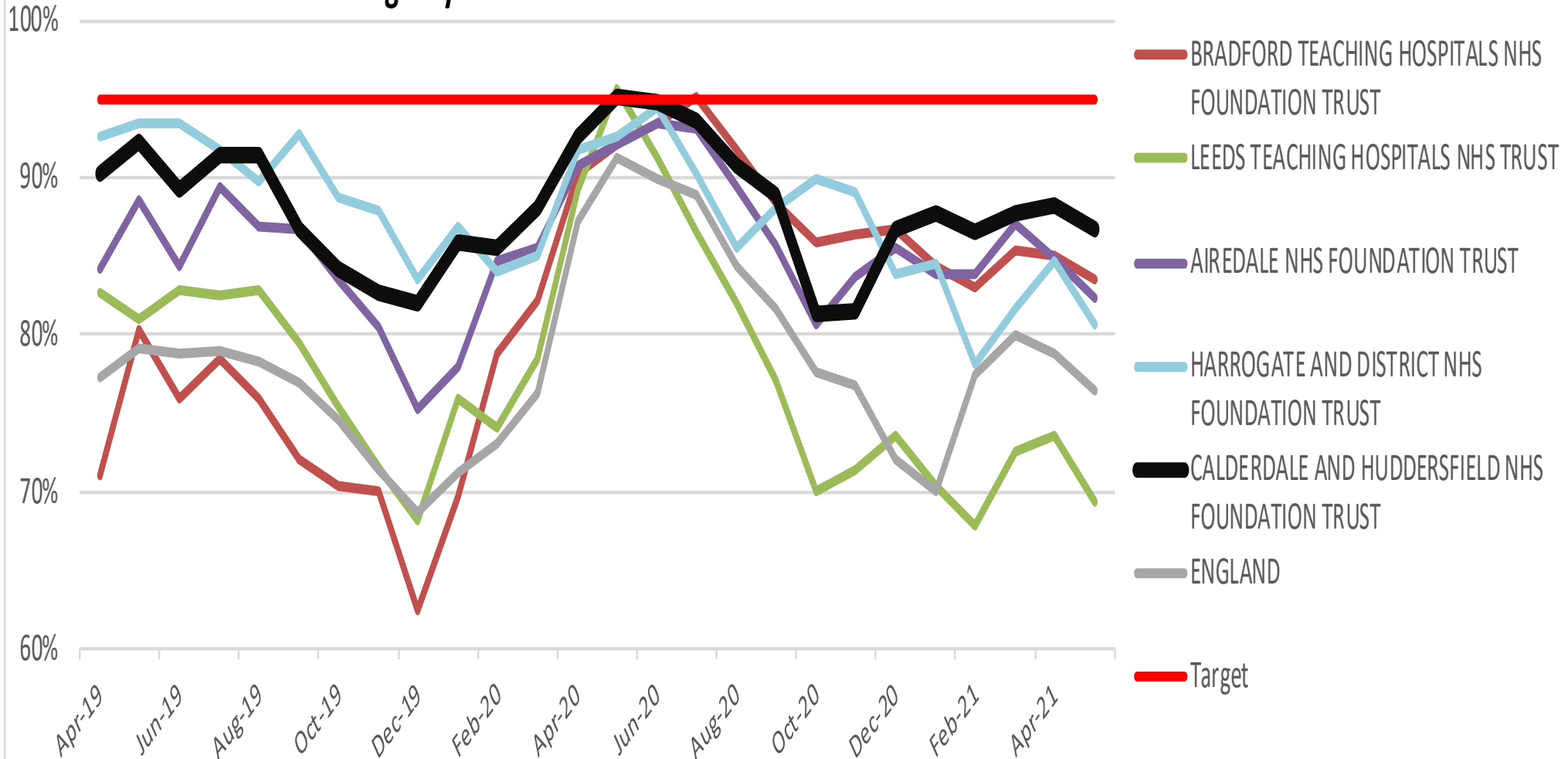
May's Performance Score is at 71.1% which is a slight deterioration on the April position with the key changes being within Stroke and Cancer 28 day faster diagnosis.

The **SAFE** domain is green and improving with only 2 KPIs off plan. **EFFECTIVE** domain is also green but #Neck of Femur access has remained challenging as more cautious pathways for some patients most vulnerable during the pandemic meant it was clinically viewed as safer to wait than to have rapid surgery. The **CARING** domain is now green with Complaints closed achieving 100% for the first time. In our endeavours to become fully compliant with the national regulations and PHSO standards and move towards a more person centric service; negotiated timescales working with the families are now in place. For FFT we have looked at the national position where we compare well and set ourselves local targets. This position will be reviewed on a quarterly basis. Dementia screening still needs a more focussed recovery plan. The **RESPONSIVE** domain is the most challenging as it contains the main planned access indicators with a mixed picture so remains amber with 3 of the 4 stroke indicators deteriorating in month after a good April. **WORKFORCE** remains amber with KPIs consistent with April. **FINANCE** is amber with Agency Expenditure and Capital missing target. We have not been set an agency expenditure ceiling by NHSI this year, so the metric is monitoring against our internal (quite ambitious) plan.

PERFORMANCE

LATEST May 2021

Emergency Care Standard Performance



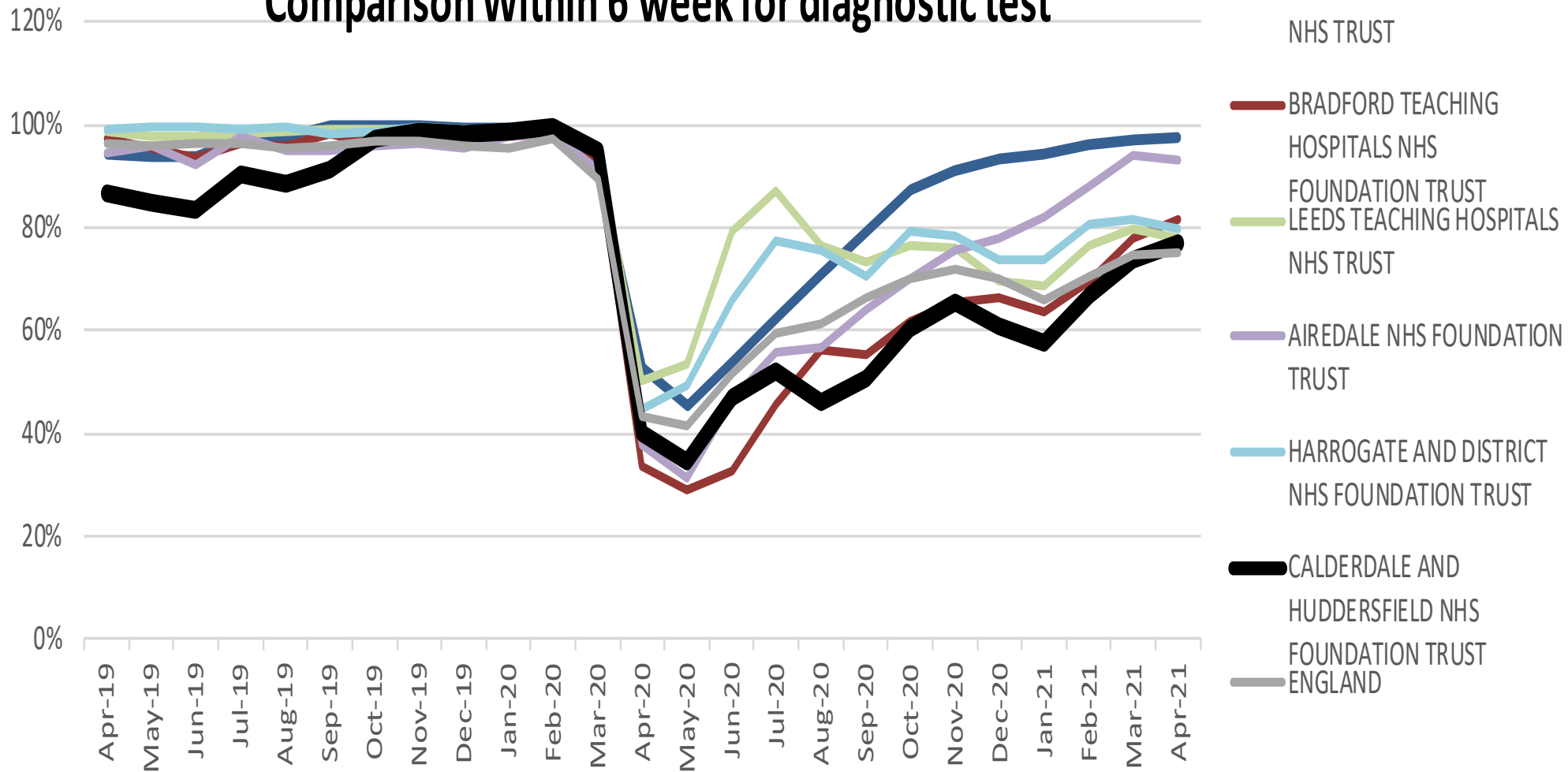
NHS
Calderdale and Huddersfield
NHS Foundation Trust
compassionate
care



PERFORMANCE

LATEST April 2021

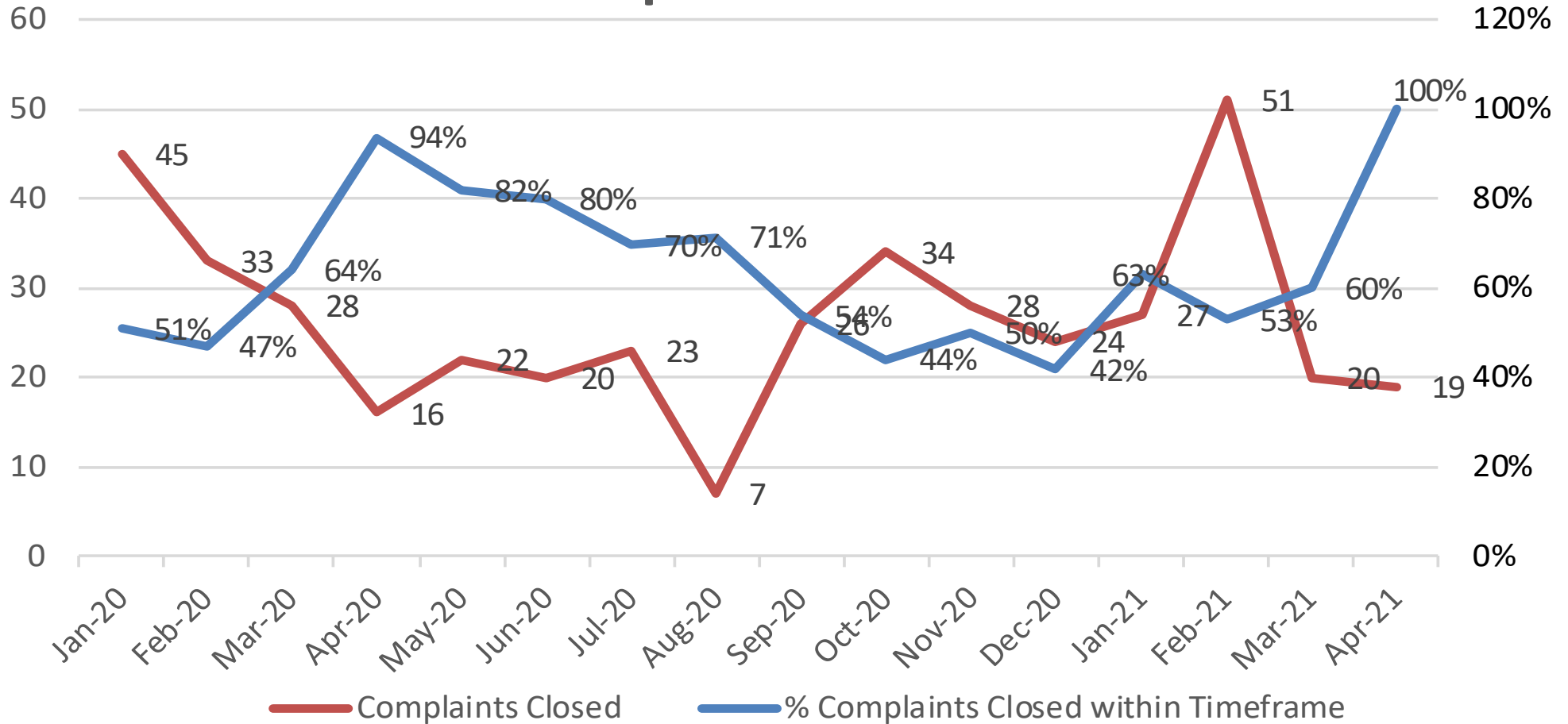
Comparison Within 6 week for diagnostic test



PERFORMANCE

LATEST April 2021

Complaints Received



NOTE: Due to COVID-19 (directive from NHSE/I) we have had a 12 week pause on Complaint and PALS Investigations, therefore, activity from April – September 2020 had 12 weeks added to them which means the breaching data would not be accurate or has been recorded. From October onwards the activity is now correct.



Medicine Division

- Appointment of Dr Sunil Sonwalkar into Clinical Director of Medical Specialties Directorate. Two other strong candidates showing good level of clinical engagement in the division.
- Approval of new falls pathway resulting in significant benefits for our patients;
 - Shorter wait to initial appointment which will be with Community team/Locala and at/close to home mitigating risk of vulnerable patients
 - Virtual MDT introduced for falls practitioners to discuss patients with Consultant
 - Streamlined service reducing number of patients attending for appointments unnecessarily which will further reduce waiting time/RTT pathway length
 - Medical appointment now a 1:1 rather than MDT “one stop” which is felt to be more personal and pleasant for patients and mitigates some of the Covid-19 risk.



Surgery & Anaesthetics Division

- Participating in the KLOE self assessment and observe and act roll out
- Theatres – workforce transformation programme, creative recruitment, OPD apprentices, Nurse Associate development.
- Review of the care of deteriorating patient WTGR with critical outreach and HOOP
- Participation in the Professional Nurse Advocate training in ICU, restorative supervision approach



FSS Division

- Radiology – Retained the Quality Imaging Service Accreditation
- Radiology - Successful set up and running of the phlebotomy appointment system in CRIS
- Rainbow Development Centre – preferred option found in Elland (Clock House). In final stages of being agreed from a financial perspective. The environment would enable a community hub
- Online notes – went live for Maternity, supporting the directorates Digital
- New procedure introduced into Gynae – Myosure which will allow some theatre activity to be moved into the ambulatory setting
- Went live with the new EPR in Yorkshire Fertility



Community Division

Lower Leg Healing Rates – in April 2020 healing rates 25% leg ulcers healed in 12 weeks against a target of 91%.

April 2021 94% of leg healed 12 weeks

Homeless Shelter – Continues to be well received with interest locally and regionally. Great example of identifying inequalities in provision and access and developing a holistic health (physical and MH), care and voluntary sector wrapper around. Very practical and real example of multi-agency delivery.

Aspiring Senior Nurse Leadership Programme – Liz Morley successfully secured a place with the Queens Nursing Institute course commencing in September 2021

Recovery – Community services progressing well with their waiting list and caseload based recoveries. Working with wider recovery programmes (i.e. MSK), primary care (diabetic foot screening).....

STAR Award – Sally Grose our clinical lead OT for Stroke ESD doing the division proud with her focus on staff health and wellbeing

10. Finance Report

To Note

Presented by Kirsty Archer

EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st May 2021 - Month 2

KEY METRICS

	M2				YTD (MAY 2021)				Forecast 21/22			
	Plan £m	Actual £m	Var £m		Plan £m	Actual £m	Var £m		Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	£0.27	£2.66	£2.39	●	£0.34	£3.28	£2.94	●	£0.00	£0.00	(£0.00)	●
Agency Expenditure	(£0.38)	(£0.37)	£0.01	●	1 (£0.75)	(£0.87)	(£0.12)	●	(£4.46)	(£4.71)	£0.25	●
Capital	£0.18	£0.00	£0.18	●	1 £0.38	£0.17	£0.21	●	£18.99	£18.99	(£0.00)	●
Cash	£44.44	£47.06	£2.62	●	1 £44.44	£47.06	£2.62	●	£37.07	£36.63	(£0.43)	●
Invoices paid within 30 days (%) (Better Payment Practice Code)	95%	94%	-1%	●	95%	93%	-2%	●				
CIP	£0.51	£0.57	£0.06	●	1 £1.02	£1.04	£0.01	●	£17.23	£17.22	(£0.00)	●
Use of Resource Metric	3	1		●	1 3	2		●	3	2		●

Year to Date Summary

Year to date the Trust has delivered a surplus of £3.28m, a favourable variance of £2.94m compared to plan. This favourable variance is driven by a combination of: slippage on developments, vacancies, lower than planned recovery costs and higher than planned Elective Recovery Funding (ERF).

- Planning for the financial year ending 31st March 22 has once again been split into two halves, H1 (Half 1) and H2 (Half 2). Guidance for the second half of the year has not yet been released, but the Trust does now have a plan for H1 which aims to deliver a break-even position.
- Funding for H1 continues on a block contract basis, with fixed Top Up funding allocated by the ICS (Integrated Care System) to cover the Trust's underlying deficit, growth and Covid-19 expenditure. For H1, the Trust has been allocated £22.19m of System Top Up funding, £11.27m of System Covid funding and £1.74m of Growth funding, a total Top Up of £35.20m to be received equally across the first 6 months of the year.
- In addition the Trust will have access to funding for Covid-19 costs that are considered to be outside of the System Envelope and year to date has accounted for £2.02m of additional funding to cover costs incurred for Vaccinations, Covid-19 Testing and 3rd Year Student Nurse contracts.
- In total the Trust has incurred costs relating to Covid-19 of £4.14m. Costs were driven by: Covid-19 virus testing, vaccinations (on hospital site and for local vaccination centre), the segregation of patient pathways (particularly within the Emergency Department), staff working additional shifts and 3rd Year Student Nurses.
- These costs have been offset to some extent by an underspend on activity reset, slippage on new developments and lower than planned recovery costs.
- For H1 the Trust has an efficiency savings target of £3m, which is expected to be delivered but largely on a non-recurrent basis.
- Agency expenditure year to date is £0.87m, £0.12m higher than the value planned by the Trust. However, an Agency expenditure ceiling has not yet been allocated by NHS Improvement for this financial year.
- Clinical activity is higher than planned year to date across Elective, Day-case and Outpatients points of delivery and is above the required threshold to secure Elective Recovery Funding (ERF). The Trust has assumed £2.55m of additional ERF in support of recovery as advised by Integrated Care System (ICS).

Key Variances

- Income year to date is £3.76m higher than planned due to ERF of £2.55m and £2.02m of additional income accounted for to offset Covid-19 costs, funding for which has been requested from NHS Improvement. This is offset to some extent by lower than planned commercial income.
- Pay costs are £0.21m above the planned level year to date, although this includes £0.75m of Covid-19 costs that are outside of envelope and therefore offset by additional income and £0.16m of Recovery costs that are offset by ERF. There remain some higher than expected pay pressures, particularly in Medical Division, where Emergency Department segregation and some enhanced staffing models on Wards and in Critical Care continue to drive higher costs. These costs have been offset by slippage on new developments, activity related underspends in Surgical Division and vacancies in Outpatients and Community Division.
- Non-pay operating expenditure was also higher than planned by £0.71m. This is due to Covid-19 related expenditure of £1.27m for vaccinations costs and Covid-19 testing that are outside of envelope and £0.91m of recovery costs. The underlying position was a £1.46m underspend largely related to lower than planned drugs and consumables costs.

H1 (Apr-Sep) Forecast

The Trust is forecasting a break-even position as planned at the end of this reporting period (H1). The underspend in the year to date position is not expected to continue into future months. Recovery costs will increase over the next 4 months, and the associated ERF funding will be harder to achieve as the threshold for delivery increases.

Total Group Financial Overview as at 31st May 2021 - Month 2

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M2

CLINICAL ACTIVITY

	M2 Plan	M2 Actual	Var	
Elective	534	624	90	
Non-Elective	9,882	8,774	(1,108)	
Daycase	6,852	7,161	309	
Outpatient	59,774	62,463	2,689	
A&E	26,451	28,399	1,948	
Other NHS Non-Tariff	252,910	270,094	17,184	
Other NHS Tariff	14,518	14,769	252	
Total	370,920	392,284	21,364	

TOTAL GROUP: INCOME AND EXPENDITURE

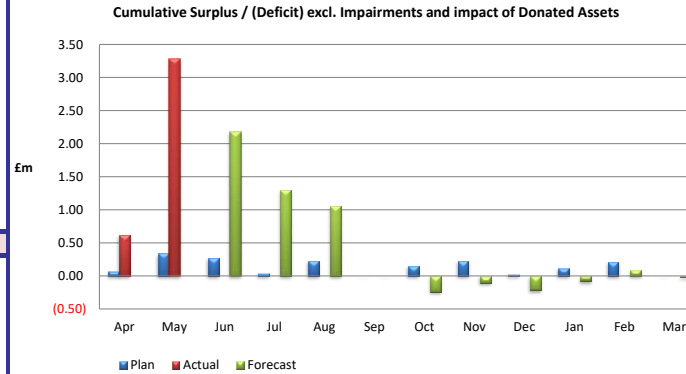
	M2 Plan	M2 Actual	Var	
	£m	£m	£m	
Elective	£1.61	£1.61	£0.00	
Non Elective	£19.19	£19.19	£0.00	
Daycase	£3.90	£3.90	£0.00	
Outpatients	£3.40	£3.40	£0.00	
A & E	£4.08	£4.08	£0.00	
Other-NHS Clinical	£28.63	£33.37	£4.75	
CQUIN	£0.55	£0.55	£0.00	
Other Income	£8.41	£7.42	(£0.99)	
Total Income	£69.76	£73.51	£3.76	
Pay	(£48.15)	(£48.37)	(£0.21)	
Drug Costs	(£6.76)	(£6.23)	£0.53	
Clinical Support	(£5.10)	(£5.83)	(£0.73)	
Other Costs	(£9.82)	(£10.33)	(£0.51)	
PFI Costs	(£2.17)	(£2.17)	£0.00	
Total Expenditure	(£72.01)	(£72.93)	(£0.92)	
EBITDA	(£2.25)	£0.59	£2.84	
Non Operating Expenditure	(£4.80)	(£4.70)	£0.10	
Surplus / (Deficit) Adjusted*	(£7.05)	(£4.11)	£2.94	
Conditional Funding (MRET/FRF/Top Up)	£7.40	£7.40	£0.00	
Surplus / Deficit*	£0.34	£3.28	£2.94	

* Adjusted to exclude items excluded for Financial Improvement Trajectory purposes: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE) and Impairments

DIVISIONS: INCOME AND EXPENDITURE

	M2 Plan	M2 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	(£13.69)	(£13.92)	(£0.23)	
Medical	(£16.51)	(£17.91)	(£1.40)	
Families & Specialist Services	(£13.86)	(£13.28)	£0.58	
Community	(£4.15)	(£4.15)	£0.01	
Estates & Facilities	£0.00	(£0.00)	(£0.00)	
Corporate	(£8.50)	(£8.82)	(£0.32)	
THIS	£0.39	£0.47	£0.08	
PMU	£0.50	£0.35	(£0.15)	
CHS LTD	£0.13	£0.16	£0.02	
Central Inc/Technical Accounts	£58.42	£57.98	(£0.44)	
Reserves	(£2.39)	£2.40	£4.79	
Surplus / (Deficit)	£0.34	£3.28	£2.94	

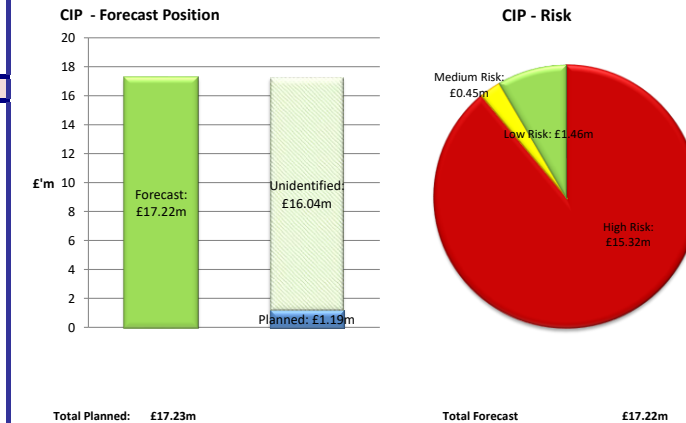
TOTAL GROUP SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast			
	M2 Plan	M2 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	£0.34	£3.28	£2.94	£0.00	£0.00	(£0.00)	
Capital	£0.38	£0.17	£0.21	£18.99	£18.99	(£0.00)	
Cash	£44.44	£47.06	£2.62	£37.07	£36.63	(£0.43)	
Invoices Paid within 30 days (BPPC)	95%	93%	-2%				
CIP	£1.02	£1.04	£0.01	£17.23	£17.22	(£0.00)	
Use of Resource Metric	3	2		3	2		

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 21/22

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	3,790	3,880	90	
Non-Elective	58,196	57,088	(1,108)	
Daycase	46,367	46,675	309	
Outpatient	402,979	405,668	2,689	
A&E	154,885	156,833	1,948	
Other NHS Non- Tariff	1,637,434	1,654,618	17,184	
Other NHS Tariff	94,178	94,430	252	
Total	2,397,829	2,419,193	21,364	

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£11.44	£11.44	£0.00	
Non Elective	£113.53	£113.53	£0.00	
Daycase	£25.34	£25.34	£0.00	
Outpatients	£25.27	£25.27	£0.00	
A & E	£23.42	£23.42	£0.00	
Other-NHS Clinical	£162.11	£175.20	£13.09	
CQUIN	£3.39	£3.39	£0.00	
Other Income	£51.18	£48.93	(£2.25)	
Total Income	£415.68	£426.52	£10.84	
Pay	(£284.11)	(£288.33)	(£4.22)	
Drug Costs	(£42.06)	(£41.62)	£0.43	
Clinical Support	(£31.62)	(£35.65)	(£4.03)	
Other Costs	(£53.25)	(£56.85)	(£3.60)	
PFI Costs	(£13.03)	(£13.46)	(£0.43)	
Total Expenditure	(£424.08)	(£435.90)	(£11.83)	
EBITDA	(£8.39)	(£9.38)	(£0.99)	
Non Operating Expenditure	(£29.05)	(£28.06)	£0.99	
Surplus / (Deficit) Adjusted*	(£37.45)	(£37.45)	(£0.00)	
Conditional Funding (MRET/FRF/Top Up)	£37.45	£37.45	£0.00	
Surplus / Deficit*	£0.00	£0.00	(£0.00)	

* Adjusted to exclude items excluded for Financial Improvement Trajectory: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE) and Impairments

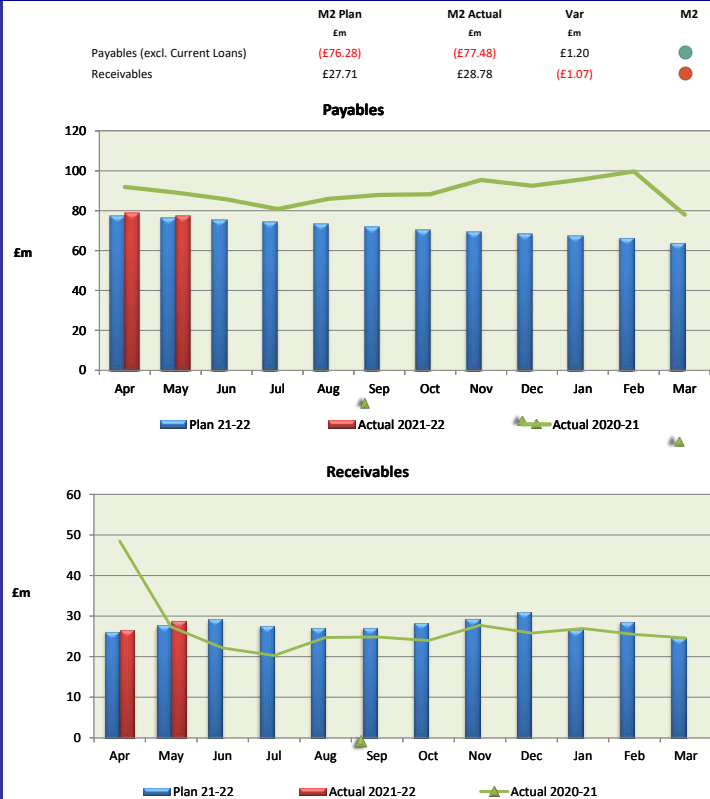
DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	(£83.47)	(£83.70)	(£0.23)	
Medical	(£100.63)	(£102.03)	(£1.40)	
Families & Specialist Services	(£82.92)	(£82.34)	£0.58	
Community	(£24.96)	(£24.95)	£0.01	
Estates & Facilities	£0.00	(£0.00)	(£0.00)	
Corporate	(£51.17)	(£51.49)	(£0.32)	
THIS	£2.16	£2.16	(£0.00)	
PMU	£3.02	£3.02	£0.00	
CHS LTD	£0.81	£0.80	(£0.01)	
Central Inc/Technical Accounts	£334.77	£334.34	(£0.43)	
Reserves	(£2.39)	£4.19	£1.81	
Surplus / (Deficit)	£0.00	£0.00	(£0.00)	

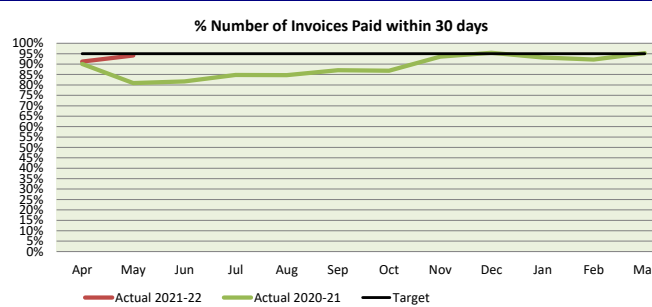
Total Group Financial Overview as at 31st May 2021 - Month 2

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

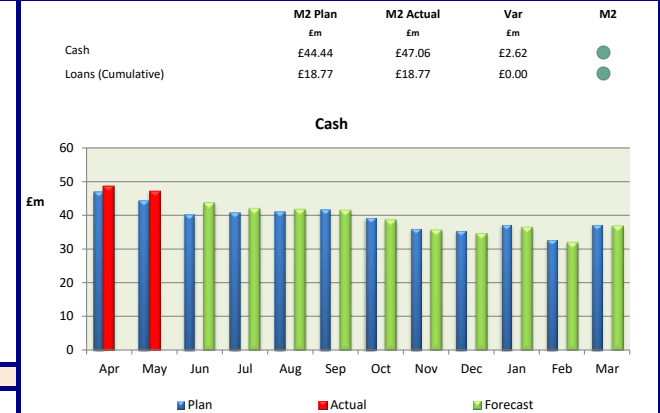
WORKING CAPITAL



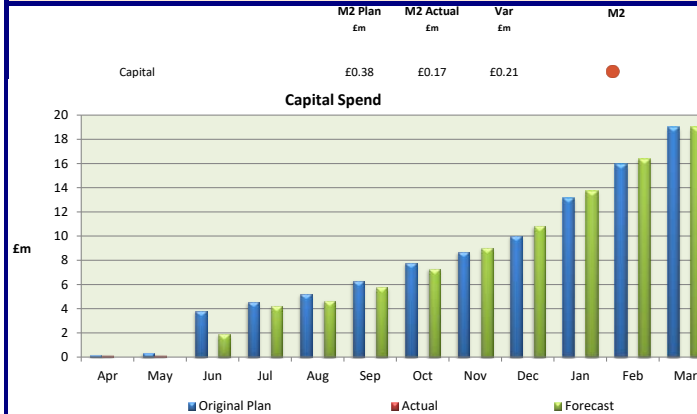
BETTER PAYMENT PRACTICE CODE



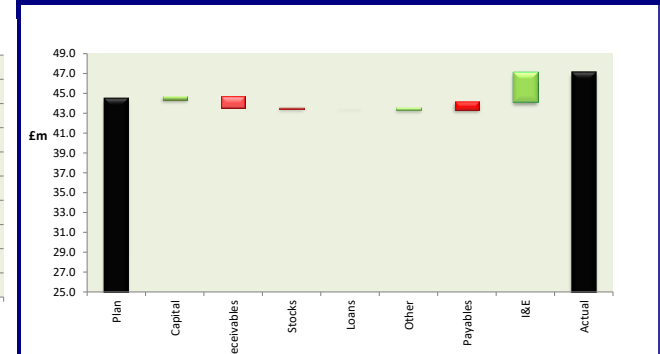
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- Year to date, the Trust has delivered a surplus of £3.28m, a favourable variance of £2.94m compared to plan. This favourable variance is driven by a combination of slippage on developments, vacancies, lower than planned recovery costs and higher than planned Elective Recovery Funding (ERF).
- Funding for H1 continues on a block contract basis, with fixed Top Up funding allocated by the ICS (Integrated Care System) to cover the Trust's underlying deficit, growth and Covid-19 expenditure. For H1, the Trust has been allocated £22.19m of System Top Up funding, £11.27m of System Covid funding and £1.74m of Growth funding, a total Top Up of £35.20m to be received equally across the first 6 months of the year.
- With the exception of Non-Elective, all activity points of delivery are above the planned level year to date, exceeding the Elective Recovery Fund thresholds and confirming the Trust's eligibility for additional funding. ERF funding is reliant on the performance of the whole Integrated Care System, but so far this is on track.
- The Trust has incurred costs relating to Covid-19 of £4.14m, of which £2.02m are considered as 'outside of system envelope' and for which additional funding is available.
- Capital expenditure is lower than planned at £0.17m against a planned £0.38m.
- CIP delivered year to date is £1.04m, £0.02m above the planned level.
- NHS Improvement performance metric Use of Resources (UOR) stands at 2 against a planned level of 3.

NOTES

- The Trust is forecasting to deliver a break-even position at both H1 (Apr-Sep) and for the full financial year.
- Planning for the financial year ending 31st March 22 has once again been split into two halves, H1 (Half 1) and H2 (Half 2). Guidance for the second half of the year has not yet been released, but the Trust does now have an agreed plan for H1 which aims to deliver a break-even position.
- The forecast assumes that recovery costs incurred will be funded through the ERF, currently forecast for H1 at £5.51m
- The total loan balance is £18.77m as planned. No further loans are planned for this financial year.
- The Trust has a cash balance of £47.06m, £2.62m higher than planned.
- The estimated efficiency target for the year is £17.23m of which only £3m is required to be found in H1. This target may change when funding arrangements for H2 are confirmed.
- The Trust is forecasting to spend £18.99m on Capital programmes in this financial year, in line with the planned value.

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

QUALITY

11. Update on 2021/22 Quality Priorities and Quality Report

To Note

Presented by Ellen Armistead

UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

12. Nominations and Remuneration Committee (CoG)

a) Approved minutes of meeting held 19
April 2021

b) Draft minutes of meeting held on
Thursday 1 July 2021

To Approve

Presented by Andrea McCourt

Approved Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) held on Monday 19 April 2021, 1:00 – 2:00 pm, via Microsoft Teams

MEMBERS

Philip Lewer	Chair
Stephen Baines	Public Elected Governor (Skircoat & Lower Calder Valley) – Lead Governor
Christine Mills	Public Elected Governor (Huddersfield Central)
Lynn Moore	Public Elected Governor (North & Central Halifax)
Veronica Woollin	Public Elected Governor (North Kirklees)

IN ATTENDANCE

Richard Hopkin	Deputy Chair and Senior Independent Non-Executive Director (SINED)
Jason Eddleston	Deputy Director of Workforce and Organisational Development
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager (minutes)

06/21 APOLOGIES FOR ABSENCE

Apologies were received from Alison Schofield.

07/21 DECLARATIONS OF INTEREST

The Chair reminded colleagues to declare any items of interest. The Chair declared a conflict of interest for agenda items 09/21 and 11/21.

08/21 MINUTES OF THE LAST MEETING HELD 18 JANUARY 2021

The minutes of the previous meeting held 18 January 2021 were approved as a correct record subject to the amendments below:

- Page 2 – third paragraph – spelling of Alison Schofield to be corrected – typo
- Remuneration of the Chair – slight change of wording ‘however, the turnover has increased and due to this..’

OUTCOME: The Committee **APPROVED** the minutes of the last meeting held 18 January 2021 subject to the amendments above.

09/21 CHAIR APPRAISAL PROCESS

The Chair left the meeting at this point.

The Company Secretary reported national guidance was issued in April on the Chair’s appraisal process which gave a tight timeline for completion. The key points were:

- Chair’s appraisal is an annual appraisal undertaken by the Senior Independent Non-Executive Director (SINED)
- Updated guidance with a timeline for completion and returning by 30 June 2021
- MS Surveys – stakeholder feedback will be used and evaluated by the SINED
- Mirrors national guidance and Provider Chair Competency Framework based around five competencies
- The Nolan principles and behaviours in terms of the Trust values will be included in the Chair’s appraisal

- Governors will feed into this process
- The Chair's appraisal will report into a further Nominations and Remuneration Committee of the Council of Governors and then to the formal Council of Governors in July 2021

RH asked if the Trust are intending to refine the questionnaire or if it will be the same. The Company Secretary confirmed a meeting is scheduled next week to review this.

RH asked Stephen Baines if the preference was for all governors to be invited for input. Stephen confirmed this was the preference as it keeps all governors involved and gives them an opportunity to express their opinion. RH stated there was a good level of response from the governors last year.

OUTCOME: The Committee **APPROVED** the Chair's appraisal process for 2020/21 which will be undertaken in line with the framework and guidance provided by NHS England / Improvement for conducting annual appraisals of NHS Provider Chairs issued in April 2021.

10/21 NON-EXECUTIVE DIRECTOR APPRAISAL PROCESS

RH took no part in this discussion. The Chair joined the meeting.

The Company Secretary reported the Non-Executive Director appraisal process is different to that of the Chair and is more aligned to the Trust appraisal process and timeline. The Trust appraisal process starts in July this year; therefore, the Non-Executive Director appraisals would start in July and will be concluded by the end of September 2021.

The Non-Executive Director appraisals are face to face with objectives agreed to form their development. It is optional to submit a summary of the learning and development needs of the Non-Executive Directors to NHS England / NHS Improvement to support learning and development of Non-Executive Directors regionally and nationally.

The Deputy Director of Workforce and Organisational Development explained the Trust appraisal season historically runs from April through to the end of June and will need to be re-calibrated next year (2022) as it would move back to the usual April – June appraisal season, having been moved in 2020 to account for wave 1 of the pandemic. Therefore, the Deputy Director of Workforce and OD anticipates there will be a need to align the appraisal period for Non-Executive Director colleagues next year, meaning it will take place earlier than 12 months after the last appraisal.

The outcome of the Non-Executive Directors appraisals will be reported back to a Nominations and Remuneration Committee of the Council of Governors and to the Council of Governors meeting in October 2021.

OUTCOME: The Committee **APPROVED** the Non-Executive Director appraisal process for 2020/21.

11/21 NON-EXECUTIVE DIRECTOR SUCCESSION PLAN

The Chair explained he has spoken with all the Non-Executive Directors to review their current tenures and to ensure that the Trust is planning ahead for changes. The next steps below were proposed for the approval of the Committee:

- Extension of tenure by 12 months for Karen Heaton and for up to 12 months for Richard Hopkin, both of whose second term of tenure ends on 27 February 2022

- Recruitment to two Non-Executive Director posts to replace Alastair Graham, who plans to leave before the end of his tenure at the end of May 2022 and Richard Hopkin at the end of June 2022
- Recruitment within the next 12 months to the role of Chair, the current Chair's second tenure runs until March 2024, however the Chair has indicated his intention to leave the Trust in approximately 12 months

The Company Secretary confirmed the constitution allows for these extensions to ensure stability of the Board. These extensions are recommended as the backgrounds of the Non-Executive Directors are in Workforce, with the wellbeing of workforce a key issue due to the pandemic and Finance, with one Non-Executive Director being a finance accountant and the tenure end timing coincides with the year-end accounting processes.

The Trust would like to begin a recruitment process in September / October 2021 for two Non-Executive Director posts to replace Alastair Graham and Richard Hopkin. It is proposed that RH's extension covers a period of up to 12 months, though in practice this may be a shorter period.

The Deputy Director of Workforce and OD asked for clarity on the re-appointment for Alastair Graham who is also the Chair of Calderdale and Huddersfield Solutions Ltd (CHS). The Chair confirmed the NRC (CoG) will approve a recruitment process for the Non-Executive Director role and the CHS Chair role. The Chair has discussed this with Alastair as there is an opportunity for a separation of Chairs. However, CHS would like the arrangement of a CHFT NED being the CHS Chair to remain as they found it has worked well. The recruitment process would involve CHS and CHFT governors to cover this re-appointment. The Company Secretary confirmed that the Trust have a CHS appointed governor.

The Company Secretary explained the arrangements of involving CHS in the recruitment will need to be reviewed and advice will be sought from the Deputy Director of Workforce and OD.

Lynn Moore agreed to extend RH's tenure by 12 months in case of any delays in the recruitment process and less risk. Veronica Woollin agreed it would be a safety net. The governors were all in support of the extension of tenures and recruitment process for two Non-Executive Directors.

The Company Secretary pointed out there may be new members of the Nominations and Remuneration Committee of the Council of Governors following the governor elections and re-allocation of Committees.

The Company Secretary reported the current Chair would resign in approximately 12 months' time and serve a 6 months' notice period until an alternative Chair has been appointed.

Stephen Baines stated he understands why the Chair is making the decision; however, it will be a great loss to the Trust. He added that Philip has been a superb Chair and will be sadly missed. Christine Mills stated that Philip has always been a very approachable Chair; however, understands if it is the right time for the Chair to resign for personal reasons.

The Company Secretary highlighted that the Board has been very stable and there will be a few changes next year in terms of Director roles; therefore, it is important to continue the culture of the Trust.

OUTCOME: The Committee **APPROVED** the extension of tenure by 12 months for Karen Heaton to 27 February 2023 and Richard Hopkin by up to 12 months to 27 February 2023 and **APPROVED** the plans to begin preparing for the recruitment of two Non-Executive Directors during September / October 2021, the recruitment processes would come back to a further meeting and **NOTED** the intentions of the Trust Chair to not serve the full three year tenure period.

12/21 ANY OTHER BUSINESS

There was no other business.

13/21 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The outcome of this meeting will be shared verbally at the Council of Governors meeting on Thursday 22 April and at the private Board on Thursday 6 May.

The meeting closed at approximately 13:29 pm.

Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) held on Thursday 1 July 2021, 1:00 – 1:30 pm, via Microsoft Teams

MEMBERS

Stephen Baines	Public Elected Governor (Skircoat & Lower Calder Valley) – Lead Governor
Christine Mills	Public Elected Governor (Huddersfield Central)
Lynn Moore	Public Elected Governor (North & Central Halifax)
Alison Schofield	Public Elected Governor (North & Central Halifax)

IN ATTENDANCE

Richard Hopkin	Deputy Chair and Senior Independent Non-Executive Director (SINED)
Jason Eddleston	Deputy Director of Workforce and Organisational Development
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager (minutes)

14/21 APOLOGIES FOR ABSENCE

Apologies were received from Philip Lewer and Veronica Woollin.

15/21 DECLARATIONS OF INTEREST

The Deputy Chair reminded members to declare any interests at any point in the agenda.

16/21 MINUTES OF THE LAST MEETING HELD 19 APRIL 2021

The minutes of the previous meeting held 19 April 2021 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the last meeting held 19 April 2021 as a correct record.

17/21 OUTCOME OF CHAIR'S APPRAISAL

Richard Hopkin as Deputy Chair and Senior Independent Non-Executive Director (SINED) provided a verbal update on the outcome of the Chair's appraisal.

RH explained the process followed was similar to previous years and a questionnaire was circulated to all key stakeholders, including Non-Executive Directors, Executive Directors, Governors and other members of the Integrated Care System (ICS). RH thanked all the governors who responded to the Chair's appraisal.

RH reported an excellent response rate was achieved of 83%. Only the lead governor is required to respond; however, the questionnaire was circulated to all governors as previously agreed which achieved around a 50% response rate from governors.

RH shared there was very positive feedback across all categories with a higher rating this year in all sections. The responses were positive and confirmed the Chair continues to handle governance arrangements and communications with stakeholders during the Covid-19 pandemic in a positive light. One objective of the Chair last year was to increase his profile on a regional and national level and this has been evident with the Chair's increased profile across the ICS and currently chairing WYAAT. The responses particularly noted the Chair's approachable, caring and supportive style, together with

high levels of integrity and leadership and an inclusive approach. It was also noted the Chair is developing work on addressing health inequalities.

The appraisal responses evidenced good relationships with all stakeholder groups, with the Chair having spent considerable time with other Trust Chairs and organisations within the ICS. RH reported a meeting with Locala took place this week and it was evident the Chair had a good relationship with the Chair at Locala.

There were relatively few areas for improvement and development with three areas which have been taken on board. These included the following for the Chair: continuing to provide challenge to the Executive team including the Chief Executive, demonstrating a more active role steering the Board agenda, not being just the Executive's agenda, expressing his own views in meetings and forums as he has a lot to offer.

The SINED previously met with Stephen Baines as lead governor and the Chair to share the results and objectives for the current year.

The appraisal form has been submitted to NHS England /Improvement (NHS E/I) on 16 June 2021 in line with national guidance.

Christine Mills congratulated the Chair on improved relationships with Locala and suggested that the Chair should be thanked and recognised for his hard work here. RH acknowledged the positive relationship the Chair has with Locala. Stephen Baines explained some of the history that has contributed to positive working relationships with Calderdale, with the Trust Chief Executive having been the former CEO of Calderdale local authority.

Stephen Baines stated it will be difficult to find a replacement for the Chair when he stands down as Chair. Christine agreed and stated the Chair's commitment has always been above 100%. RH agreed that the current Chair will be a hard act to follow and the new Chair is a key appointment for CHFT.

Alison Schofield asked how long the Chair is in post before the Trust consider what's next.

The Company Secretary explained conversations have been taking place with workforce colleagues regarding the Chair and Non-Executive replacement and associate NED posts. The earliest this would fall would be September and a further NRC meeting will take place to agree this along with the job descriptions. She stated the importance of planning a handover.

RH declared an interest in this item.

Christine Mills asked how the posts will be advertised. The Company Secretary confirmed the Trust will look at suggestions from the Seacole Group to look at ways to broaden diversity and reach local communities. The Deputy Director of Workforce and Organisational Development added in the past the Trust used an agency to work on our behalf for the recruitment of a NED.

OUTCOME: The Committee **APPROVED** the outcome of the Chair's appraisal 2020/21 which was undertaken in line with the guidance provided by NHSE/I and submitted on 16 June 2021 and **NOTED** the outcome will be presented to the next Council of Governors meeting on 15 July 2021.

18/21 ANY OTHER BUSINESS

The Company Secretary noted thanks to RH for his involvement in the Chair's appraisal process and RH thanked Jackie Ryden for her support in this process.

19/21 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The outcome of the Chair's appraisal will be presented to the Council of Governors meeting on Thursday 15 July 2021. The Company Secretary confirmed the Chair and RH will not be attending the meeting on 15 July 2021 and Karen Heaton will be chairing. Karen Heaton has been fully briefed on the outcome.

The meeting closed at approximately 1:18 pm.

CHAIR'S REPORT

13. Updates on behalf of Chair

To Note

Presented by Karen Heaton

GOVERNANCE

14. Update from Lead Governor - Stephen Baines

For Information

15. Outcome of Chair's Appraisal

To Note

Presented by Karen Heaton

COUNCIL OF GOVERNORS
15 JULY 2021

OUTCOME OF CHAIR'S APPRAISAL 2020/2021

OUTCOMES OF CHAIR APPRAISAL 2020/2021

The appraisal of the Chair has now been finalised; below are details of the process undertaken and the outcomes.

An appraisal questionnaire (based on the NHSI/E template) was circulated to key stakeholders, including Executive Directors, Non-Executive Directors, Governors and other key members of the Integrated Care System.

This questionnaire was structured to enable feedback on how the Chair performs against the competencies set by NHS Improvement for Trust Chairs, to evaluate impact and effectiveness in their role. In addition, it considered the Trust's organisational values and provided the opportunity to assess what the Chair does well, where they could improve and to provide any additional anecdotal feedback. There was also a section to assess how the Chair supports the Seven Principles of Public Life (Nolan Principles).

The questionnaire covered the Chair's competency framework in the following areas:

- Strategy
- Partnerships
- People
- Professional Acumen
- Outcome Focus
- CHFT Values

An excellent response rate (83%) was achieved and there was, once again, very positive feedback across all categories of stakeholder and an even higher rating this year in all sections covered by the questionnaire. The Chair has continued to handle the governance arrangements and communications with stakeholders in an exemplary manner during the Covid-19 pandemic and in the recovery/reset phase. He has also made good progress in increasing his profile and influence outside the Trust, particularly at an ICS level.

Areas of Strength highlighted were as follows:

Philip's excellent personal qualities again were highlighted – his approachable, caring and supportive style, together with high levels of integrity and moral leadership. His inclusive approach has not only encouraged full participation of Board members and Governors, it has also driven the development of a strategy to address health inequalities in both the Trust's own operations and the local community. His good chairing skills have ensured that Board and other meetings remain focused and on schedule, while not stifling debate. Philip has excellent relationships with all stakeholder groups and, as noted above, has made specific efforts to increase his involvement on a wider regional (particularly the ICS, WYAAT) and national level.

Although relatively few areas for improvement and development were identified, those noted were: to increase visibility within the Trust, particularly as Covid-19 restrictions are reduced; continue to provide challenge to the Executive Team, including the Chief Executive, being more of a 'critical friend'; demonstrate a more active role in steering the Board agenda; and bring more of his own views to the fore in Board meetings.

The Chair is up to date with mandatory training.

The Senior Independent Non-Executive Director (SINED) met with the Chair to review the feedback and formally complete an appraisal. The SINED also discussed the results of the appraisal questionnaire with the Lead Governor. Following the appraisal discussion, an appraisal reporting template was completed jointly by the SINED and the Chair to formally record a summary of the key outcomes arising from the discussion, and this was forwarded to NHSE/I on 16 June 2021.

An update on the process was provided to the Nominations and Remuneration Committee on Thursday 1 July 2021, and those governors present at the meeting expressed their support for the Chair and would be pleased to see him continue as Chair.

16. Thank you to outgoing governors

To Note

Presented by Karen Heaton

COMPANY SECRETARY REPORT

Presented by Andrea McCourt

17. Outcome of Lead Governor Appointment

To Approve

Presented by Andrea McCourt

18. Proposal of Council of Governor meeting dates for 2022

To Approve

Presented by Andrea McCourt

Council of Governors Meetings Dates Proposal for 2022

Date	Time	Location
Thursday 27 January 2022	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Microsoft Teams or alternate sites between Huddersfield Royal Infirmary and Calderdale Royal Hospital
Thursday 21 April 2022	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Microsoft Teams or alternate sites
Thursday 14 July 2022	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Microsoft Teams or alternate sites
Thursday 20 October 2022	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Microsoft Teams or alternate sites

*Two Non-Executive Directors will be allocated to each meeting

*Date of the Annual General Meeting for 2022 to be confirmed

Joint Council of Governors and Non-Executive Directors Informal Workshops – Proposal for 2022

Date	Time	Location
Thursday 10 February 2022	2:00 – 4:00 pm	Microsoft Teams or alternate sites
Thursday 15 September 2022	2:00 – 4:00 pm	Microsoft Teams or alternate sites
Tuesday 13 December 2022	12:30 – 4:00 pm	Microsoft Teams or alternate sites

Joint Council of Governors and Board of Directors Workshops – Proposal for 2022

Date	Time	Location
Tuesday 10 May 2022	1:00 – 4:00 pm	Microsoft Teams Or alternate sites between
Tuesday 15 November 2022	1:00 – 4:00 pm	Microsoft Teams Or alternate sites between

Bank Holidays 2022

Friday 15 April 2022 (Good Friday)

Monday 18 April 2022 (Easter Monday)

Monday 2 May 2022

Thursday 2 June 2022

Friday 3 June 2022 (Platinum Jubilee)

Monday 29 August 2022

19. RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

- a. Quality Committee held 19.04.21 & 24.05.21
- b. Workforce Committee held 10.05.21
- c. Charitable Funds Committee held 24.05.21
- d. Audit and Risk Committee held on 12.04.21 & 10.06.21
- e. Finance & Performance Committee held on 29.03.21 & 05.05.21

To Note

QUALITY COMMITTEE

Monday, 19 April 2021

STANDING ITEMS

62/21 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Doriann Bailey (DBy)	Assistant Director for Patient Safety
Dr David Birkenhead (DB)	Medical Director
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee
Christine Mills (CM)	Public-elected Governor
Lindsay Rudge (LR)	Deputy Director of Nursing
Rachel White (RW)	Assistant Director for Patient Experience
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Anna Basford (AB)	Director of Transformation and Partnerships (item 69/21)
Dr Abhijit Chakraborty (AC)	Consultant - Elderly Care Medicine (item 69/21)
Andrea Dauris (AD)	Associate Director of Quality and Patient Care
Dr Timothy Jackson (TJ)	Lead Medical Examiner & Consultant in Anaesthesia (item 72/21)
Dr Cornelle Parker (CP)	Deputy Medical Director
Nicola Hosty (NH)	Assistant Director of Human Resources (67/21)
Robert Ross (RR)	Head of Medical Engineering & Medical Equipment Management
Karen Spencer (KS)	Associate Director of Nursing – FSS Division (item 75/21)
Lucy Walker (LW)	Quality Manager, NHS Calderdale / NHS Greater Huddersfield / NHS North Kirklees CCGs

63/21 APOLOGIES

No apologies were received.

64/21 DECLARATIONS OF INTEREST

There were no declarations of interest.

65/21 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 22 March 2020 were approved as a correct record.

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

66/21 REVISED TERMS OF REFERENCE

A copy of the revised terms of reference were circulated at appendix B, following the revision to the governance structure, the blue highlighted text due to be removed, and the additions to the terms of reference, in yellow.

OUTCOME: The Committee agreed the revision of the terms of reference.

AD HOC REPORTS

67/21 HEALTH AND WELLBEING RECOVERY STRATEGY

Nicola Hosty (Assistant Director of Human Resources) was in attendance to present appendix C, summarising the development of the wellbeing package to support the diversity of colleagues; what has been done so far; how the health and wellbeing strategies impacted our absence. and what will be done next.

KH stated that this is a great piece of work to have in place and provides reassurance that this is being managed amongst the workforce. It was asked if any themes were emerging, not already identified, that need to be considered. NH commented on a complexity of discussions, which require more support, hence the enhancement of personalised and individualised care. CHFT bid for £150,000 worth of funding across Calderdale and Kirklees, for use of Socrates Psychological Services and Hälsa Wellbeing sessions, and is ensuring that this is equitably spent.

Congratulations were conveyed to the wellbeing team, and it was asked how this will be sustained going forward, given the time and resource it takes, as well as other competing priorities post-COVID. NH stated wellbeing ambassadors will play a part, as well as funding for eight colleagues to participate in a REACT train the trainer - identification of stress awareness session. The aim is for the 8 colleagues to train 130 wellbeing ambassadors, who will then host management sessions. The learning is constant throughout the next 12 months and beyond, and the aim is to grow the wellbeing community and support offer. It was also noted that around £1m has also been allocated to the creation of a mental health specialist hub in West Yorkshire and Harrogate.

The Chair asked what support is in place for managers who do not feel skilled enough to deal with complex cases. NH stated that Dave Corbet from Greengage Consulting, supports wellbeing conversations for surgeons and consultants; Socrates host supportive conversations with colleagues on traumatic incidents, and support is also available from our work psychologist community and also occupational health.

The Chair also stated that some colleagues still feel guilty about taking their allocated wellbeing hour and would be useful to have some case-studies and examples of how colleagues are using that time. NH noted that this will be made available via the [Cupboard](#)

NH was thanked for the report and the amount of work provided.

OUTCOME: The Committee noted the report.

68/21 VACCINATION PROGRAMME GOVERNANCE

Dr David Birkenhead (Medical Director) presented appendix D, which provided assurance on the governance arrangements in place for the Covid-19 vaccination programmes at the John Smith Stadium Vaccination Centre in Kirklees, for which the Trust is the accountable organisation, and the CHFT hospital hub vaccination programme for health and social care workers, delivered from HRI and CRH hospital sites.

Following a summarisation of the programme, the Chair asked if there were any plans in terms of extending the contract with the John Smith Stadium beyond 24 June 2021. DB reported that it may be challenging to continue on the site due to football match-days, however, there may be a possibility to extend into the Autumn if necessary.

OUTCOME: The Quality Committee noted the governance process, approved oversight of the vaccination programmes and approved the Operational Policy.

QUALITY PRIORITIES CLOSURES**69/21 FOCUSED AND QUALITY ACCOUNT PRIORITY CLOSURES**

Updates were provided on the priorities which are to be closed for 2020/2021:

Focused Priorities

- *Nosocomial Spread* – Lindsay Rudge (Deputy Director of Nursing) provided an update on the reduction of nosocomial infections as detailed at appendix E, as well as '*reducing the number of hospital acquired infections including COVID-19*' being a quality account priority for 2021/2022.
- *Medical Devices* – Robert Ross (Head of Medical Engineering) was in attendance to provide an update at appendix F, on medical devices training, maintenance figures and an audit and engagement process which began in April 2021. Although medical devices will not continue as a focused quality priority, this will be monitored via the Trust Patient Safety and Quality Board (PSQB) and report into the Quality Committee.

Non-compliance of medical device training for divisions was raised, and it was asked what the consequence of non-compliance was. RR stated that it is a legal requirement that training is provided for colleagues, and the consequence (worse-case scenario) is that a colleague can lose their registration if a device is used without appropriate training, which will have an impact on the organisation, due to the availability of staff. DBy commented that this has been a challenging area and provided assurance to the Quality Committee that a meeting was recently held with divisions to review and to raise awareness of the importance of colleagues being trained to use equipment. The challenges of staff moves during the COVID-19 period were recognised, and hopefully, will be in a better position to understand which colleagues have been trained and those who have not, including the flexible workforce. EA stated that Quality Governance Leads need to work supportively with divisions in assisting getting colleagues through the training, and that the Committee may require further updates and clear governance arrangements on training compliance levels. KH commented that periodic updates will be required, and also enquired about the timescales of the recommendations in the report. RR stated that the ward-by-ward audit of medical devices is due for completion within the next two months, depending on availability to access to areas. DBy mentioned that work has taken place with the Quality Governance Leads on getting this item onto the divisional PSQB meeting agendas, and RR commented that training reports are provided to all divisions on a monthly basis, and maintenance compliance levels are presented to the contract and performance meetings on a monthly basis. LR stated that this needs to remain a focus into the Trust PSQB and ultimately into the Quality Committee until in an improved position is realised.

- *End of Life Care* – Lindsay Rudge (Deputy Director of Nursing) provided an update on the progress made against the end of life care quality priority in 2020/2021, and plans for 2021/2022 to continue with the two priorities on end of life care, by supporting patients and their families on their individual characteristics and linking into health inequalities, and to also supporting relatives and carers with breaking bad news relating to end of life care, as detailed at appendix G.
- *Impact of Business Better than Usual* – Anna Basford (Director of Transformation and Partnerships) was in attendance to present appendix H, providing a progress report against the 12 learning themes which were identified in May/June 2020, as key learning from the COVID-19 pandemic. Areas were identified by colleagues, partner organisations and public feedback of how new ways of working implemented during the pandemic have brought benefit and should continue and be amplified moving forward. The governance process was approved at the Board of Directors and was agreed that regular updates would be provided to the Quality Committee, Workforce Committee and the Finance and Performance Committee. Although, this will not be a quality priority for 2021/2022, the Quality Committee can be assured that the actions and implementation of the themes will be received into the Transformation Programme Board. As work progresses, the Quality

Committee will continue to have an interest, particularly regarding the impact on EQIA and QIA of any of the actions taken forward. Across the 12 themes in the report, each theme lead has provided an update regarding progress and self-assessment. Four themes are RAG rated amber, and eight rated green. The amber ratings denote being slightly off-track but have a plan to be back on-track. What has been notable about business better than usual, is the enthusiasm of theme leads, despite the many operational challenges they have experienced over the recent months.

The Chair asked about the working from home workstream. AB noted that a business better than usual delivery group meeting took place and focused on the working from home theme. The possibility of undertaking a survey of colleagues was discussed and a draft document which set out key principles related to working from home was reviewed. The outcome of the discussion was to reflect that some styles of working are still emerging, and in contrast to a top-down approach where roles may be designated to a style of working, individuals need to reflect on the most productive style of working for them, given the needs for patient care and organisational objectives. Further reflection needs to be done and possibly consider learning from Leeds Council, who have also carried out some reflective work. This will return to the director's group for a broader discussion.

KH stated that is an issue which most organisations are dealing with, as this will become the future way of working. It is a journey and an experiment for most organisations and will be interesting to see how this shapes up in the future. Managers and leaders need to be confident to manage in a different way.

CM asked about any support being available for any colleagues who may be nervous about returning to work. JE stated that work is being done with individuals who are returning to work and may be nervous, and wraparound support is being provided to ensure that a return to work is successful.

- *Falls* – Dr Abhijit Chakraborty (Consultant in Elderly Care Medicine) was in attendance to present appendix I, noting the progress for reducing harm falls for 2020/2021 and the taking forward of this as a focused quality priority for 2021/2022. In the last financial year, CHFT achieved a 10% reduction in falls (2019 = 1963 falls, and 2020 = 1772 falls), with the total number of falls being reduced by 191. The aim is to continue the 10% reduction in the number of falls for 2021/2022, by implementing the Commissioning for Quality and Innovation (CQUIN) target for prevention of inpatient falls, embed learning from serious incidents, produce bite size learning, develop workshops and strengthen the influence of falls link nurses.

The Chair asked that through achieving the 10% reduction in falls, despite challenges, whether the target for 2021/2022 should be set at a higher target. AC stated that it is not known if the projected picture is entirely accurate, due to differences in admissions during the COVID-19 period and staffing issues. It was stated that more time is needed to ensure that the 10% reduction can be sustained.

The Chair noted that at a previous meeting, reference was made to a lack of falls alarms, and asked if this has now been addressed. AC stated that 250 falls alarms have been ordered and now received.

DB asked what is happening in relation to the learning from the Falls Collaborative in terms of the design of the new hospital estate moving forward, and whether this could potentially minimise some risks, if there was a well-designed environment. AC stated that there are some factors which can be acted on, as well as some which cannot, for example, staffing. It was noted that good planning of the environment would minimise the risk of falls, for example, lighting and floor planning.

Quality Account Priorities

- *Learning lessons to improve patient experience* – Rachel White (Assistant Director for Patient Experience) presented appendix J outlining the closure of the quality account priority for 2020/2021, and the plan to continue the work into a digital solution through the existing CHFT app, as outlined in the next steps of the report.
- *Improving staff handovers to ensure psychological & emotional needs of patients are met* – Lindsay Rudge (Deputy Director of Nursing) stated that the update to the Quality Committee on 22 February 2021 which outlined the work undertaken, concluded this quality priority. The model had been tested and the plan is to roll this out over the course of this year and the remainder of next year.
OUTCOME: It was agreed to accept the report in 22 February 2021 as the closure of this quality account priority.
- *Improving resources for distressed relatives / breaking bad news related to end of life care* – Lindsay Rudge (Deputy Director of Nursing) presented appendix L, highlighting the progress made through 2020/2021, and that this will continue as a focused quality priority into 2021/2022.

OUTCOME: The Quality Committee approved the closure of all the above quality priorities, and those which will be continuing as quality account or focused priorities.

SAFE

70/21 HIGH LEVEL RISK REGISTER

Doriann Bailey (Assistant Director for Patient Safety) presented appendix M, highlighting the updates on risks on the high-level risk register in March 2021.

There were 31 risks in March 2021, a reduction of two from the previous month. A monthly deep dive of a high-level or long-standing Trustwide risk takes place at the Risk Group, with medical devices being the last deep dive undertaken. Ten of the risks have a score of 20 and above; there were no new risks, and six risks with a reduced score.

All risks were updated, with the exception of risk 7778: *risk of staff becoming infected with COVID*, which was reviewed by infection prevention and control, however, required an update from an Occupational Health perspective.

All divisions are asked to review their risks and are expected to present these to the Risk Group.

OUTCOME: The Committee noted the report.

71/21 INFECTION PREVENTION AND CONTROL BOARD REPORT

Dr David Birkenhead (Medical Director) presented the quarterly report which covers the period of December 2020 to March 2021, as detailed at appendix N.

Whilst most of the performance indicators for infection control remain stable, including *Escherichia coli* (E.coli) and Methicillin-resistant staphylococcus aureus (MRSA), there has been a significant increase in the number of *Clostridium difficile* cases in the organisation, for reasons which are not yet apparent at this point in time. A major focus of work is ongoing into next year to get them back to where they were.

A lot of infection control focus in the past year has been on COVID-19, but despite those efforts and good compliance with Personal Protective Equipment (PPE) in general, there have been 15 outbreaks of COVID-19 and a number of healthcare onset COVID infections (HOCI) cases, which demonstrates the transmissibility of the infection. This has been a challenge for the infection prevention and control team and all colleagues within CHFT, however, CHFT are

now rarely seeing HOCIs and have had no COVID-19 outbreaks for a number of weeks, which has been helped by the high vaccination rates, a decrease in the community prevalence of COVID-19, and a general reduction in COVID-19 inpatients.

In relation to the performance targets, the Chair asked what can be done in order to increase the Aseptic Non-Touch Technique (ANTT) competency assessments for doctors, which is currently at 69.28%. DB stated that this has been followed up, and is not helped by the turnover of junior staff due to doctor rotation, however, this continues to be monitored and challenged via the infection, prevention and control (IPC) Gold meeting and IPC performance boards. There may be some data quality issues in terms of capturing ANTT training which takes place outside of the organisation for the new rotated staff, however, a number of streams are working on this and is hoped that compliance improves.

LR stated that it is important to acknowledge that the IPC team have been very busy, but have also been supported by colleagues, whether it be by taking a leadership role in PPE, supporting the testing workstream, through cleaning services and clinical colleagues supporting frontline leadership. Thanks were conveyed to all who have supported infection control.

OUTCOME: The Committee noted the report.

EFFECTIVE

72/21 MEDICAL EXAMINER UPDATE

Dr Tim Jackson (Lead Medical Examiner) was in attendance to present the first update from the Medical Examiner (ME) service, as detailed at appendix O, which will be provided on a six-monthly basis moving forward.

The service commenced in December 2020 and is still in a development phase. The main role is to provide independent scrutiny of all deaths in the organisation, which do not require referral to the coroner, according to nationally agreed processes.

The current process at CHFT, activity and experience to date were outlined in the report, as well as the benefits of the service and the concerns and areas for improvement.

CP commended the ME team for the fantastic amount of effort in order to achieve this. It was also noted that there are some interesting opportunities and a potential for a 100% target for the ME service to achieve early and consistent contact with bereaved relatives to mitigate complaints, and to improve relationships with the coroner's office. TJ was confident with the metric for the consistency of family communications, as this is already reported to the national ME team on a quarterly basis. The relationship with the coroner's office is ongoing and is optimistic that this will be improved going forward.

One of the requests to the Committee was for areas of reporting in the future. The Chair asked what information is currently being reported at a regional and national level. TJ stated that most of the information relates to activity to support the financial stream; an extensive amount of data on the number of deaths scrutinised; data in terms of consistency with processes; reporting on the number of relatives spoken to and the outcomes of those conversations; the number of cases referred to the coroner as a consequence of the ME team involvement and other outcomes in terms of acceptance of the medical certificate of cause of death, or referral for various governance processes. It was stated that once enough data has been gathered for two consistent quarters, there will be an opportunity to provide a more detailed report with a summary of data going forward.

LR stated that the report brings to life the work that TJ and colleagues are undertaking and the benefits to the organisation, and the Chair thanked TJ for joining the Quality Committee, and the work done by colleagues in a short period of time.

OUTCOME: The Committee noted the report.

CARING

73/21 EXPERIENCE, PARTICIPATION AND EQUALITIES REPORT

Rachel White (Assistant Director for Patient Experience) swiftly summarised the items at appendix P, relating to the:

- Annual report on Patients, Carers and the Public: Experiences, Participation and Equalities, which will be submitted to the Board of Directors.
- Friends and Family Test (FFT) update for April 2021, highlighting the low response rates for maternity and community. It was asked if there are any further thoughts on this, that they are brought forward to the Patient Experience and Caring Group
- Reinstatement of the Patient Experience and Caring Group and celebrating success on the amazing work carried out. It was also noted that the Group will now be restarting.

OUTCOME: The Committee noted the report.

WELL-LED

74/21 GETTING IT RIGHT FIRST TIME

Dr Cornelle Parker (Deputy Medical Director) presented the report at appendix Q, which provided an update on the Trust's progress of the national GIRFT (Getting It Right First Time) programme.

GIRFT was suspended for the duration of the pandemic, both centrally in relation to NHS Improvement and also locally. Over the last year, there were only three virtual peer review visits, and 13 action plan review meetings, which are part of the governance process to assess progress against agreed actions following the peer review visits.

CHFT co-authored with University Hospitals Plymouth NHS Trust, the national guidance on the implementation of GIRFT, which will be going live shortly, and were also involved in the national consultant information programme. Sir Norman Williams attended the weekly Executive Board (WEB) meeting to discuss the individual consultant-level metrics, initially within surgery, to assess colleagues performance benchmarked against colleagues across the country.

CHFT also responded to COVID-19 documentation produced by GIRFT, whereby a number of metrics across high-performing organisations were reviewed and learning from those organisations were shared across the country. A benchmarking exercise against their suggestions is being competed, with several recommendations already underway at CHFT and due to be finalised.

Thanks were conveyed to Nicola Bailey, Asifa Ali and Mr Neeraj Bhasin who lead on the work on GIRFT and who helped provide this report.

OUTCOME: The Committee noted the report.

RESPONSIVE

75/21 QUALITY REPORT

Doriann Bailey (Assistant Director of Patient Safety) presented appendix R, providing an oversight of the quality agenda and the new quality account priorities and focused quality priorities for 2021/2022.

'Recognition and timely treatment of sepsis'; 'Reducing the number of Hospital Acquired Infections including Covid-19', and 'Reducing waiting times for individuals attending the emergency department' were chosen by the Council of Governors as quality account priorities for 2021/2022, and a paper will be taken to the Council of Governors this week. The focused

quality priorities were outlined in the report, and visibility and operationalisation of the quality priorities within divisions is needed, and work is ongoing on the profiling and expectation of leads to work with divisions to ensure that quality priorities are embedded as appropriate, in relevant divisions, with robust reporting into divisional PSQBs and into the Quality Committee moving forward. DBy conveyed thanks to all who inputted their work and requirements into the quality priorities.

Karen Spencer (Head of Midwifery) reported on the proposal for the local perinatal quality surveillance meeting at appendix 1 in the report, which is an essential and immediate action which arose from the Ockenden report. The proposal is to use the existing maternity safety champions meeting to hold the surveillance meeting on a monthly basis, and to invite commissioners from both Calderdale and Kirklees, and the representative from the local maternity system (LMS). A template produced by the LMS has been suggested to be used, along with the CHFT maternity dashboard.

OUTCOME: The Committee noted the report.

76/21 INTEGRATED PERFORMANCE REPORT

The integrated performance report at appendix S was accepted as read by the Committee.

POST MEETING REVIEW

77/21 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

The Quality Committee received:

- Updates on the closure of all quality priorities for 2020/2021 and the new quality account priorities and focused quality priorities for 2021/2022
- The Medical Examiner service report
- The vaccination programme governance report
- The Annual report on Patients, Carers and the Public: Experiences, Participation & Equalities

78/21 REVIEW OF MEETING

This item was not taken due to time constraints.

79/21 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

80/21 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix T for information.

NEXT MEETING

Monday, 24 May 2021 at 3:00 – 5:30 pm on Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 19 APRIL 2021

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
OPEN ACTIONS / ACTIONS DUE THIS MONTH				
No actions due				
CLOSED ACTIONS				
30.12.20 (205/20)	BAF Risk 3/19: seven-day services	David Birkenhead / Cornelle Parker	DB stated that every effort will be made to complete the audit to provide the Quality Committee with a level of assurance in relation to compliance. <u>Action 30.12.20</u> : DB to follow this up with CP, DBy and RW regarding resources needed to complete the audit <u>Update</u> : Completion of audit to be confirmed <u>Update March 2021</u> : It was noted that this is still being worked through and aware of. The Quality Committee will close this action and progress with the BAF risk will be monitored via the workplan.	CLOSED 19 April 2021
26.10.20 (181/20) 19.04.21 (72/21)	Medical examiner update	Dr Tim Jackson	Following a verbal update from CP, it was agreed that Dr Tim Jackson is invited to the next Medical Examiner's update in April 2021 <u>Action 26.10.20</u> : Dr Tim Jackson (Lead Medical Examiner) to be invited to the Quality Committee meeting to provide the next update in six months' time. <u>Update March 2021</u> : See item 72/21 The frequency of this report will be added to the workplan on a six-monthly basis.	CLOSED 19 April 2021

QUALITY COMMITTEE

Monday, 24 May 2021

STANDING ITEMS

81/21 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Doriann Bailey (DBY)	Assistant Director for Patient Safety
Dr David Birkenhead (DB)	Medical Director
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee
Christine Mills (CM)	Public-elected Governor
Lindsay Rudge (LR)	Deputy Director of Nursing
Elisabeth Street (ES)	Clinical Director of Pharmacy
Rachel White (RW)	Assistant Director for Patient Experience
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Nicola Bailey (NB)	Reconfiguration Transformation Manager (item 85/21)
Alison Edwards (AE)	Head of Safeguarding (observing)
Janette Cockroft (JC)	Lead Nurse for Reconfiguration of Services (item 85/21)
Andrea Dauris (AD)	Associate Director of Quality and Patient Care
Dr Mark Davies (MD)	Lead Clinician for Reconfiguration of Services (item 85/21)
Deborah Gibbon (DG)	Quality Governance Lead – FSS Division (Observing)
Dr Elizabeth Loney (EL)	Associate Medical Director (items 88-89/21)
Dr Rob Moisey (RM)	Lead Clinician for Reconfiguration of Services (item 85/21)
Karen Spencer (KS)	Associate Director of Nursing – FSS Division (item 86/21)
Lucy Walker (LW)	Quality Manager, NHS Calderdale / NHS Greater Huddersfield / NHS North Kirklees CCGs

82/21 APOLOGIES

Dr Cornelle Parker (CP)	Deputy Medical Director
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83/21 DECLARATIONS OF INTEREST

There were no declarations of interest.

84/21 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday 19 April 2020 were approved as a correct record, with the exception that 'Chari' at paragraph four of item 67/21 is amended to 'Chair'.

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

AD HOC REPORTS

85/21 CHFT IMPACT ASSESSMENT PROCESS FOR RECONFIGURATION

Nicola Bailey, Janette Cockroft and Drs Mark Davies and Rob Moisey were in attendance to present appendix C, a refresh of the quality impact assessment (QIA) and equality impact assessments (EqIA) of the clinical model developed to deliver the reconfiguration of hospital services.

NB provided some background to the work carried out, as detailed in the report, stating the clinical team's revision of the process using updated and strengthened documentation in relation to the QIA and EqIA associated with the reconfiguration programme.

MD reported that the impact assessments are a long-term project, and that over the last few months, the reconfiguration team have internally reviewed the impact assessments and strengthened the process by engaging with groups in Calderdale and Huddersfield, representative of those with protected characteristics, such as the Youth Forum, Calderdale Disability Partnership and Sharing Voices, and other groups in the community, as well as the Trust's Black, Asian and Minority Ethnic (BAME) group and Lesbian, Gay, Bisexual, Transgender, Query (LGBTQ+) groups. In addition to this, they will also be looking at work on those from deprived areas.

MD noted that the report provides details at this point in time and gives assurance of ongoing work. Following the strengthened engagement, which was carried out, no new quality impact assessments were identified which were not already known, however, some key negative impacts remain:

- Travel – people may need to travel further than they currently do, to access either acute care at Calderdale or planned care at Huddersfield. No evidence was found that any particular protected characteristic group would be impacted more because of travel, other than a relatively small group of sickle cell disease patients, who are generally within the afro-Caribbean community, of which there is a greater proportion of in Huddersfield. Their acute care would in future be delivered at Calderdale rather than Huddersfield, where it is now. There is some mitigation that in the new clinical model, there will be an opportunity for those patients to be cared for by haematologists, as well as other non-haematological specialist they need to be under. For example, ladies with sickle cell who are pregnant, will have the opportunity to be cared for in the same facility that looks after sickle cell disease and consultant obstetric care, which is not the case at the moment.
- Visibility – this may be a significant risk for patients in the new wards at Calderdale, where there will be increased side-room capacity. Work is ongoing with colleagues in the nursing and workforce team across the Trust, to develop a nursing workforce model to maintain visibility and any risk associated with patients potentially being isolated.
- Wayfinding – this may be a risk for both colleagues and patients with the building of a newer and bigger clinical facility at Calderdale. Digital signage and other support to improve wayfinding is being reviewed, as well as links with the visual impairment group at Calderdale, who are keen to be involved in this work.

MD stated that there have been additional comments from colleagues since the report was submitted, regarding reaching out to further community groups of patients with protected characteristics like the BAME and LGBTQ+ groups in the community, rather than only internal Trust colleagues. This is an ongoing piece of work, and any further comments or suggestions from the Committee were welcomed.

RW asked in relation to the impact assessments, that it would be useful to include the other patient experience data feeds that are informing the work of the programme, for example, observe and act.

DB queried about the impact of deprivations and whether they have been included in the assessments. It was asked whether people in deprived areas may have less access to their own transport; and whether certain groups who have a protected characteristic, may make them more likely to be a deprived group, for instance, people with mental illnesses. MD stated that they are in the process of reviewing travel times for groups of patients, including those from deprived areas, and that BAME and mental health groups can also be included. It will look at whether travel times are impacting and how to put the mitigations in place and ensure that travel support is included when addressing those issues. RM also stated that an independent travel assessment was carried out a few years ago looking at different groups

and distance to travel, and access to private and public transport, which identified no significant differences amongst the groups.

DS noted one of the mitigating actions for patients with sickle cell disease is digital technology being developed to increase accessibility to specialists. It was stated that digital poverty should not be overlooked, as many patients who need support may have limited access. MD stated that this element needs to be understood, and steps taken to address this as there may be a group of patients who are disadvantaged as a result of the digital offer.

In relation to the EqIA under religion, DS asked if support services and facilities had been addressed. RM stated that discussions with the chaplaincy about facilities took place, and that they have done previous work in terms of existing facilities and also had some good suggestions and views, not just dedicated to chaplaincy facilities, but also more generic spaces where families could have a time-out or discussions with colleagues or religious individuals.

In relation to the QIA under operational performance, DS asked about the positive impact statement - '*Reduce the transfer of inpatients between sites and reduce the need to transfer staff working across two sites*'. It was stated that there was no grading of the likelihood and consequence of the risk, and DS asked if there is still some work to be done as to why it has not been graded. MD stated that the statement is describing that all acute patients will be on one site, and there will be no need to transfer cross-site, however, the team agreed to review this. JE asked if a group risk and mitigation aspect could be included in the paper, and perhaps a grid as an appendix which captures issues on a page.

The reconfiguration team were thanked for the amount of work undertaken and encouraging to see that the strengthened approach has been used and no further risks need to be taken into account.

OUTCOME: The Committee reviewed and approved the report.

SAFE

86/21 MATERNITY REPORT

Karen Spencer presented appendix D, which provided an update from maternity services.

KS stated that in relation to the Ockenden report, the portal is now been open for the submission of evidence, with requirements that Trusts will have submitted evidence toward the immediate and essential actions, by 14 June 2021. There is no expectation that any Trust will be fully compliant with all aspects of Ockenden, however, there are some aspects that CHFT will be working towards and some across the local maternity service.

In relation to the perinatal mortality review, three stillbirths occurred in April 2021 at CHFT, and all stillbirths are reviewed using the perinatal mortality review tool. CHFT still report low levels of incidents of stillbirth, and the stillbirth reduction group is working well, and the organisation has seen a downward trend in the number of stillbirths for a number of years.

In relation to maternity incidents, all were no harm, and in April 2021, one incident was graded as orange and identified as a Serious Hazard of Transfusion (SHOT) incident, which is currently under investigation.

The maternity service had 13 vacancies, and as part of the local maternity system, the central recruitment of newly qualified midwives was trialled, with 16 applicants being received for those vacancies.

CHFT work closely with the local Maternity Voices Partnership (MVP), and our maternity ward manager was recently involved in the successful appointment of a new chairperson for the local MVP. Throughout COVID-19, the MVP worked with CHFT and Mid-Yorkshire Hospitals NHS

Trust on the COVID-19 maternity survey and the previous chair of the MVP is working closely with CHFT on the health inequalities workstream for maternity.

DS asked how CHFT would benefit from the bid for funding, and KS stated that the £95.6 million made available by NHS England/Improvement is to support the findings of the Ockenden report. One of the requirements of the report is for maternity services to have either undertaken or undertake a birth rate plus (national maternity staffing tool) assessment. CHFT had undertaken a review and had a report from November 2020, which stated the number of midwives required. As the better births agenda is rolled out and the move toward 100% of continuity of carer, which CHFT have been mandated to do by March 2023, the future number of midwives needed to deliver continuity of carer, which is labour-intensive from a midwife perspective, is much lower than traditional models of care. CHFT had a deficit of 20 whole time equivalent midwives to deliver the continuity of carer, therefore requested 20 additional midwives. The other element of Ockenden was dedicated time for a Consultant for fetal medicine. The final element was the requirement for a twice-a-day consultant ward round on the labour ward. There is a twice-a-day consultant ward round at 8.30 am and 6:00 pm, however, the gold standard would be to have a ward round on the night shift. In order to do that, the hours of consultant cover on the labour ward would need to be extended, therefore additional funding has been requested. The maternity service will be notified by 28 May 2021 whether the bid has been successful and how much will be allocated.

EA stated that progress is needed on where the service position on birth rate plus and continuity of carer should be.

LR reported that Karen Poole (LMS Programme Lead) presented to the West Yorkshire Association of Acute Trusts (WYAAT) Chief Nurse group around what commissioning intentions are, and what the total budget of funding for maternity services would look like across the WYAAT footprint and the local maternity system, therefore, they may be other regional reviews of what the commissioning intention would look like to support these models.

KH asked how feedback from the perinatal quality surveillance meeting would be fed back. EA stated that it would need to be included in this monthly maternity update to the Quality Committee, which would then be reported every other month to the Board of Directors. KS also stated that there is a clear route of escalation through the local maternity system from the perinatal quality surveillance meetings.

In relation to the maternity incentive scheme and the submission of the 10 safety actions by 15 July 2021, DS asked if there were any actions which are likely to be non-compliant or partially compliant. KS hoped that there are no actions that the service will not be compliant with, however, the most concerning is the radiology requirement around uterine artery doppler monitoring between 20 and 24 weeks' pregnant for a small cohort of women. Our ultrasonography colleagues were trained pre-COVID and had completed their assessments, however, they now need to be reassessed, and working with colleagues from Leeds to carry this out. Assurance has been provided from the ultrasonography lead that colleagues will have the training in place by 15 July 2021.

DS referred to the portal and asked what the evidence submitted looks like so far. KS stated that a lot of the evidence is inconsistent and repetitive around the seven actions. Some evidence requested relate to audits from December 2020, which were not known about until last week, therefore will be non-compliant on those elements. There are other iterations of the same evidence which have been requested in different actions. Overall, the service should be able to provide evidence for all that can be provided for.

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

87/21 TRUST PATIENT SAFETY AND QUALITY BOARD (PSQB) REPORT

Doriann Bailey presented appendix E, which detailed the work undertaken, reports received and actions of the Trust PSQB during quarters 3 and 4 of 2020 / 2021.

The key points noted were lack of representation at the Trust PSQB meetings from several groups, including the Falls Collaborative, the Pressure Ulcer Collaborative, the Resuscitation Committee, and a junior doctor representative. It was noted that the Falls and Pressure Ulcer Collaboratives now report into the Clinical Outcomes Board, following a review of the governance reporting structure. Changes to the membership of the Trust PSQB were also noted.

The sub-group reports received into the Trust PSQB were summarised, which included reports from the Medical Devices and Procurement Group, Falls Collaborative, Resuscitation Committee, Pressure Ulcer Collaborative, Thrombosis Committee and the Hospital Transfusion Committee.

DS asked what could be done regarding appropriate representation at the meetings. DBy stated that, in relation to the Resuscitation Committee, one of the challenges at the time was that there was only one member of staff in the resuscitation team, due to vacancies and sickness, which contributed to the lack of representation. Initially, there was no representation from the falls and pressure ulcer collaboratives, however, meetings with the leads from those areas have been held, contributing to an improvement in the attendance and the development of reporting, by taking these areas through as quality priorities. There were also challenges through the COVID-19 period with clinical pressures, however, emphasis was made to colleagues to ensure that assurances in relation to falls, pressure ulcers and other areas are provided, as there are concerns within the Trust.

DS asked if anything is in place to reduce the risk of non-attendance. DBy stated that at the time of the report, there was one member of staff in the resuscitation team, and LR stated that there has been a period of reduced staff in the team which meant they were unable to be represented at the Trust PSQB; and that the chair of the Resuscitation Committee was also vacant. DB is reviewing the chair of the Resuscitation Committee and will be replacing the resuscitation team back to its normal ratio. The risk with the basic life support training is being reviewed by LR and Janet Youd (Head of Nursing – Corporate) to strengthen that offer and ensure a plan is in place to bring the trajectory back on line.

EA stated that there may always be a general issue with junior doctor representation across all meetings, as junior doctors rotate. The best way to take this forward would be to review all Committees where medical representation is an issue, and map this across to the terms of reference and have an individual plan. If there is continuous poor attendance, then attendance and terms of reference need to be reviewed. DB stated that this is a capacity issue for junior doctors, as there are not enough junior doctors with ongoing vacancies across the organisation. It was suggested that the terms of reference are reviewed and to have alternate attendance from physician associates. DBy agreed that the purpose of the junior doctors' attendance at Committees will be reviewed and to look at how best to ensure that cover is provided moving forward.

The Quality Committee ratified the terms of reference of the Trust PSQB, which were circulated due to the change of the name of Group from Patient Safety Group to the Trust Patient Safety and Quality Board (PSQB); the addition of divisional representation to the membership; and the amendment of the sub-groups following the revision of governance structure.

The Chair asked the Committee whether the report covered the key elements from the sub-groups of the Trust PSQB, and RW stated that given that this report covers quality, it would be good to demonstrate the key relationship with the divisions and the relationship with patient experience and caring agenda. AD stated that there is an opportunity to provide assurance

regarding achievements, for example, the sepsis aims which they wish to achieve are listed, however, there is no update on its progress and whether they have achieved them.

CM stated that it would be helpful to have the full titles of meetings in the reports, rather than acronyms.

OUTCOME: The Committee noted the report and ratified the terms of reference.

88/21 CLINICAL ETHICS PANEL REPORT

Dr Elizabeth Loney was in attendance to present appendix F, the first update from the Clinical Ethics Panel, which launched in April 2020.

The paper described the purpose and role of the Panel, as well as various items which have been reviewed by the Panel. A copy of the terms of reference were also submitted for ratification.

The Chair thanked EL for the report and commented on the range of items that the Panel have covered and asked how the existence of the Panel is being publicised. EL stated that the Panel has been made known via the CHFT Trust news, as well as via the diverse membership of the Panel. Any suggestions on ways to further advertise the Panel's presence was welcomed. DB commented on advertising the dates of the meeting on the intranet and inviting people to submit queries to the Panel.

DS asked if the Panel is linked with any other ethics forums, and EL stated that there is no formal ethics network, however, the Panel have been able to use resources and documentation from other ethical groups, for example, Leeds, to inform a provisional Ethical Framework.

OUTCOME: The Committee noted the report and ratified the terms of reference of the Panel.

EFFECTIVE

89/21 CLINICAL EFFECTIVENESS AND AUDIT GROUP (CEAG) REPORT

Dr Elizabeth Loney presented appendix G, the first paper reporting directly into the Quality Committee, following the review of the governance reporting structure.

Matters discussed at the CEAG in relation to national guidance and clinical audit were detailed in the report, including the NICE (National Institute for Health and Care Excellence) compliance backlog which is now beginning to improve; significant changes to terminology in the updated policy for the implementation of national guidance and other high-level reports, regarding compliance with NICE and other guidelines; results and recommendations from the internal clinical audit review; details of the first successful clinical audit competition held in November 2020; implementation of the national patient out-out service; the planned reinstatement of the Consent Group to review delegated consent audit, and the production of new clinical audit summary reports.

A snapshot position of compliance with NICE guidance was also detailed in the report, as well as the definitions of NICE compliance as part of the policy. EL stated that the majority of partially compliant NICE guidance were returning to the CEAG with no progress being made, therefore the Policy was amended to distinguish between partially compliant guidelines which have been agreed and will not be working toward full compliance, and partially compliant guidelines which will be working toward full compliance. The new compliance flowchart as detailed in the report was described, which now provides a robust process that assurance that partially compliant guidelines have been agreed by divisions.

DS commented on the progress update on NICE compliance and was pleased that a clear process has now been outlined. DS also asked how long it would take to get through the

backlog of guidelines, and EL stated that it may take up to six months to get the newly published guidelines through the new process, followed by the previous guidance, however, this will continue to be monitored by the CEAG, and reported to the Quality Committee on a quarterly basis.

DBY updated that the Trust will not be participating in the national diabetes audit due to the care being undertaken in primary care, and also commented on the clarity provided in relation to the compliance and non-compliance of NICE guidance.

A copy of the terms of reference from the CEAG were also submitted for ratification.

OUTCOME: The Committee noted the report and ratified the terms of reference.

RESPONSIVE

90/21 INTEGRATED PERFORMANCE REPORT

Ellen Armistead presented appendix H, noting an improvement in overall performance (72.5%) for March 2021, much of which relates to the cancer targets, which is good for patients in need of treatment. Whilst there is some improvement in the SHMI data, a lot more work continues. In terms of some of the access targets, the emergency department (ED) four-hour standard is proving challenging, which is the case nationally, with record numbers of attendance in the ED. The other access target of some concern is 52-week waits. There are a high number of waiters, and this issue was raised at the Recovery Board, with further analysis ongoing around establishing the position with 52-week waits. There are still some challenges in relation to complaints response times, however, a lot of work is ongoing and should start to see an improvement. Systems and processes are being looked at to make the process for responding to a complaint more meaningful for patients and families.

DS noted no improvement in the dementia patient screening, which was either flatlining or deteriorating. EA reported that the new dementia nurse lead is now in post, with one of the workstreams which she will be leading on is dementia screening. Some of it is possibly the way in which it is being recorded, however, this is being looked into. LR stated that this has been reviewed and dementia performance has been picked up on weekly performance reviews with divisional colleagues.

Action: Lauren Green (Dementia Nurse Lead) to be invited to the Quality Committee.

DS also noted the challenges with increased numbers of patients coming through the ED and issues with the delayed transfer of care. EA stated that there needs to be more systems conversations in relation to the delayed transfers of care, as well as non-complex discharges. Throughout COVID-19, there were a set of 'must-do' actions which are now being reviewed, and one needs to be around patient flow, well-organised discharge and having plans in place over the weekend. There are still some improvements to be made internally about fundamental organisation of care. LR suggested that it would be useful for the presentation on the Safer Programme to come into the Committee.

Action: Hannah Wood to be invited to the next Quality Committee to present the Safer Programme.

WELL-LED

91/21 QUALITY COMMITTEE SUB-GROUP TERMS OF REFERENCE

Copies of the Quality Committee's current sub-group terms of reference were submitted for ratification:

- Clinical Ethics Panel
see item 88/21 – these terms of reference have now been ratified

- Clinical Effectiveness and Audit Group
see item 89/21- these terms of reference have now been ratified
- Medicines Management Committee
these terms of reference are still under review by the Medicines Management Committee and yet to be submitted to the Group.
- Medical Gases and Non-invasive Ventilation Group
DS queried the quoracy of the group, as outlined in the terms of reference at appendix I, stating that the expectancy that core members attend 50% of the meetings is too low, and that attendance should be at least 75% as other Quality Committee sub-group terms of reference.
Action: Terms of reference to be returned to the Medical Gases and Non-invasive Ventilation Group for amendment and resubmitted to the Quality Committee for ratification

POST MEETING REVIEW

92/21 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

DS reported that as Chairs of Board Committees, there is now a Chair's highlight report proforma which is now being used to provide different information under, which will be shared with the Committee.

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

- The impact assessment process for reconfiguration and an update
- The first report from the Clinical Ethics Panel
- The first report from the Clinical Effectiveness and Audit Group
- Ratified terms of reference for the Trust Patient Safety and Quality Board (PSQB), the Clinical Ethics Panel, the Clinical Effectiveness and Audit Group.
- In terms of the IPR, have noted the 52-week waits as an area of concern, and also the emergency care standard which is not being achieved
- The maternity report update and the opening of the Portal for the submission of evidence for the seven immediate and urgent actions required of the Ockenden report

93/21 REVIEW OF MEETING

The meeting has run smoothly and taken place within the scheduled time.

94/21 ANY OTHER BUSINESS

Positive feedback

Christine Mills wished to convey thanks to the doctors and nurses on ward 1 at HRI, for the absolutely exceptional care received, following admittance to the ward in the early hours of the morning.

Rachel White also reported on a public thank you from Healthwatch in regard to how responsive the Patient Advice and Complaints Service (PACS) team had been on some issues.

ITEMS TO RECEIVE AND NOTE

95/21 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at Appendix J for information, which has now been revised to show the new reporting of sub-groups into the Quality Committee.

NEXT MEETING

Monday, 21 June 2021 at 3:00 – 5:00 pm on Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 24 MAY 2021

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
OPEN ACTIONS / ACTIONS DUE THIS MONTH				
No actions due this month				
UPCOMING ACTIONS				
24.05.21 (90/21)	IPR – Safer Programme	Hannah Wood	<p>DS also noted the challenges with increased numbers of patients coming through the ED and issues with the delayed transfer of care. EA stated that there needs to be more systems conversations in relation to the delayed transfers of care, as well as non-complex discharges. Throughout COVID-19, there were a set of 'must-do' actions which are now being reviewed, and one needs to be around patient flow, well-organised discharge and having plans in place over the weekend. There are still some improvements to be made internally about fundamental organisation of care. LR suggested that it would be useful for the presentation on the Safer Programme to come into the Committee.</p> <p>Action: Hannah Wood to be invited to the next Quality Committee to present the Safer Programme.</p> <p>Update: SAFER has had a launch meeting but not held its first board yet. A comprehensive update of the workstreams will be provided for the July meeting.</p>	Due July 2021
24.05.21 (91/21)	Quality Committee Sub-group terms of reference	Michelle Augustine / Chair of Medical Gases and NIV Group	<p><u>Medical Gases and Non-invasive Ventilation Group</u></p> <p>DS queried the quoracy of the group, as outlined in the terms of reference at appendix I, stating that the expectancy that core members attend 50% of the meetings is too low, and that attendance should be at least 75% as other Quality Committee sub-group terms of reference.</p> <p>Action: Terms of reference to be returned to the Medical Gases and Non-invasive Ventilation Group for amendment and resubmitted to the Quality Committee for ratification</p>	Due July 2021
24.05.21 (90/21)	IPR - Dementia Screening	Lauren Green	<p>DS noted no improvement in the dementia patient screening, which was either flatlining or deteriorating. EA reported that the new dementia nurse lead is now in post, with one of the workstreams which she will be leading on is dementia screening. Some of it is possibly the way in which it is being recorded, however, this is being looked into.</p> <p>Action: Lauren Green (Dementia Nurse Lead) to be invited to the Quality Committee.</p>	Due July 2021
CLOSED ACTIONS				
No actions were closed in May				

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

Held on Monday 10 May 2021, 2.00pm – 4.00pm
VIA TEAMS

PRESENT:

David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Karen Heaton	(JH)	Non-Executive Director (Chair)
Andrea McCourt	(AM)	Company Secretary
Helen Senior	(HS)	Staff Side Chair
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Alexis Brown	(AB)	HR Business Partner (for agenda item 35/21)
Nikki Hosty	(NH)	Assistant Director of HR (for agenda item 39/21)
Rachel Pierce	(RP)	Recruitment Manager (for agenda item 35/21)

30/21 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting.

31/21 APOLOGIES FOR ABSENCE

Ellen Armistead, Deputy Chief Executive/Director of Nursing
 Helen Barker, Chief Operating Officer
 Gary Boothby, Director of Finance
 Jude Goddard, Governor

32/21 DECLARATION OF INTERESTS

There were no declarations of interest.

33/21 MINUTES OF MEETING HELD ON 8 MARCH 2021

The minutes of the Workforce Committee Review of Quality & Performance Report – Workforce and Workforce Committee – Divisional Presentations of Staff Survey Actions Plans meetings held on 8 March 2021 were approved as a correct record.

34/21 ACTION LOG – MARCH 2021

The action log, updated on 5 May 2021, was received.

35/21 MATTERS ARISING**Return to Work (RTW) Interview Compliance**

AB confirmed that the February data reported at the March Committee meeting was 77% which was above the planned trajectory, however the position as at 21 March had dropped to 66%. Examination of the data revealed a significant lag in reporting. The March position in ESR currently reports 77.8% compliance providing some assurance that RTW interviews are being completed in line with trajectory but not recorded in a timely manner. Since the last Committee meeting the HR team gave focus to providing divisional managers with regular

compliance data and reminders. However, compliance rates fell during the Easter annual leave period when the HR team were unable to provide that same level of focus. AB highlighted a refreshed action plan which will support directorate teams to have more oversight and accountability for their workforce metrics.

Actions include:

- Refocus on consistent divisional reporting so that HR team annual leave does not impact (this will be until the actions below are embedded)
- Review with directorate management team of ESR hierarchies (ensure that absence management doesn't just sit with clinical manager)
- Upskilling of wider team with attendance management and RTW
- Fresh eyes over RTW guidance documents, to ensure all aspects covered and clear – e.g. we miss compliance when annual leave is taken after a period of sickness.
- Manager Self Service – Need to work towards supporting managers to utilise the tools they have available to them to report their own data live.
- Refocus on accountability – Escalation framework to be created where repeated poor compliance is consistent in an area. Leading to more formal conversations once actions above to provide the right tools/system actions to upskill and transfer the responsibility back have been accomplished.

JE was pleased to note the response actions and confirmed April data would be added as a post meeting note in the minutes of the meeting. JE advised that to support the refocus of accountability, where compliance is off target service leads would be requested to attend Committee meetings to describe their actions to achieve 90% target. KH and DS acknowledged the investment by HR and supported the actions outlined.

Post meeting note: RTW compliance rate: 85.13% as at 19 May 2021.

Action: Service leads to attend Committee meetings determined by compliance rates

OUTCOME: The Committee **RECEIVED**, **NOTED** and **SUPPORTED** the actions.

Comparison of Contractual Notice Periods

RP presented a paper which provided a comparison of contractual notice periods required by CHFT and the notice required in other Trusts in West Yorkshire and Harrogate for Agenda for Change employed colleagues. The paper outlined both similarities and differences. The Committee was asked to note the position and to consider its view on harmonising notice periods in accordance with the arrangements in West Yorkshire and Harrogate NHS Trusts/NHS Foundation Trusts, for new starters.

KH gave examples of potential significant implications and AM asked if there was any collaboration with WYAAT. HS expressed concern in terms of colleague motivation when working their notice period. JE confirmed that more work was needed and should a point of recommendations be reached these would be put to Executive Board to secure agreement. The Committee would be kept apprised of conversations. AM advised the Governors would be interested in this matter and would share the paper with them noting any changes are at the decision of the Executive Board.

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

Analysis on ED&I Metrics

RP presented a paper that set out the current position regarding Equality and Diversity profiles of applicants who applied to agenda for change vacancies at CHFT between 1 April 2020 and 31 March 2021. The data showed a lower percentage of applications and appointments across a wide range of protected characteristic categories.

JE referenced the NHS People Plan which requires organisations to radically alter recruitment processes to eliminate barriers to recruitment. The Trust has secured investment to establish a widening participation team whose primary focus will be to create employment opportunities for individuals, it will provide support on essential pre-employment skills leading to more successful appointments.

SD referenced the Trust's work on health inequalities and having the examined the recruitment data considered an action plan should be developed. This should include attendance of Divisions at Workforce Committee to present their priorities and actions.

DS enquired what interview feedback is given to candidates. RP confirmed as part of the recruitment process verbal feedback is given following interview. Due to the large volume of applications feedback to non-shortlisted candidates is only given if requested.

KH commended the inclusive recruitment process and to further explore and better understand the Trust's ED&I metrics would arrange an off-line discussion with SD and NH. KH also felt it would be useful to examine the data in the context of local population information.

Actions:

Develop recruitment ED&I action plan (RP/NH)

Provide ED&I recruitment data in the context of local population (RP)

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

Pay Anomalies

JE confirmed that the Trust has a number of payment arrangements in place outside of the national pay arrangements. Work is almost finalised in understanding the position of each arrangement and a detailed paper would be brought to the next meeting. JE confirmed to KH that CHFT is not the only Trust with pay anomalies.

Action: Present report to June 2021 Committee meeting (JE)

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

36/21

QUALITY AND PERFORMANCE REPORT (WORKFORCE) – APRIL 2021

MB presented the report.

Summary

Performance on workforce metrics continues to be amber and the Workforce domain increased to 71.2% in March 2021. This is the fifth month in 22 'where the domain score is 'Amber'. 4 of the 15 current metrics that make up the Workforce domain score are not achieving target – 'Return to Work interviews recorded', and 'Sickness Absence Rate (rolling 12 month)' and 'Long term sickness absence rate (rolling 12 month)', and Data Security Awareness EST compliance. Medical appraisals are currently postponed due to the current Covid-19 pandemic.

Workforce – March 2021

The Staff in Post increased by 35.83 FTE, which, is also due, in part, to 40.86 FTE leavers in March 2021. FTE in the Establishment figure decreased by 2.61, along with student nurses leaving.

Turnover increased to 7.51% for the rolling 12 month period April 2020 to March 2021. This is a slight increase on the figure of 7.48% for February 2021.

Sickness absence – March 2021

Sickness absence reporting has been amended to be for the previous month compared to 2 months behind previously.

The in-month sickness absence decreased to 3.83% in March 2021. The rolling 12 month rate decreased marginally for the eighteenth consecutive time in 28 months, to 4.52%. Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 36.78% of sickness absence in March 2021, increasing from 33.47% in February 2021.

The RTW completion rate decreased to 66.26% in March 2021.

Essential Safety Training – March 2021

Performance has decreased in 6 of the core suite of essential safety training. With all 10 above the 90% target and 4 achieving the 95% 'stretch' target. Data security awareness target has been amended to fall in line with national guidelines and is now 95%. Overall compliance increased to 94.90%, and following last month's decrease is an increase for the first month. However, it is now the second month below the stretch target since September.

Workforce Spend – March 2021

Agency spend increased to £0.46M, whilst bank spend decreased by £0.69M.

Recruitment – March 2021

1 of the 5 recruitment metrics reported (Vacancy approval to advert placement) deteriorated in March 2021. The time for Unconditional offer to Acceptance in March 2021 decreased and was 1.5 days. AfC has met all targets and is green along side the Trust as a whole.

JE endorsed the rolling 12 month absence rate. Discounting Covid absence, the continued focus is demonstrated in a strong position against our workforce metrics.

In terms of recruitment KH asked about the quality of applicants. JE acknowledged the difficulties in recruiting to specialist knowledge posts but confirmed we attract excellent colleagues from other Trusts and have good responses to more generic posts. DS enquired about the turnover rates in the AHP group of colleagues. In this regard the Committee felt it would benefit from a deep dive and hearing from the Community Healthcare Division and agreed to invite Michael Folan, Director of Operations and Debbie Wolfe, Head of Therapies. HS reiterated that she regularly sees over 70 candidates applying for professional posts, often only 4 applicants meet the criteria following shortlisting and felt the difficulties in recruiting to healthcare scientists is similar to therapies.

ACTIONS:

Deep dive into AHP recruitment and vacancy position (AK)

Community Health Care Division to attend future Committee Meeting (Michael Folan)

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

37/21

EDUCATION COMMITTEE

JE presented a paper which sets out an approach to establishing an effective Education Committee. Following a discussion between the Director of Workforce and OD, Director of Nursing and Medical Director it has been agreed to relaunch the Committee, with reporting arrangements into the Quality Committee and Workforce Committee. A core group of people will work together over the next 6 months in the Committee 'design phase' in order to position the Committee and to create the foundations for success. The core group's first meeting is scheduled to meet on 13 May. An update would be presented to the November Workforce Committee. JE noted that DS sought to see links established to other forums for example research, strategic alliances and partnership working.

Action: Update to be provided to November Committee meeting (JE)

OUTCOME: The Committee **NOTED** and **SUPPORTED** the proposed way forward.

38/21

IMPROVING PEOPLE PRACTICES – DISCIPLINARY POLICY AND PROCEDURE ASSESSMENT

JE presented a paper that provides an assessment of the Trust's Disciplinary Policy and Procedure in comparison with Imperial College Healthcare NHS Trust's Disciplinary Policy. Organisations received a request from NHS Improvement/England requesting that we take the opportunity to consider the Imperial College Healthcare NHS Trust's Disciplinary Policy and review our own arrangements. An assessment of the Disciplinary Policy and Procedure's between the Trust and Imperial College Healthcare NHS Trust has been completed and this identified a total of 31 differences. Each difference was fully assessed, and a decision reached to either adopt the Imperial College Healthcare NHS Trust's position to enhance current practice or retain the Trust's current position.

JE referred to a letter received 1 April 2021 from NHSE/I which requires the Trust to provide an update to its Board of Directors on the action taken in relation to the disciplinary policy and to also to make the policy available on its public website. To demonstrate how one culture of care is now reflected in our employment policies, SD recommended incorporating this piece of work together with other refreshed employment policies is presented to Board. DS supported this way forward and AM confirmed September 2021 Board would receive the presentation. JE will confirm our approach to NHSE/I.

KH asked if this review has affected other case work. JE confirmed there is a robust case management framework in place which is deployed into all types of case work.

JE responded to AM's query regarding the recommendation about strengthening reporting. Strengthening the workforce domain within the IPR will support this recommendation and consideration will be given to inclusion in the next Annual Report.

OUTCOME: The Committee **NOTED** the assessment and recommendations to improve the Trust's current Disciplinary Policy and Procedure.

39/21

GENDER PAY GAP REPORTING

NH shared the Trust's data on the gender pay gap for the year ending 31 March 2020, and preliminary data and analysis for the year ending 31 March 2021. The Trust is required to publish its March 2020 data through the Government online reporting service, and on its own website, by the deadline of 5 October 2021. Work to close the gender pay gap will form part of our approach to equality, diversity and inclusion which is an identified theme in our people strategy. The Committee noted the improved position in the last 12 months.

	<u>hourly rate of pay</u>	
	March 2020	March 2021
Mean:	30.2%	30.9%
Median:	19.2%	20.1%

KH sought clarification on the bonus payments. JE confirmed the largest bonus payments are Clinical Excellence Awards. DB highlighted that awards are issued in relation to eligibility. JE reported applications from eligible female consultants has increased but not resulting in successful awards. JE confirmed support had been given to female applicants over the last 2-3 years on the design of their applications.

KH sought clarity on how ethnicity and disability pay is reported. MB confirmed pay is an element reported in the WRES AND WDES.

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

40/21 **BOARD ASSURANCE FRAMEWORK (BAF)**

AM presented the four workforce risks on the BAF. Each risk is to be updated by the end of June 2021 having been last updated prior to presentation at the Board in January 2021.

The Committee assessed whether there are any new strategic risks relating to the strategic objective of Workforce fit for the future to be added to the BAF. The Committee agreed there was a potential significant absence risk pertaining to colleague mental health. NH advised the position is being closely monitored.

The Committee agreed that going forward a deep dive into each risk will be scheduled into the Workforce Committee Work Plan. One risk per Workforce Committee meeting will be presented by the risk owner.

AM confirmed the one year plan had been presented alongside the BAF to enable assessment of any risk that may affect the one year plan.

Actions:

BAF risks to be updated by 30 June 2021 (SD/DB/EA).

Risk Deep Dive to be added to the Workplan (TR)

OUTCOME: The Committee **REVIEWED** the BAF and agreed a deep dive for each risk.

41/21 **FIRST SUBMISSION WORKFORCE PLAN AND SYSTEM NARRATIVE**

MB presented information submitted as part of the Calderdale and Kirklees Place 2021/22 Priorities and Operational Planning – narrative submission and the first submission Workforce Plan with supporting narrative setting out future assumptions, actions and risks.

Calderdale and Kirklees Place 2021/22 Priorities and Operational Planning – narrative submission is split into 12 themes. The first theme is specifically workforce related and is titled 'Supporting the health and wellbeing of staff and taking action on recruitment and retention'. Within this theme there are 4 objectives which require action by all organisations in the West Yorkshire and Harrogate health system over the next 6 months:-

- A1 Looking after our people and helping them to recover
- A2 Belonging in the NHS and addressing inequalities
- A3 Embed new ways of working and delivering care
- A4 Grow for the future

The first submission workforce plan sets out the planned fte position for all staff groups for the first 6 months of the 2021/2022 service year as at 30 June 2021 and 30 September 2021.

Final submission date is 25 May 2021.

OUTCOME: The Committee **NOTED** the presentation and the submission dates.

42/21 **WELLBEING GUARDIAN APPOINTMENT**

JE confirmed that Richard Hopkin, Non-Executive Director had been appointed as the Trust's Wellbeing Guardian.

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

43/21 WORKFORCE COMMITTEE WORKPLAN

The workplan was received and reviewed.

Education Committee and BAF will be updated in the workplan.

JE added that the Quarterly pulse surveys once confirmed will be added to the workplan.

44/21 ANY OTHER BUSINESS**Committee Self Assessment/Annual Report**

The self assessment template would be re-sent as a reminder, deadline for response Monday 17 May. A draft Committee Annual Report (2020/2021) will be shared at the June Committee meeting.

Business Better than Usual

KH wanted the Committee to discuss ways of working going forward. SD suggested that the Director of Transformation and Partnerships should be invited to next meeting.

Action: Director of Transformation and Partnerships to be invited to next meeting (SD)

45/21 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

Disciplinary Policy & Procedure
Gender pay gap reporting
Quality and Performance Report – including RTW
BAF

46/21 EVALUATION OF MEETING

SD declared the meeting well chaired with good input from colleagues.

47/21 DATE AND TIME OF NEXT MEETING:

7 June 2021:

Hot House – Management Skills Required in a Post Covid World, 1.30pm – 3.30pm

Review Quality & Performance Report (Workforce), 3.45pm – 4.45pm



**Minutes of the Charitable Funds Committee meeting held on
Monday 24 May 2021, 9.00am – 10.30am
via Microsoft Teams**

PRESENT

Philip Lewer (PL)	Chair
Gary Boothby (GB)	Director of Finance
David Birkenhead (DB)	Medical Director
Ellen Armistead (EA)	Director of Nursing/Deputy Chief Executive
Peter Wilkinson (PW)	Non-Executive Director
Richard Hopkin (RH)	Non-Executive Director
Sheila Taylor (ST)	Council of Governors' Representative
Adele Roach (AR)	BAME Representative

IN ATTENDANCE

Emma Kovalski (EK)	Fundraising Manager/Ops Sub Committee Rep
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Lyn Walsh (LW)	Finance Manager
Zoe Quarmby (ZQ)	ADF Financial Control

1. DECLARATION OF INDEPENDENCE

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

2. APOLOGIES FOR ABSENCE

No apologies were received – EA to leave early and ZQ to arrive late.

3. MINUTES OF MEETING HELD ON 23 FEBRUARY 2021

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

4. ACTION LOG AND MATTERS ARISING

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

5. RISK REGISTER - REVIEW

EK presented the Risk Register and its contents were NOTED. This is a live document which is reviewed at each meeting and then updated if necessary. Congratulations were given to EK for securing the Diploma in Fundraising last year.

RH questioned whether we should include a risk around donor vetting and it was agreed that EK would check with other NHS Charities' Risk Registers and review with GB/CH.

RH also recommended that we include the scoring methodology for these ratings in future.

ACTION: EK to contact other NHS charities and compare Risk Registers re donor vetting. **EK** to add the scoring methodology. **24.05.21 – 1.**

6. ACCOUNTS 20/21 OVERVIEW

CH presented the Accounts and highlighted significant items of income and expenditure, including the Investment Gain.

GB mentioned that at a later date (H2) we may call upon the Charity to fund some staff posts.

The Accounts were NOTED. Once the full pack (Report & Accounts) is available, it will be presented for scrutiny and approval by the Committee at a later date but before the External Audit in July 21.

ACTION: EK to complete Report & Accounts 20/21 and circulate to Committee for approval. **24.05.21 – 2.**

7. FUNDRAISING STRATEGY 2021 – 2023

EK presented this paper, highlighting that the bulk of the strategy was around the staffing structure.

GB agreed that it is good practice that we have a strategy and a clear way forward. The proposal shows a continued growth in income (excluding CHS and legacies which are outwith our control); for a further £50k's worth of staffing, we would generate a further £130k's worth of income. The posts would be for an initial fixed term for two years to minimise the risk to the Charity and enable a decision on whether the new staffing structure was working. The Committee was in favour of these two new appointments.

It was agreed that the non pay budget would be calculated once the posts were filled.

It was agreed that EK will discuss with Anna Basford about the Communications post and GB would oversee this.

It was also agreed that EK would discuss with GB and bring a paper to the next meeting around a possible patron/ambassador for the Charity.

ACTION: EK to take forward the recruitment of the new posts. **24.05.21 – 3.**

ACTION: EK to agree with GB a non pay budget for 21/22. **24.05.21 – 4.**

ACTION: EK to agree next steps with Anna Basford re Comms post. **24.05.21 – 5.**

ACTION: EK to bring paper to next meeting re patron for the Charity. **24.05.21 – 6.**

8. SUPPORTING RECONFIGURATION

PW summarised the discussions between himself, EK and the reconfiguration team around how reconfiguration can support the Charity and vice versa. There are possible opportunities to enhance the patient experience such as landscaping, interior décor, digital experience, also marketing boards, artwork, etc. to promote the Charity and also the presence of external contractors which could result in further opportunities.

PL suggested that PW include an item around the Charity on the next agenda for the Reconfiguration group which PW chairs.

ACTION: PW to include on next agenda for Reconfiguration group. **24.05.21 – 7.**

9. EVENTS UPDATE, BIG TEA and IMAGINATION APPEAL

EK gave a verbal update around future events, including showing a video about the Imagination Appeal. These were NOTED.

10. GUIDE TO ACCESSING FUNDS – REVIEW AND SIGN OFF

EK presented this guide for review. Subject to some small amendments/additions (re examples of allowable/non allowable expenditure, wording re approving General Purpose bids, formatting etc.), GB will sign off on behalf of the Committee.

ACTION: EK/CH to amend and arrange for GB to sign off. **24.05.21 – 8.**

11. NHS CT STAGE 3 PROPOSAL

EK presented an overview of the bids which have been drawn up so far by N Hosty as part of the application for a maximum of £143k available to the Charity. The Committee was happy to approve all five. The next step is for EK, after discussion with RH and N Hosty, to bring the full application to the next Committee meeting in August for approval.

ACTION: EK to present paper showing the full application for discussion and approval. **24.05.21 – 9.**

12. GENERAL PURPOSE FUNDING BIDS

GB presented an overview of the bids which are up for approval, in particular the renovation of the canteen facilities at HRI which is of material value.

The Committee was happy to approve the majority of these bids. A conversation between DB and GB will take place outside of the meeting re two of the bids.

ACTION: GB and DB to review bids received. **24.05.21 – 10**

13. MINUTES OF STAFF LOTTERY COMMITTEE MEETING 23 MARCH 2021

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

14. ANY OTHER BUSINESS

GB mentioned the Transition CNS post for Young People connected to the Roald Dahl programme. It was agreed that the Charity would fund this post for twelve months.

DATE AND TIME OF NEXT MEETING:

Monday, 23 August 2021, 9 – 10.30am, via Microsoft Teams

**Approved Minutes of the Audit and Risk Committee Meeting held on Monday 12 April 2021
commencing at 1:00 pm via Microsoft Teams**

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Gary Boothby	Director of Finance
Kirsty Archer	Deputy Director of Finance
Helen Kemp-Taylor	Head of Internal Audit, Audit Yorkshire
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Shaun Fleming	Local Counter Fraud Specialist, Audit Yorkshire
Mandy Griffin	Managing Director, Digital Health
Clare Partridge	Partner, KPMG
Amber Fox	Corporate Governance Manager (minutes)
Richard Hill	Head of Health and Safety (for item 34/21)
Helen Barker	Chief Operating Officer (for Deep Dive and item 28/21)
Peter Keogh	Assistant Director of Performance (for Deep Dive and item 28/21)
Julian Bates	Director of Information (for Deep Dive and item 28/21)
Stephen Baines	Public Elected Governor – Skircoat and Lower Valley - Lead Governor

23/21 APOLOGIES FOR ABSENCE

Apologies were received from John Gledhill and Steve Moss.

The Chair welcomed everyone to the Audit and Risk Committee meeting and introductions were made. Helen Barker, Peter Keogh and Julian Bates were all welcomed to the meeting who were in attendance to present a Data Quality Deep Dive.

24/21 DECLARATIONS OF INTEREST

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

25/21 MINUTES OF THE MEETING HELD ON 26 JANUARY 2021

The minutes of the meeting held on 26 January 2021 were approved as a correct record subject to the following amendment.

RH asked for clarity on the wording under the External Audit Sector Update section 14.21 'The funding will be reviewed at year end and reflected accurately as things change'. It was agreed that this sentence would be removed as it could not be clarified.

AN asked the Managing Director for Digital Health for a progress update on the actions relating to inappropriate access to records. The Managing Director for Digital Health confirmed the final document is scheduled for the next Information Governance Records Strategy Group with an update on the action plan with only two actions remaining open. A report will be presented at the next Audit and Risk Committee which will include one of the open actions relating to outstanding audits from the first investigation in July. She confirmed that the alerting system is working well and shared a good news story where a recent audit confirmed only appropriate access took place.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 26 January 2021 subject to the amendment above.

26/21 ACTION LOG AND MATTERS ARISING

The action log was reviewed, and all actions were complete.

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

27/21 DATA QUALITY DEEP DIVE

The Chief Operating Officer (COO) introduced the Data Quality annual review deep dive and explained the Data Quality Board terms of reference have been reviewed and updated as part of the deep dive. The presentation included the history of the Data Quality Board, standing and adhoc agenda items, the ten year strategy and draft 21/22 plan on a page. The key points to note were:

- Meetings were stopped for 6 months due to Covid-19 from March 2020 to August 2020 but were continued through waves 2 and 3
- Data Quality Policy has been written and signed off – this needs testing
- Data Quality Maturity Index is good, but an improvement plan is underway which assesses 6 data sets externally, the Director of Information reported 4 of the 6 are good; however, further work is required on maternity and community data sets
- Incorrect encounters in EPR often being used and lots of work has taken place to understand the importance of encounters. This is still a risk but much improved and a further improvement plan is in place. The Managing Director for Digital Health added that the new EPR PAS system will eliminate use of the wrong encounter
- Activity capture under correct clinician – a focused piece of work took place through the Data Quality Board to ensure activity is against the correct clinician which included the coding team, acute floor and the A&E team to embed this into operational practice, bringing service users and reporters together
- Mpage embedded into EPR allows clinicians to clinically validate their follow up backlogs. This is a big fix and plays a big role in the health inequalities agenda; this was previously a manual spreadsheet
- Draper and Dash external review provided good assurance on data quality in 2019
- Pandemic issues solved – e.g. impact of non-face to face CAS services, Covid testing data etc.
- 2021/22 draft plan on a page will go to the next Data Quality Board for further discussion.

RH asked if there are any areas of concern raised by the CCIO or CNIO at the Data Quality Board. The COO explained there is nothing new being raised, the main issue is regarding encounters. She added that Graham Walsh the CCIO is active in the education around this.

RH highlighted the Trust are in a fairly good position on data for health inequalities compared to other Trusts and asked what further work the Trust are doing with this data. The COO agreed the Trust are ahead of other organisations on the quality of its data and presentation in Knowledge Portal and confirmed there is a small Clinical Reference Group with Consultants who are helping look at this. The Trust have not yet reached where they want to be for completeness of ethnicity capture which is at around 94%. The Data Quality Board will review this and see what other actions can be taken. Frailty and learning disabilities are a flag in the system and a learning piece is taking place on young people with a learning disability as the coding is more complex.

RH asked if clinical coding is now in a better position. The Director of Information responded that a few years ago there were considerable concerns; however, the Director of Finance invested in this and the team was strengthened and restructured. There is a Clinical Coding Steering Group which meets monthly with clinicians.

Performance is in the upper quartile and has been in a good position over the last few years. The Managing Director for Digital Health added there has been better performance on all indicators over the last 12 months which will be kept under review as the hospital gets busier with more activity.

The Managing Director for Digital Health explained as part of the health inequalities work, she is working with West Yorkshire Integrated Care System (ICS) to look at how to bring common data together on health inequalities, particularly around BAME and deprivation. A meeting has been arranged with West Yorkshire colleagues this afternoon to look at a Yorkshire wide picture. The position at CHFT is unique as a result of the work that has taken place on the Knowledge Portal. A comparison will take place across the whole region.

Peter Keogh referred to the summary from the Data Quality Board highlighting there has been better input from the quality team and more work is taking place for the team to highlight any areas from Datix incidents.

DS asked for clarity on whether the maternity and community data sets are doing well or need more focus. The Director of Information clarified these areas need more work, the maternity key field is not working and a few fields for community services need to be reviewed in more detail and an action plan is in place.

AN asked if there were any surprises following the green deep dives. The COO confirmed there have been some surprises, for example, the Trust had to work on a definition of an 'urgent operation' with a clear sign off process for urgent cancelled operations.

AN pointed out that benchmarking had been paused and asked when this will be re-started as there is great value in this. The COO responded that the Trust are continuing with 'Getting it Right First Time' (GIRFT) benchmarking with better clinical engagement. The Trust will commit resources as we get them into the GIRFT Programme and Clinical Improvement Programme.

AN asked if the Trust have learned from data quality dipping during the pandemic early on and asked if this was related to the number of staff being re-allocated and requiring training. The Director of Information explained the way activity was being captured changed and keeping on top of this was a challenge e.g. clinical assessment services, non-face to face activity, keeping on top of changes to how services were being delivered took time. He added it was more about the pace that needed to be acted upon rather than lack of knowledge. The COO shared an example of non-face to face activity in that the receptionist would usually capture the ethnicity check; however, a SOP had to be written for the clinician completing the check-in process and the admin pathway needed to be written from a data quality perspective.

OUTCOME: The Committee **NOTED** the details provided in the Data Quality Deep Dive presentation.

28/21 REVIEW OF TERMS OF REFERENCE

1. Data Quality Board Terms of Reference

The COO confirmed the updates to the terms of reference include the frequency of meetings and quorum and the agenda does not change. AN asked how data quality throughout the whole organisation is covered at this meeting. The Chief Operating Officer confirmed all areas are covered in the membership of the Data Quality Board and the Directors of Operations and Corporate teams are represented.

2. Information Governance and Records Strategy Committee Terms of Reference

The terms of reference have been previously approved at the Information Governance and Records Strategy Committee.

AM highlighted the bottom of page one which refers to the Board and asked if this was referencing THIS Board or CHFT Board. The Managing Director for Digital Health clarified this is referring to weekly Executive Board (WEB) and agreed to make this clearer in the terms of reference and confirm which policies the group can approve which would automatically go to WEB. AN suggested including the wording 'as needed to the Audit and Risk Committee'.

The Managing Director for Digital Health asked if the terms of reference should be in a standard template format which AN agreed; however, this is not currently the case.

AN highlighted some of the Divisions names need to be corrected and the Managing Director for Digital Health agreed that there should be representation from the Community Division.

Action: MD for Digital Health to include which policies are approved at this Committee, clarify they go to weekly Executive Board, include the wording 'as needed to the Audit and Risk Committee' and update the Division names

OUTCOME: The Committee **APPROVED** the terms of reference for the Data Quality Board and the Information Governance and Records Strategy Committee subject to the changes above.

34/21

Brought forward

HEALTH AND SAFETY POLICY

Richard Hill, Head of Health and Safety highlighted the main changes to the policy which were:

- Introduction – change to statement of intent to be signed by Owen Williams electronically or hard copy and displayed across the Trust
- Section 2 Roles and Responsibilities – the role 'Head of Health and Safety' now included
- Framework – more sub-groups are included and added as part of the governance process e.g. Slips, Trips and Falls Group
- Four Pillars of the Trust are referenced within the policy and the 'five year strategy'

AN pointed out CHS is mentioned without the full acronym and asked if the role of CHS could be more explicit in the introduction. AN pointed out the Appendix says, 'Quality Audit and Risk' which should be corrected to 'Audit and Risk'. AN asked who the Non-Executive Champion is for health and safety. The Director of Finance confirmed this was Karen Heaton.

Action: Head of Health and Safety to include the role of CHS in the introduction of the policy and update the appendix to say 'Audit and Risk'

RH highlighted section 5.1 which states the role of the Non-Executive Director and suggested this section is removed as it is a Unitary Board responsibility for health and safety. The Company Secretary agreed as the Non-Executive role is covered adequately in section 5.2.

Action: Head of Health and Safety to remove section 5.1

RH pointed out the Policy refers to HPS as a partnership company and subsidiary; however, confirmed HPS is not a subsidiary, it is a Division.

Action: Head of Health and Safety to confirm HPS is a Division and correct the policy

OUTCOME: The Committee **APPROVED** the Health and Safety Policy subject to the changes above.

29/21 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments

The Deputy Director of Finance presented a report summarising the losses and special payments in the final quarter. The key figures are £248k losses for the full year which is lower than last year. The biggest line for the quarter is just over £40k for pharmacy losses. In addition to the losses noted, £260k was fully expensed in the first half of 2020/21 for stocks of Noradrenaline manufactured by HPS at the request of NHSE/I for use by the NHS in the Covid pandemic.

RH highlighted the Trust is not showing anything in year for bad debt and asked if a further review will take place as part of the year end process. The Deputy Director of Finance clarified the Trust are constantly reviewing bad debt provision and chasing up debt. No debt has been written off in year. The Trust are receiving clinical income payments directly on block payment as opposed to raising invoices. A Business Better than Usual workstream is in place in finance to look at processes and chase debt.

OUTCOME: The Committee **NOTED** the Q4 review of losses and special payments.

2. Review of Waiving of Standard Orders

The Deputy Director of Finance presented the final quarter report showing a total of 22 waivers of standing orders totalling just over £1m. The Deputy Director of Finance clarified a separate schedule was presented for Q1 and Q2 for items bought for Covid; however, these items for the second half of the year were received through a national procurement. The report includes the covid spend that isn't covered in this process i.e. sanitation stations in the Trust entrances.

AN raised his concern in the number of waivers which includes the rationale 'timescale excludes seeking competition'. The Deputy Director of Finance explained this is reflected in the overall value for the quarter, some of this can be contributed to the covid requirements and need for the pace of meetings. The Director of Finance clarified that guidance and funding was issued at short notice which resulted in decisions being taken quickly with a challenge to build them into the forecast. The Trust were reusing suppliers that have been used previously. The Deputy Director of Finance explained more than one company came in to provide demos and provide prices for falls monitors; however, it had not gone through the full formal procurement process. RH explained he understands the practicalities of this as funding became available; however, highlighted it is not good in ensuring value for money and would not want to see this on a recurring basis. The Deputy Director of Finance agreed.

OUTCOME: The Committee **NOTED** the waiving of standing orders report for the final quarter.

3. Receive Treasury Management Annual Report

The Treasury Management Annual Report was circulated which previously went to the Finance and Performance Committee. The proposal going forward is that the treasury management updates will report into the Finance and Performance Committee.

The content of the year end report refers to significant changes seen in the cash position including the write off of historical debt of £140m. However, the Trust will pay a public dividend capital percentage on this which is higher than the interest charge; therefore, there will be a slight pressure to the revenue position although it will show a healthier balance sheet.

As a result of the Covid pandemic and financial regime, the Trust have been receiving block funding for clinical income a month in advance which has resulted in healthy cash balances all year. The cash balance was at £68.4m at the end of February.

There has been a significant improvement on performance for better payment practice code with a target of 95% payment within 30 days. The graph in the report shows that the Trust were significantly beneath this with a tight cash position in the previous year. The Trust have been in excess of 92% compliance since November 2020 due to much higher cash balances. The measures in place to manage cash are still in place such as the Cash Committee and Senior Account Managers for chasing debt. Cash management is a key part of business continuity plans.

The home working model has supported staff availability and lowered staff sickness rates which is a contributor to some of these metrics.

The Trust were in receipt of extra elements of capital funding during the course of the year which have been put towards new projects and will be spent by year end in line with the forecast. The Trust have also successfully closed sales on several buildings during the pandemic.

AN asked if there is an investment policy in terms of the cash position not to invest. The Deputy Director of Finance confirmed this is covered in the Treasury Management Policy to only invest in institutions with the highest credit rating where the interest rate may not be favourable.

RH re-assured the Committee that the cash management position is reviewed in detail at Finance and Performance Committee and he agreed that treasury management updates should report to the Finance and Performance Committee moving forward.

The Senior Manager KPMG highlighted the external audit benchmarking report is linked to this.

OUTCOME: The Committee **NOTED** the Treasury Management Annual Report and **NOTED** that future reports will go to the Finance and Performance Committee.

30/21

INTERNAL AUDIT

Internal Audit Follow Up Report

The Internal Audit Manager presented the follow up report which is now an automated process went live at the end of February 2021. All leads assigned responsibility for an action now automatically receive a notification the third calendar day of each month. The next updates will be requested in May 2021 and a further update will go back to the weekly Executive Board in July 2021.

The Director of Finance highlighted the Chief Executive is aware of how long some of these have been outstanding and is keen to challenge that these are closed off and delivered as agreed e.g. updating the policy for car parking to reflect the current position. AN is pleased the Chief Executive is challenging this and agreed the Trust need to work on closing these off.

DS reported she is pleased with the new approach and monthly update and would like to see more dates which gives an indication when some work will progress, for example, the study leave policy states there was no further progress this year and asked if further action will be taken in the first quarter of next year. The Internal Audit Manager agreed and confirmed more information will be added to the new system and included in the next report.

RH raised his disappointment in the number of overdue recommendations and asked if there needs to be another formal review forum before the end of May given it could impact on the Head of Internal Audit opinion. The Internal Audit Manager explained a total of 14 majors are overdue, of which 9 relate to death certificates and end of life care audits which are taking place now. The death certificates recommendation was previously a limited assurance report and the Internal Audit Manager expects a significant assurance report next time.

Internal Audit Progress Report

The Internal Audit Manager reported at the last Committee a number of audits were identified to not take place; however, the Internal Audit Manager has met with individual Executives seeking confirmation where audits would be cancelled and a few originally identified to be cancelled are now taking place. Of the few that have been cancelled, direct discussions have taken place and most of these have gone into next years plan.

There has been an agreement to cancel 82.5 days which will be offset by additional days in the plan e.g. audits that were not in the plan and some directly related to Covid-19. The reality will be closer to delivering roughly 400 days.

AN highlighted infection control audits have been dropped altogether and asked the rationale for this. The Internal Audit Manager explained this was due to resource pressures and explained as there is a high focus on this elsewhere in other forums, an audit is not required; however, it can be added back in if necessary. The Company Secretary confirmed the Board Assurance Framework has had a focus on infection control.

The Internal Audit Manager summarised the five must do's, two have been completed (Board Assurance Framework review and financial systems) and three are in progress (death certificates, end of life care and data protection security tool). All the critical audits are complete in order to complete a Head of Internal Audit Opinion at the end of the year.

The Head of Internal Audit confirmed the Trust are in a far better position than reported at the last Committee and asked to formally thank the operational staff and the audit team for their focus and hard work. The key risks and control issues have been identified. The Head of Internal Audit confirmed the Trust will receive a meaningful Head of Internal Audit Opinion at end of year and any areas not covered are in the planning for next year.

RH highlighted the good achievement to get closer to 400 days given the circumstances and the Trust aiming for a positive internal audit opinion on the back of this.

The Committee noted thanks to the Director of Finance and Deputy Director of Finance and the Audit Yorkshire team for their efforts to achieve this.

The Internal Audit Manager provided an update on the Delegated Consent audit limited assurance report which was not on the plan and was an additional audit from February

last year which did not take place due to Covid. The Trust are currently awaiting GMC guidance which has recently been released and the Consent to Examination or Treatment policy will need to be updated. The Internal Audit Manager confirmed this is in the 2021/22 internal audit plan for a follow up.

Internal Audit Plan 2021/22

The Internal Audit Manager explained that due to Covid-19, the internal audit plan for 2021/22 is a one-year recovery plan which is normally a three-year strategic plan. The three-year refresh will begin next year. She explained the plan includes audits that have not taken place this year, benchmarking audits, audits focused on Covid-19 recovery and NHS Phase 3 letter and mandated and core audits. The Internal Audit Plan focuses on Covid-19 recovery as opposed to business as usual audits.

OUTCOME: The Committee **APPROVED** the Internal Audit Follow Up Report, Progress Report, Internal Audit Plan for 2021/22 and **RECEIVED** the limited assurance report and the Insight reports for January 2021 and March 2021.

31/21

LOCAL COUNTER FRAUD PROGRESS REPORT

Shaun Fleming, Local Counter Fraud Specialist presented the Local Counter Fraud progress report and workplan. The key points to note were:

- National Fraud Initiative (NFI) new exercise has started
- Hold to Account – No formal fraud referrals have been received since the last Audit and Risk Committee
- Government Functional Standard for Counter Fraud came out in February and is similar to the current Functional Standard
- There are 13 components three of the components will not achieve a green or amber rating which is a national problem and the Counter Fraud authority agreed on this. These are:
 - o *Component 2* – the Counter Fraud Bribery and Corruption Strategy has not been released yet
 - o *Component 3* – Fraud Bribery and Corruption Risk Assessment - the guidance on certain methodology has not been received yet
 - o *Component 6* – Outcome-based metrics – the suggested metrics will be adapted to the organizational requirements which have been quality assessed immediately with no time to put the new metrics in place
- The NHSCFA recognises there will be non-compliance against these 3 components and that returns for May 2021 will represent a baseline assessment

Counter Fraud Workplan 2020/21

The counter fraud workplan aligns with the new standards that have been released and will report in a different way. The Local Counter Fraud Specialist explained this will be a fresh approach as the old standards were in place for at least ten years.

AN asked the Director of Finance if he sees any key challenges in the plan. The Director of Finance asked the Local Counter Fraud Specialist to be clear in what the ask is to understand if we will comply. The Local Counter Fraud Specialist provided assurance that the Trust will not be in a different position to anyone else and the new standards will be worked through.

OUTCOME: The Committee **RECEIVED** the Local Counter Fraud Progress Report and **APPROVED** the Anti-Fraud, Bribery and Corruption Plan for 2020/21.

32/21

EXTERNAL AUDIT SECTOR UPDATE

Updated External Audit Plan for 2020/21

Clare Partridge, Partner KPMG explained the only change in the plan approved at the previous Audit and Risk Committee is the Value For Money (VFM) risk assessment which is summarised on page 24 of the plan. She confirmed planning work has taken place on this which is currently showing green. The Trust are currently red against financial sustainability with the breach on the well-led review.

The Partner KPMG confirmed they have no concerns with the Trust making quick decisions regarding Covid-19 spend and ensuring the correct governance arrangements were in place.

RH expressed disappointment that the Trust are red against financial sustainability; however, added that it is not unexpected. He added that the Trust are in a good position with the exception of the deficit. RH asked if there will still be a separate VFM opinion. The Partner KPMG responded that the guidance is that there will be a separate report made publicly available; however, this has still not been finalised.

Sector Update

The Partner KPMG explained the statutory changes for the ICS and the CCGs which are expected and where the funding flows, explaining that lots is happening in the background for governance in the sector.

RH highlighted the reflections around Leicester in the papers and the review from Audit Yorkshire on this topic. RH feels the Trust are in a good place on the issues encountered at Leicester e.g. culture of reporting, accounts preparation, policy; however, it is good to keep them under review. The Partner KPMG was in agreement.

AN asked external audit if they had a perspective on the HMFA report and challenges of recruiting external auditors. The Partner KPMG explained it is extremely challenging and agreed that some Trusts struggle to recruit auditors as there are not enough.

Q3 PRF Benchmarking Report

The Director of Finance stated the benchmarking report is helpful for the Trust and feels that the Trust are benchmarking well for use of resources. AN added there is a good validation of work taking place at the Trust which is a positive story.

OUTCOME: The Committee **APPROVED** the External Audit Plan for 2020/21 and **RECEIVED** the sector update and PFR Benchmarking Report Q3 20/21.

33/21

COMPANY SECRETARY'S BUSINESS

Annual Accounts Reporting and Process

The Company Secretary reported the NHS accounts timetable and year-end arrangements were presented to the Committee on 26 January 2021. An updated timetable is enclosed which confirms the final review dates of the annual report and accounts for 2020/21. The Committee meeting to undertake this sign off is scheduled for 10 June 2021.

OUTCOME: The Committee **NOTED** the annual report and accounts timetable for 2020/21 and request to the Board of Directors for delegation of authority to the Audit and Risk Committee to approve the 2020/21 annual report and accounts.

Annual Governance Statement

As part of the annual reporting arrangements, Committee members are asked to review the draft 2020/21 annual governance statement which has been developed in line with the 2020/21 Foundation Trust Annual Reporting Manual guidance from NHS England / Improvement.

The draft statement has been reviewed by the Chief Executive, the Executive team and the Audit and Risk Committee Chair.

Action: RH to share his comments with the Company Secretary

OUTCOME: The Committee **NOTED** the draft Annual Governance Statement.

Review Code of Governance Compliance

Within the annual report the Trust must provide a specific set of disclosures regarding application of the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. Those required to be disclosed are detailed in the annual reporting manual.

The Trust is compliant with all provisions of the code of governance. The paper detailed the Trust position in relation to the application of the code and references key sources of evidence, including the well-led development governance review completed during 2020/21.

Action: RH and AN to share their comments with the Company Secretary

OUTCOME: The Committee **NOTED** the Trust's compliance with the Code of Governance.

Self-Assessment of Committee Effectiveness Action Plan

The 2020/21 self-assessment summary of responses and action plan were shared. The Company Secretary thanked all members for completing their returns which has resulted in a total of 9 actions in the action plan. There is further work needed in some areas.

The Company Secretary reported that Board Committee Chair highlight reports to the Board of Directors are being introduced which was flagged by the AqUA well-led review which will be in place from 6 May 2021.

AN asked the Director of Finance if he would support the action to invite action leads to the Committee where there are limited assurance reports. The Director of Finance was in support of this and is hoping to see an improved position following the challenge from the Chief Executive and at the weekly Executive Board.

OUTCOME: The Committee **NOTED** the outcome of the Audit and Risk Committee self-effectiveness review for 2020/21 and the areas of continued improvement for 2021/22 in the action plan.

Declaration of Interest Update

The Company Secretary highlighted the improvement on declaration of interest compliance since the last meeting which has increased from 20% at the beginning of February 2021 to 83% as at 31 March 2021. Lots of work has taken place to improve this position.

OUTCOME: The Committee **NOTED** the improved compliance position on declarations of interest by decision makers as at 31.03.21.

Review Audit and Risk Committee Workplan

The annual workplan for the Audit and Risk Committee was submitted for approval.

OUTCOME: The Committee **APPROVED** the Audit and Risk Committee 2021 workplan.

Audit and Risk Committee Attendance Register

The attendance register of the Audit and Risk Committee from 1 April 2020 to 31 March 2021 was submitted for any comment or corrections. The attendance of the Non-Executive Directors will be published in the annual report and accounts for 2020/21.

The Managing Director for Digital Health highlighted she was not invited to the October meeting and asked to check when she became a permanent member of the Committee.

Action: Company Secretary to confirm when the MD for Digital Health became a member of the Committee and update the attendance register.

OUTCOME: The Committee **NOTED** the Audit and Risk Committee attendance register for 2020/21.

35/21 SUMMARY REPORTS AND MINUTES TO RECEIVE

A summary report of work undertaken since January 2021 was provided for the following groups and minutes were circulate for assurance:

- Risk Group – no questions were raised.
- Information Governance and Records Strategy Group – The Managing Director for Digital Health confirmed all access measures for records are now a standing agenda item. She explained a total of 250 plus alerts were last reported and only six needed a further review and none went to HR. She confirmed that password compliance is now at 95% following a hard stop that took place in March 2021. This includes 200 students who only attend the Trust infrequently; therefore, compliance would be higher.
- Health and Safety Committee – no questions were raised.
- Data Quality Board – no questions were raised.
- CQC and Compliance Group – no questions were raised.

OUTCOME: The Committee **NOTED** the summary reports for the above groups.

36/21 ANY OTHER BUSINESS

There was no other business.

37/21 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- Encouraging work on data quality
- Highlight report will be submitted to the Board
- Internal audit remaining a concern on overdue major recommendations albeit this is now getting greater Executive focus
- Approved the 2020/21 Internal Audit and Counter Fraud plans

38/21 DATE AND TIME OF THE NEXT MEETING

Extra-Ordinary Audit and Risk Committee to sign off the Annual Report and Accounts
Thursday 10 June 2021
2:30 – 4:00 pm
Microsoft Teams

Wednesday 21 July 2021
10:00 – 12:15 pm
Microsoft Teams

39/21 REVIEW OF MEETING

The meeting closed at approximately 3:00 pm.

Draft Minutes of the Extra-Ordinary Audit and Risk Committee Meeting held on Thursday 10 June 2021 commencing at 2:30 pm via Microsoft Teams

PRESENT

Richard Hopkin (RH)	Non-Executive Director (Acting Chair)
Denise Sterling (DS)	Non-Executive Director

IN ATTENDANCE

Andrea McCourt	Company Secretary
Gary Boothby	Executive Director of Finance
Kirsty Archer	Deputy Finance Director
Helen Kemp-Taylor	Head of Internal Audit, Audit Yorkshire
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Clare Partridge	External Audit Partner, KPMG
Salma Younis	Audit Manager, KPMG
Amber Fox	Corporate Governance Manager (minutes)
Alastair Graham	Non-Executive Director/Chair of CHS Limited (under matters arising)
Owen Williams	Chief Executive (item 5d)
Zoe Quarmby	Financial Controller

OBSERVERS

Philip Lewer	Trust Chair
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40/21 APOLOGIES FOR ABSENCE

Apologies were received from Mandy Griffin and Andy Nelson.

The Acting Chair welcomed everyone to the extra-ordinary Audit and Risk Committee meeting to sign off the annual report and accounts which has been delegated to this Committee by the Board of Directors.

41/21 DECLARATIONS OF INTEREST

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

42/21 MINUTES OF THE MEETING HELD ON 12 APRIL 2021

The minutes of the meeting held on 12 April 2021 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 12 April 2021.

43/21 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updates noted.

Matters Arising – Calderdale Huddersfield Solutions (CHS) 2020/21 Annual Accounts
 AG declared an interest as Chair of CHS. AG reported that the CHS 2020/21 Annual Accounts were approved at the CHS Board immediately prior to the Audit and Risk Committee on 10 June 2021, subject to KPMG finalising certain audit work and the data in respect of the specialised energy and carbon reporting. Subject to these, the CHS Board were satisfied the accounts were accurate subject to a final approval once these matters have been resolved. The CHS Board also noted the impressive performance of the company which has enabled CHS to make a £0.5m donation the Charity in respect of the previous financial year.

RH congratulated CHS on their performance and added the receipt of these monies to Charitable Funds is very welcome. RH, Acting Chair thanked AG for attending to provide this update.

OUTCOME: The Committee **NOTED** the updates to the action log and the approval of the CHS Annual Accounts.

44/21 ANNUAL REPORT AND ACCOUNTS

a) Going Concern Report

The Deputy Director of Finance presented the Going Concern report which has changed considerably from previous years as the report is shorter and more succinct in response to a change in the guidance from NHSE/I. The guidance states that while management in NHS bodies will need to document their basis for adopting the going concern basis, this assessment should solely be based on the anticipated future provision of services in the public sector.

The External Audit Partner, KPMG confirmed this is consistent with other organisations.

RH agreed the Going Concern note is now in line with the guidance and is focused on the foreseeable future, no longer making reference to 'indefinitely'.

OUTCOME: The Committee **APPROVED** the Going Concern Report.

b) Audited Annual Accounts and Financial Statements

The Deputy Director of Finance explained the differences between the values on the face of the annual accounts of £9.4m deficit versus the NHS England Improvement (NHSE/I) (control total) reporting of financial performance of £355k surplus. The adjustments include:

- NHSE/I control total view - removes impairments which have an adverse impact of £12.7m
- Removes the positive impact of capital grants and donations of £2.5m (*high donations this year due to the donated equipment received to deal with the covid-19 pandemic*)
- Removes the stock adjustment for donated PPE of £0.7m

The above key points describe the movement from a £9.4m deficit to a £355k surplus and is shown within the annual report on page 144 on Convene.

An updated version of the annual accounts was recently circulated, and the change reflects an update highlighted through the audit process where a value was included as a pre-payment which in effect should not have been included. This has been adjusted to ensure the accounts represent an up to date position. RH agreed this was not a material change.

RH advised that he had reviewed the audited accounts in detail at a meeting with the Deputy Director of Finance and the Financial Controller and is comfortable with the numbers which have not changed since this meeting took place.

RH highlighted the £90m of positive net assets as opposed to last year's equivalent of £55m deficit due to the change in funding regime. The Deputy Director of Finance confirmed this was as anticipated and as noted in last year's accounts.

OUTCOME: The Committee **APPROVED** the Audited Annual Accounts and Financial Statements.

c) Letter of Representation

The Deputy Director of Finance presented the letter of representation and noted that the unadjusted audit differences are included as an appendix to this letter. Further discussions have taken place on the second unadjusted audit difference; therefore, there will be an updated appendix to this letter with revised narrative. RH was supportive of this change.

Action: Deputy Director of Finance/External Audit Partner, KPMG to update the appendix in the letter of representation

OUTCOME: The Committee **APPROVED** the draft Letter of Representation subject to the updated narrative in the appendix to the letter.

d) Annual Governance Statement (AGS)

The Company Secretary reported that the 2020/21 Annual Governance Statement (AGS) was reviewed and approved by the Audit and Risk Committee on 12 April 2021. The Chief Executive attends this meeting for final approval of the statement prior to submission to NHSE/I. The AGS is developed in line with national guidance and the quality accounts are not part of the annual report this year; therefore, reference is not included in the accounts.

The main change to the last version presented in April is an addition to the financial sustainability section following a review by KPMG to align more clearly with the clean audit opinion that has been issued. The Audit and Risk Committee and Non-Executive Directors have reviewed and are satisfied with these changes.

The key points to note were:

- AGS includes our framework for managing Covid-19 risks over the last year
- The Trust is declaring there are no significant control issues
- The Trust completed the well-led review during Q4 last year which is consistent with the AGS
- AGS is consistent with the head of internal audit opinion and the KPMG year-end report

The External Audit Partner, KPMG confirmed the changes to the financial sustainability section were to reflect positive changes. RH confirmed from a Non-Executive Director point of view this has been reviewed and they are comfortable with the wording. RH thanked the External Audit Partner KPMG for suggesting the better picture.

The Chief Executive formally thanked the Company Secretary for preparing the annual governance statement.

The Chief Executive left the meeting.

OUTCOME: The Committee **APPROVED** the Annual Governance Statement.

e) Annual Report 2020/21

The Company Secretary presented the Annual Report which has been developed in line with the NHS I annual reporting manual. The annual report includes the performance report and accountability report, the accounts and the auditor's report will be added following this meeting.

The Company Secretary re-iterated the Quality Account does not need to be included in this year's annual report. However, there is information included around patient care and a summary on complaints in the annual report.

The main changes to the annual report this year were as follows:

- Performance Report – inclusion of how the Trust has managed equality of service delivery

- Accountability Report and Staff Report – Inclusion of information on diversity and inclusion policies
- It was optional to include a performance analysis section, however it was agreed to include this
- Updates to the going concern and public services is reflected in the report

The Company Secretary acknowledged input from all the teams, including finance, workforce, quality, and the membership office.

The Non-Executive Directors, Finance team and External Audit team have been consulted on the draft annual report and all feedback has been incorporated into the version that has been circulated.

The Company Secretary reported the Trust are awaiting the timetable this week from NHSE/I on laying the report before parliament. Assuming the Trust can lay the annual report before the summer, the CHFT Annual General Meeting will be held on Wednesday 28 July 2021.

The guidance states the annual report can be an electronic document with e-signatures.

A four-page easy-read summary document is also being created with infographics.

RH congratulated the Chair on his statement within the annual report, with support provided on the Chair's statement by Caroline Wright in the Communications team.

RH thanked the Company Secretary for all her hard work on this year's annual report and annual governance statement which is a huge task each year.

OUTCOME: The Committee **APPROVED** the Annual Report 2020/21.

f) Head of Internal Audit Opinion and Annual Report

The Head of Internal Audit presented the Head of Internal Audit Opinion and annual report for 2020/21. Despite all the challenges in year due to the impact of the Covid-19 pandemic, the team managed to deliver 359 days input against 372.5 days agreed at the Audit and Risk Committee, this is a real testament to the Trust.

A narrative on KPIs and performance in year is included in the report, the Internal Audit Manager confirmed all four KPIs were achieved at the end of the year, only one report missed the management response target of responses received within 15 days which is a pleasing response.

The Head of Internal Audit presented the Head of Internal Audit opinion, the purpose of which is to contribute to the Trust assurances, the Board's assessment of effectiveness of the internal control systems and to support the Board in the completion of the Annual Governance Statement. It is based on an assessment and design of the operation of the assurance framework and the underpinning risk management systems. It is an assessment of the range of individual audit opinions arising from completed work and the Trust response to audit recommendations and the extent to which they have been implemented in year. This year a reference to the public sector audit standards has been included in the report to re-assure the Trust these have been complied with throughout the year.

The Head of Internal Audit gave an opinion of significant assurance for the year which is an outstanding outcome given the challenges of the year. Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.

A total of 27 audits have been finalised. A breakdown of the finalised reports is shown below:

- 8 - High Assurance
- 14 – Significant Assurance
- 5 - Limited Assurance

An update on follow ups:

- 94 out of 177 have been fully implemented
- 12 dates have been revised
- 30 not yet due
- 37 in total overdue

Previous limited assurance reports have been concluded, most if not all recommendations have been implemented this year. No major control weaknesses were brought to the attention of the Committee. The Internal Audit Manager reminded colleagues the automated tracking system is used for overdue recommendations and the number of overdues has reduced since this report was produced.

The Head of Internal Audit thanked all colleagues who have been involved.

The Director of Finance re-assured the Committee the Chief Executive has been involved in ensuring progress on overdue recommendations since the last Audit and Risk Committee and given all the Executives a task to clear all overdue recommendations with an update report due to go to weekly Executive Board (WEB) in July.

RH reported it is positive after a very challenging year to deliver this level of days and audits which is a real achievement.

RH formally thanked the Head of Internal Audit, the Internal Audit Manager, the audit team and CHFT colleagues for all their efforts. He added there is still a concern about overdue reports which will be monitored by the new system in place with involvement from the Chief Executive.

OUTCOME: The Committee **NOTED** the Head of internal Audit Opinion with a significant assurance overall opinion and **APPROVED** the Internal Audit Annual Report.

g) Year End Audit Report – ISA 260

The External Audit Partner KPMG formally thanked the Finance Team at CHFT for all their work turning around all the requests over the past four weeks which has meant the audit has gone reasonably smoothly allowing a clean, true and fair audit opinion. There is a clean opinion on the Use of Resources which is the first time in three or four years which reflects the financial outturn and delivery of CIP despite Covid-19 pressures.

The Audit Manager KPMG presented the key findings within the ISA 260:

- A status update of the audit work still outstanding is included on page 4 which includes:
 - Financial Statements audit: to complete review of sample items relating to cut off; expenditure; payroll to bank statement testing
 - Expenditure sample is down as a significant risk (a big sample of 250 items in total) with lots of work to get the evidence and this has now been received
 - Payroll testing – completed for the Trust, need to undertake this for CHS
 - CHS audit is ongoing
- New funding regime – not a significant risk for revenue recognition
- Land and building valuation – no concerns
- Uncorrected audit adjustments are to be updated in the report

- Value for money – the way this is undertaken has changed this year to focus on three domains listed on page 17. The risk assessment was presented to the Audit and Risk Committee which flagged a risk around financial sustainability. This was relating to the underlying deficit and uncertainty regarding 2021/22 planning. The Trust is working within the guidance with the ICS and it was concluded there is no significant weakness identified for each of these domains. This results in a clean value for money opinion.
- Two recommendations in appendix 4 around inventory counts and financial sustainability
- Appendix 5 has been updated and subsequently circulated to Committee members prior to this meeting, there have been two unadjusted audit differences which were:
 1. EPR – historic
 2. PFI lifecycle costs – this wording has been revised, recognising this is coming from the PFI model and this wording will be presented in the letter of representation.
- Additional item – adjusted audit difference where an invoice received last year was normally a pre-payment released over 5 years; however, payment was made annually rather than upfront; therefore, this was updated in the accounts.

The Director of Finance clarified with the Chair and Non-Executive Director colleagues that they understood the latest adjustment to the accounts.

RH asked how quickly the outstanding items will be completed and asked if there are any material issues anticipated. The External Audit Partner KPMG confirmed they are not expecting any material issues following the work yet to be undertaken. The timing is tight to sign the annual report and accounts on Tuesday 15 June 2021. Therefore, an additional 24 hours, has been requested by external audit with the plan to sign on Wednesday 16th June 2021. The Director of Finance confirmed the Financial Controller has had conversations with NHSE/I to confirm this and they have provided a longer window if required; however, the intention is to submit by Wednesday 16th June.

RH asked for an update on the stock issue at the theatres which has made some progress; however, seems to be ongoing. The Audit Manager, KPMG explained in relation to Covid-19, this was not business as usual; therefore, a few areas need tidying up. There have been two stock counts this year and the first one took longer than it normally would.

OUTCOME: The Committee **NOTED** the External Auditor's year-end report and ISA 260.

h) Annual Auditor Report

The Audit Manager KPMG presented the annual auditor report which summarises all the work undertaken, including the new value for money work regime. This report will be a public facing document and the Trust will need to publish this on their website once the accounts are published.

The key points to note were:

- Summary of KPMG's responsibilities are included on page 3 which included a clean opinion and conclusion on the value for money element
- Significant risks reported and their findings
- Page 6 includes the matters that informed external audits risk assessment which included the CQC report rating, Annual Governance Statement, Head of Internal Audit Opinion and NHSE/I Single Oversight Framework rating based on 2019/20 metrics

The External Audit Partner KPMG stated that the Trust need to confirm they are comfortable with the wording which is written for a layperson.

RH confirmed he will have a final review of the annual auditor's report and encouraged other members of the committee to review and provide feedback. RH added it is a positive conclusion.

The Audit Manager KPMG thanked the CHFT Finance team for all their support.

RH thanked the KPMG team for their efforts and the CHFT Finance team for all their hard work during this challenging time of year.

OUTCOME: The Committee **NOTED** the External Auditor's Annual Audit Report.

i) Self-Certification License

The Company Secretary advised that each year NHS England / Improvement (NHS E/I) requires all Foundation Trusts to complete a number of self-certifications to provide assurance that the Trust is compliant with the conditions of their NHS provider licence.

A paper was presented to the Audit and Risk Committee on 12 April 2021 describing the compliance with the Code of Governance which informs the self-certification statements. These are to be signed by the Trust Chair and Chief Executive. They are not submitted but are auditable by NHS Improvement.

It was noted that the self-certification statements had been approved at the May 2021 Board of Directors.

OUTCOME: The Committee **NOTED** the self-certification statements.

45/21 ANY OTHER BUSINESS

RH confirmed the annual report and accounts signing and submission will take place next Wednesday 16th June 2021.

Draft CHFT Audit Opinion

The Audit Manager KPMG highlighted the audit opinion was circulated prior to the meeting with some changes in the wording. The opinion compared to the previous template of the audit opinion includes more detail on KPMG's responsibilities around fraud and what procedures have taken place to identify any specific risks around fraud. The new auditing standards also includes more around laws and regulations and if any breaches in laws or regulations are identified to flag these in the audit opinion. There is nothing to flag at this stage following the completion of the audit.

46/21 MATTERS TO CASCADE TO BOARD OF DIRECTORS

The Board of Directors will be updated in due course via the Chair's highlight report.

47/21 DATE AND TIME OF THE NEXT MEETING

Date: Wednesday 21 July 2021

Time: 10.00 am

Via: Microsoft Teams.

(Please note meeting with Non-Executive Directors and Auditors from 9.30 – 10.00 am)

Minutes of the Finance & Performance Committee held on
Monday 29 March 2021, 11.00am – 14.00pm
Via Microsoft Teams

PRESENT

Helen Barker	Chief Operating Officer
Gary Boothby	Director of Finance
Peter Wilkinson	Non-Executive Director
Richard Hopkin	Non-Executive Director (CHAIR)
Owen Williams	Chief Executive

IN ATTENDANCE

Andrea McCourt	Company Secretary
Kirsty Archer	Deputy Director of Finance
Mandy Griffin	Managing Director – Digital Health (Item 054/21)
Peter Keogh	Assistant Director of Performance
Philip Lewer	Chair
Rhianna Lomas	PA to Director of Finance (Minutes)
Stephen Baines	Governor Representative
Stuart Baron	Associate Director of Finance
Suzanne Dunkley	Director of Workforce & Organisational Development (Item 055/21)

ITEM

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| 046/21 | WELCOME AND INTRODUCTIONS
The Chair welcomed attendees to the meeting. |
| 047/21 | APOLOGIES FOR ABSENCE
Apologies were received from Anna Basford, Director of Transformation and Partnerships. |
| 048/21 | DECLARATIONS OF INTEREST
Declarations of interest were noted for Stuart Baron as a Director of CHS. |
| 049/21 | MINUTES OF THE MEETING HELD 1 MARCH 2021
The Minutes of the Public meeting held 1 March 2021 were APPROVED as an accurate record subject to the following changes: <ul style="list-style-type: none"> - Within the IPR item on page three the first bullet point should read “but all other categories have deteriorated” instead of “the categories in red have deteriorated” as no category was coloured red. - The action regarding long term sickness on page four should read “regarding” not “regarding.” |
| 050/21 | ACTION LOG AND MATTERS ARISING
The Chair asked for a brief update regarding Project Echo to which it was understood that NHSEI have commenced their review. The project is moving through the required processes as planned and further updates will continue to be given to this Committee. |

The Action Log was reviewed as follows:

025/20 – Outpatient Improvement Work: The Committee received the presentation prior to the meeting. The Chief Operating Officer explained that Meridian were brought in to investigate and resolve a number of issues as follows:

- There had been a reduction in bookings and the decrease could not be completely attributed to the Covid-19 pandemic.
- A divide had been noted between the booking team and the specialities using the service.
- There were a high number of requests to change templates.
- The booking team were feeling fatigued after the implementation of EPR.

Using Meridian would allow the Trust to gain extra capacity. The aim was to ensure the work was clinically led and that it would improve the health and wellbeing of the booking team. On reflection, Meridian placed a great deal of focus on the processes within the booking team. Helpful interventions were put in place due to the users of the service being involved in the work and these colleagues began to understand the complexities of creating a booking. The admin processes and work profiles were reviewed particularly at manager/supervisor level within the booking team and structures were put in place to increase capacity.

As a result of this work, bookings increased and cancellations for patients/clinics decreased. Patients also began receiving their letters with advance notice therefore appointment attendance improved. However, the template change issue was not addressed which was noted by the Chief Operating Officer as one of the larger issues. It was highlighted that the work focused significantly on how the booking team could improve rather than the specialities that use the service also. Therefore, the template work is now in progress. The work will continue until the initial scope is fulfilled.

The Chair questioned the definition of templates and what is required going forward to improve them. It was explained that a template change can be due to any amendment being needed e.g. cancelling a clinic. Pre EPR a clinic could be overbooked however in Cerner this is considered a template change. Within a year 60,000 clinic change requests can be seen creating a high volume of work. Meridian have been asked to create a detailed piece of diagnostics and offer solutions. The Director of Finance added that learning has been taken from this situation regarding in future being clearer/communicating better the objectives of the project to the consultancy firm involved. It was noted that the booking centre team felt supported throughout the process.

Overall, four things have been learned:

- 1.) The Trust need to be more specific about the scope of the work in future.
- 2.) The communications to those outside of the programme could have been better as not all knew the programme was ongoing.

- 3.) There is a need to ensure that all involved understand the rationale behind using an external party. In this case Meridian were used as there was no capacity to conduct the work internally.
- 4.) The Trust are still unsure whether the benefits delivered would have occurred naturally within the re-set work therefore the success of the project will be proved through its sustainability (or otherwise) in the long term.

The Director of Finance added that he and the Chief Operating Officer wanted the project to be clinically led therefore they minimised their involvement. However, if more input had been given at Executive level, the template work would have been identified as missing sooner. It was noted that the overall project cost of £230k was within budget. The KPIs have been signed off as they have been completed. However, in hindsight, the KPIs could have been more sophisticated.

Non-Executive Director, Peter Wilkinson, questioned what the booking trend levels were pre-Covid. It was noted that this information was not documented in the presentation therefore the Chief Operating Officer will find this data and circulate it outside of the meeting.

ACTION: To circulate the data regarding booking trend levels pre-Covid to the Committee – **HB, 05/05/21**

The Chief Executive commented that there is a need to investigate how the Trust bolsters its improvement capacity in future as this is not the first time that the organisation has brought in a company and not felt completely satisfied with the output. It was agreed that next time the work should be both Executive and clinical colleague led instead of being completely clinical. Overall, the Trust has a choice between improving its own capacity or investing in professional commercial help when consideration is being given to employing a consultancy firm.

In summary some benefits have been seen regarding increased bookings, decreased cancellations and letters being sent with advance notice. The sustainability of these improvements will be assessed in the long term, and work is ongoing regarding the templates. It was agreed to receive a further update on the Outpatient Improvement Work in six months' time to see whether the benefits have been sustained and the templates improved.

ACTION: To receive a further update regarding the outpatient improvement work in six months' time to assess whether the benefits have been sustained and the templates improved – **HB, 04/10/21**

There are numerous learnings to take from the project and the Trust's approach to consultancy work will be assessed going forward. It was suggested that the internal capacity element could potentially be discussed within the efficiency engagement project work.

037/21 – 12 Hr Trolley Waits: No other protected characteristics were reviewed at the time other than ethnicity therefore a colleague is working

through the patient list to look at the other characteristics. The findings will be communicated at the next Committee meeting. **Action remains open.**

037/21 – Relative Complaints: The Committee were informed that no complaints had been received from the patients/family of those who experienced long waits in the Emergency Department. No feedback has been received regarding the apology letters that were sent either. **Action closed.**

037/21: Long Term Sickness: This action was covered by the Director of Workforce in item 055/21 – Health and Wellbeing Strategy. **Action closed.**

FINANCE & PERFORMANCE

051/21

MONTH 11, FINANCE REPORT INCLUDING HIGH LEVEL RISKS

The Director of Finance highlighted the key points reported at Month 11:

- The Trust remains on plan. Currently the forecast deficit stands at £2.36m which is worse than the planned £1.92m however this will change as guidance is updated. The Committee were assured that the position at year end will be on plan.
- From an ICS point of view, the ICS will be somewhere between £2m – £40m ahead of plan depending on what is confirmed next week. Overall, the Trust will deliver the original plan and any differences will be for allowable reasons.

It was questioned whether the items labelled as Covid costs are to be challenged. The Director of Finance explained that it has been agreed to identify one organisation per ICS for an in depth audit and CHFT was not selected. Data shows that on average 9% of what organisations have bid for has been rejected. An internal audit review took place at CHFT and the result was a favourable audit as no issues were identified. The overall risk of such a challenge is low.

The Chair highlighted that the capital position shows the Trust is currently underspent by £9m. CHFT will therefore have high capital creditors, and this does pose an element of risk. The Director of Finance has discussed this with Andy Nelson as Chair of the Audit & Risk Committee. The organisation is committed to spending the majority of the internally generated capital and the Finance team have worked hard to bring projects from next year's plan into this year so that the funding is spent. For some of the external schemes the Trust are allowed to move the money between years however the plan cannot change therefore an underspend is created for those particular elements.

The high level risks are included in the report. Many were downgraded at previous meetings. There have been no further changes and the Director of Finance remains happy with the scores.

The Committee **NOTED** the Month 11 finance report.

INTEGRATED PERFORMANCE REVIEW – FEBRUARY 2021

The Chief Operating Officer reported that the Trust's performance for February 2021 was 68%. The following key points were highlighted:

- Improvement has been seen across all of the domains with the exception of effective, efficiency and finance which have deteriorated slightly.
- Stroke is an area for concern. There were three Covid outbreaks on the stroke unit in February therefore the ability to admit new patients was impacted. A weekly improvement plan has been implemented, this will be managed through the divisions and overseen by the Chief Operating Officer. The stroke deep dive review scheduled to happen at this Committee in October may be needed earlier. A final decision regarding this will be made in the coming months.
- SHMI is also a concern. It was deteriorating pre-Covid and continues to do so. Cornelle Parker and Sree Tumula brought information regarding this to WEB last month and they will be returning with more data. The out of hospital death rate is of particular concern.
- Clostridium Difficile has deteriorated and CHFT are over the suggested trajectory. Therefore, the IPC team are working on this.
- Long term sickness will be discussed in greater depth by the Director of Workforce in item 055/21.
- Regarding the backlog position, diagnostic imaging and DEXA scanning are improving. There are just under 4,000 patients in the 52 week wait position however this is 800 less than predicted for this point.
- Emergency care has stabilised, running between 86-90%. The Trust continues to perform well when benchmarked against other organisations. Overall, the department is back to being busy. Last Monday saw the highest attendance level for a single day in 18–24 months. General bed capacity is still quite low for non-electives that are non-Covid therefore work is being done to improve this. Overall, the team are doing exceptionally well and work is being done to look at how we can raise awareness of this good work throughout the Trust.

The Assistant Director of Performance noted that the figure for SHMI in hospital is below 100 however it is still deteriorating despite it not being as bad a position as SHMI out of hospital. The Chief Executive highlighted that we must be clear on what is defined as an out of hospital death as this should not affect the reconfiguration plans regarding care closer to home. As a result of this, the definitions will be shared with the Committee outside of the meeting.

ACTION: To share the definitions regarding out of hospital deaths – **OW, 05/05/21**

All five Trusts within West Yorkshire with the exception of Leeds have a deteriorating SHMI position. In 2018/19, CHFT were 58th in the league table however this year we are 78th out of 123. Bradford were 19th, but they are now 103rd and Mid Yorks are 104th. Therefore, we are trying to understand this deterioration regionally. Leeds have typically been at +100th Trust and they have stayed static/improved over recent years. Overall, we need to make sure there are no underlying factors being missed. The situation will be kept under review.

The Chief Executive questioned whether ED attendance lowered for the rest of the week after the particularly busy Monday. It was understood that attendances for the whole week remained fairly high apart from one day that saw a significant decrease. Over the last two weeks each site has seen an extra 180-200 patients per week. This increase has been seen across Yorkshire however we do not know if this is reflected nationally.

The Committee **NOTED** the IPR for February 2021.

053/21

POST COVID-19 RE-SET / BUSINESS BETTER THAN USUAL -

The Chief Operating Officer delivered a presentation to the Committee. It was noted that the framework has been seen at WEB and amendments will be made using the feedback received there. The operating guidance was received on Thursday therefore the key elements of that have been included on one slide within the presentation. Fortunately, the majority of the guidance was already included in CHFT's recovery plan. Overall, we are a well performing organisation that is part of a well performing system therefore the Trust entered the pandemic in a good position. Our pandemic response and recovery framework are consistent with our core values. There are backlogs across all of planned care and this creates a challenge. The framework shows how we will work for the next 12-24 months and it was noted that it is not a quick solution. Work will be done to ensure that it fits in parallel with the reconfiguration plans. The plans have been well received by colleagues so far.

The plan assumes that Covid prevalence will remain low, the vaccine programme will continue, we will look at health inequalities when prioritising and as a system there will be a commitment to capacity and demand. It is built on four foundations: principles, priorities, health inequalities and modelling. The principles and priorities were agreed previously at Board. Patients in category one and two will be prioritised along with those with a learning disability. There will also be waiting time equity for BAME (Black, Asian minority ethnic) and non BAME patients. A key part of the plan is to ensure that there is appropriate waiting time equity across the specialties also, therefore capacity will be given to those with the longest waiting lists. A large focus will be placed on the third foundation, health inequalities, this is being done initially by completing the eight urgent actions identified and work is being done on our response to that this week to submit to the ICS. There are four workstreams taking place to discuss; digital inclusion, lived experiences, health inequalities and equal access to opportunities within our workforce. The final foundation, modelling, has involved creating a clinical reference group that meet weekly. Within this group there is consultant representation which has given good insight into how we model. There will also be trajectories that look at a BAME and non-BAME approach.

The approach involves two overarching themes – health inequalities as discussed and clinical reference groups. All clinicians are being encouraged to get involved in creating the recovery framework. There are three cohorts: baseline, opportunities and supporting. The baseline group looks at understanding where we are currently in terms of the estate/workforce and modelling/trajectories are being done around that and the prioritisation principles will be built in. A key element of this involves learning from the last

twelve months for example the 12 hr breaches in ED have impacted the work going forward. It was noted that there are many opportunities, and these are being worked through in the second cohort. Thirdly, the “supporting” group are looking at making this a sustainable piece of recovery.

There are positive and negative internal interdependencies to consider. On the positive side the Trust can use its IPC (infection prevention and control) Team to assess improving the waiting rooms in outpatients to increase the number of patients we see. Work is also being done to look at reducing our level two and three critical care back down to the funded baseline of thirteen. However, there are challenges regarding non elective pathway management, length of stay, workforce availability, the estate and the specialities ownership of changing the capacity plan. It was highlighted that colleague engagement will be key when discussing capacity plans.

There are three key workstreams: IPC, workforce, and capacity planning. These workstreams will work alongside the continuation of BBTU (Business Better than Usual.) A task and finish group has been formed to look at how we undertake waiting list initiatives in an equitable way, a paper will be circulated regarding this.

ACTION: To circulate the waiting list initiatives paper – **HB, 05/05/21**

The framework regarding this was sent to WEB (Weekly Executive Board) last week and the recommendations given there have been implemented. Further work will be done with the Director of Workforce on this to ensure colleague wellbeing is included. Any waiting list initiative activity will be voluntary and, due to this, within the framework there are plans for additionality that include the independent sector in order to ensure we have solutions to treat patients.

The Trust will continue to offer free parking for staff who will be issued with new access cards. All barriers will be lowered, and patient charging will commence in line with guidance issued 23rd March 21. Staff will be able to access all car parks with the exception of Main entrance HRI & Acre Mill outpatients. There is ample staff parking at HRI, including the Acre Mills overflow car park, but the continued use of the above two patient car parks by staff, despite requests not to, is now significantly impacting on patient access and experience. This was agreed at WEB last week and work will now be done to ensure this is appropriately communicated to staff.

There are some non IPC dependent productivity plans. This includes realigning the theatre template and continuing to build on the virtual clinics. In order to manage demand, we will continue with the CAS (clinical assessment services) therefore we will ensure each speciality has a CAS. This will ensure patients are on the correct pathways. In outpatients, “straight to test pathways will be used and the buddy system will be relaunched in order to reduce follow up demand and move to patient initiated follow ups. Support for this has been received from the Quality Committee and the Chief Operating Officer confirmed that she will be issuing communications on this in due time. Work is being done to streamline the diagnostic pathways and reduce demand.

Theatres/endoscopy are looking to ensure theatres/rooms are only used for procedures where there are no alternatives.

Conversations have been held with system partners and a weekly planning call is now in place to work through the plans. The following key points were highlighted from the national guidance update:

- A refreshed people plan has been requested and focus is being placed on e-rostering and e-job planning. This requirement will be reviewed the Director of Workforce.
- The Trust has been asked to plan for an Autumn vaccine programme and to prepare for a focus on immunising children.
- The Ockenden review has been included therefore we need to ensure our plans are connected to that.
- There is an expectation that the plans are collaborated locally and with ICS involvement hence the weekly call with system partners has been put in place.
- It was made clear that the Trust should assume that our non-Covid, non-elective activity should be the same as 2019/20 and we should allocate 5% of the bed base to Covid.
- The activity expectations have been decided by using the 2019/20 baseline. Therefore, we should reach 70% of that in April and increase by 5% in May/June and then deliver 85% from July (system activity can be included in that.) There will be an opportunity to access additional funding if over 85% (by value) is reached, however in order to qualify you also have to evidence that your plans have appropriate health inequalities, focus and prioritisation.

The new performance and accountability framework will be circulated within the next week. The proposal is to have a dedicated section regarding recovery so it is easy to monitor progress from a framework perspective therefore they will all have an EQIA and a QIA process. It was agreed to circulate the presentation outside of the meeting along with the paper regarding waiting list initiative activity.

ACTION: To circulate the recovery framework presentation alongside the paper produced regarding waiting list initiative activity – **HB, 05/05/21**

The Chair noted that the outcome based indicators will be part of the recovery framework. The final version of the performance and accountability framework will be reviewed at next month's Finance & Performance Committee meeting along with the overall timeline.

ACTION: To review the performance and accountability framework and overall timeline at the next Committee meeting – **HB, 05/05/21**

It was understood that the numbers agreed now may change as the modelling changes throughout the year. It was questioned how we will approach remote working in future to which it was noted that there is a workgroup looking at this and the Chief Operating Officer will gain an update regarding progress. It was

also agreed that an executive summary for the recovery framework should be produced.

ACTION: To produce an executive summary for the recovery framework – **HB, 05/05/21**

The performance and accountability framework will go to Board on May 6, 2021.

The Committee **NOTED** the recovery framework.

054/21

NPEX

The Managing Director of Digital Health informed the Committee that the paper circulated prior to the meeting describes the commercial negotiations currently being held with our existing partners, Xlab. The partnership between them and THIS (the Health Informatics Service) began in 2009 and together they developed a product called NPEX. However, in February of this year, formal notice was received from Xlab to dissolve the partnership which under the contract, THIS are obliged to accept. As a result, this will have an impact on the income received from NPEX going forward.

A proposed payment of £2.3m has currently been negotiated and the detail of how this is comprised was discussed. It was noted that a proposed termination payment was required to offset previous income but also residual capital charges following previous capital investments. These assets would no longer add value to the Trust and would need writing off.

The Director of Finance added that THIS are trying to negotiate to improve the offer of £2.3m however they are not in a strong negotiating place due to how the initial contract was set up. The paper has been brought here due to the scale of the sums involved. All can be assured that the aim is to gain a better deal and multiple executive colleagues are involved in the negotiations. The current proposal would be sufficient to cover the cost pressures within THIS for next year which would create a good position. Anything additional will help improve income which would allow for the contribution to CHFT to be met and also improve the non-recurrent position. Recurrently, losing this contract does pose a challenge therefore work is being done to reduce the overheads over time.

Peter Wilkinson, Non-Executive Director questioned the recurrent impact. It was understood that THIS no longer have any part to play in supporting the NPEX product. Everything will be migrated from September 2021. The Chief Executive highlighted that THIS remains a profitable business and will gain one year's breathing space due to this funding. However, there is a challenge for the next Managing Director of Digital Health now this contract is gone. Thought needs to be given as to what will be expected over the next two-five years.

The Chair questioned whether the £2.3m would have been received naturally if the companies had not parted ways to which it was noted that this would not have been the case.

The Committee **NOTED** the NPEX paper. Overall, the partnership with Xlab has been a success story.

055/21

HEALTH AND WELLBEING STRATEGY

The Director of Workforce gave a presentation to the Committee in which the following key points were noted:

- A 24/7 helpline was introduced, and a triage system implemented to allow colleagues to speak with councillors when necessary.
- Listening events show that the trauma of Covid is beginning to impact colleagues now and they are nearing fatigue. All 6,000 colleagues will have had different experiences therefore all staff groups are thought of when implementing ideas.
- 4,150+ health and wellbeing risks assessments have been completed by around 3,500 colleagues. 251 responses were categorised as “very anxious” and received professional intervention. 925 were “more anxious than usual” and received a follow up phone call. 73 were “more anxious” and they were referred directly to Care First.
- There have been 92 Socrates referrals (this is the highest level of psychological assistance that the Trust provide.)
- There have been 35 lifesaving interventions with 5 colleagues currently on high alert, this feeds into the long term sickness absence.
- There have been 500 “friendly ear calls” and 300 places were booked onto the Halsa Wellbeing online sessions.
- There has been a 10% increase in the staff survey score for the statement “my organisation takes health and wellbeing seriously.”
- CHFT have continued to perform well in the sickness absence league tables during Covid and have even seen an improvement to pre-Covid. (Shielding and maternity leave colleagues have now been correctly removed from the sickness leave figure.)
- Going forward health and wellbeing will be a key principle of the recovery framework. The basics of hydration, nutrition, sleep, facilities and breaks will be emphasised, and compassionate communication will be key.
- The wellbeing hour has been recommunicated and this topic was discussed positively within a nursing task and finish group.
- Rest is being encouraged and there is a push to complete the “lite” version of the health and wellbeing risk assessments. Listening events will continue, good performance will be celebrated and the thank you campaign will also continue with packages being sent to all colleagues.

The Chair questioned how the shielding colleagues will be brought back into the workplace. It was understood that each colleague will be dealt with individually and no one will be rushed back. A balance will be gained between workforce demand and colleague wellbeing. Going forward, long term sickness will be improved through monitoring and support. There is heightened anxiety about returning to the workplace during a pandemic and every situation varies. It was noted that many have seen their recovery time impacted by Covid.

This Committee will continue to support the health and wellbeing plans created. It was agreed to circulate the presentation outside of the meeting.

ACTION: To circulate the Health and Wellbeing Strategy – **SD, 05/05/21**

GOVERNANCE

056/21 FINANCE & PERFORMANCE COMMITTEE SELF ASSESMENT REPORT

It was agreed to defer this item to the next Committee meeting.

057/21 DRAFT MINUTES FROM SUB-COMMITTEES

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

- CCG A&E Delivery Board held 9 February 2021
- THIS Executive Board held 24 February 2021
- Commercial Investment & Strategy Committee held 25 February 2021
- HPS Board held 8 March 2021
- Capital Planning Group held 16 March 2021

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

058/21 REVIEW OF TERMS OF REFERENCE

The Director of Finance asked the Committee to approve the tracked changes noted on the circulated document.

The Committee **APPROVED** the revised terms of reference subject to the Director of Finance and the Company Secretary meeting outside of the meeting to make some minor amendments.

059/21 STAGE ONE PLANNING UPDATE

The Deputy Director of Finance provided an update to the Committee. It was noted that the national planning deadlines have been deferred to June and a draft submission is required for May. A timetable was produced late last week which included guidance however the presentation shown at this Committee today was made without this guidance. The financial framework for the last six months of 2020/21 will continue into H1 (half one) of 2021/22. The funding envelopes are set at ICS level and they were produced late last Friday therefore time will be taken to understand these. As already agreed at Board there will be a staged approach to planning as follows:

- Stage 1: Setting the baseline budgets and creating a Covid reserve
- Stage 2: Agree developments
- Stage 3: Plan for elective recovery

Planning began in December and was based on the assumption that business would be as usual. Based on this CHFT would have a planned deficit of £24.38m in line with the long term plan and the financial improvement trajectory that the Trust has been previously set. Key assumptions were described and noted that at this stage the number of assumptions was much higher than in previous years.

The presentation showed that CHFT take forward an underlying recurrent baseline of a £42.6m deficit. Adjustments are then made for inflation, known pressures and developments that have been formally approved throughout the year. This leads us to a business as usual deficit (excluding the Covid funding and Covid costs) of £21m. This is after receipt of the £24.3m worth of financial recovery funding. The key number is the £21m as this is the scale of CIP /efficiency needed to close the gap on the business as usual basis.

Following high level assessment of support and income to be received in H1 the block funding and Covid funding assumptions gives the Trust a reduced deficit of £15m.

The Chief Executive questioned whether the Covid costs are inclusive of waiting list initiatives. The current plan does not assume any additional income but equally does not assume any additional costs. The current plan above does not include development or activity recovery costs/the income related to it. The Chief Operating Officer questioned how it will work if the Trust need to use the waiting list initiatives to reach 85%. It was noted that in the first month anything over 70% that is below 85% would receive additional funding at 100%. Anything over 85% would receive funding at 120%. However, after July it would become a financial concern to be using the initiatives to reach this. It was noted that access to ERF was based on system performance not just Trust performance.

The Covid funding does not include vaccination costs and testing costs as they are given to the Trust through separate allocations; however this was also the case last financial year. At present developments have been tabled of £5.2m, if these were all to be funded it would increase the CIP gap to £27m. In that context we would look to have a rigorous and challenging process in place to review business cases and assess the affordability and the operational/management capacity to put the development in place. It is understood that £1bn of elective recovery funding has been earmarked nationally, this will be given based on performance and the thresholds previously discussed will be used to measure this. Evidence will also be required to show that the plan used was focused on health inequalities before funding will be approved. Previously the independent sector outsourcing was commissioned nationally however from April this will be down to local commissioning and it will need to be afforded within the funding locally. The internal elective recovery plans have not yet been costed therefore it has been agreed to commence them at risk and on the assumption that the funding available will be used to cover those costs.

In summary the plan is driven by many assumptions, the recurrent CIP challenge that it describes is a £21m gap prior to funding any developments or recovery. In year that reduces to £15m of efficiency requirement prior to funding any developments/recovery due to the Covid funding regime covering H1.

From a capital perspective, £4.5m was approved at the Dragons Den style capital planning day. The capital envelopes are allocated at ICS level and the capital regime will be different to last year. The total affordability based on the ICS capital envelope allows the Trust to fund further items and we have also seen movement as we have brought forward multiple items into this financial

year to enable full spending of this year's allocation. This allows CHFT to pick up some of this year's pressures in the next financial year. The key difference of this ICS funding regime is that there is no longer a national emergency capital fund, this has been previously used to bid for items that the Trust could not afford locally. There is an expectation that each organisation manage at an ICS level therefore the Learning Centre, the car park and the cladding have been included within our ask of the ICS funding. There are multiple items that specific national funding has been received for through public dividend capital. This creates a total capital plan of £18.7m. At that level there does remain a further flexibility of £3m that could be gained from the critical infrastructure risk which has notionally been badged against CHFT through the ICS funding.

This financial year we have seen sizeable cash balances compared to usual. This has been due to being paid one month in advance for the clinical income however this process will not continue, and in-month payments will resume. Subsequently, this will lower our cash holdings next year, but we will exit this year with a relatively high cash balance, and this will allow the Trust to pay any year end capital creditors promptly. In-year, CHFT's historic debt was written off however this increases the public dividend capital payable charges owed, this pressure has been included in the revenue position. The Trust will still have a higher underlying cash balance than we have seen in previous years as in 2019/20 the Trust benefited from the bonus financial recovery funding and that remains within the position.

The Committee were asked to approve the following:

- The creation of a Covid reserve at £8m from the £11m Covid funding.
- To note the intention to come back to that financial plan for the whole financial year as we move into H2 as there will be further guidance produced.
- To consider the phasing of the CIP challenge, the £15m is based on little CIP requirement in H1 however the guidance received late last week suggests that there will be an efficiency requirement of 0.28% built into our funding for the first half. Therefore, it may be wise to assume a baseline level of CIP across the year before we develop more strategic plans in H2.
- To note the next stage, to review the developments, and progress the recovery plans at risk while we work up the impact of the elective recovery scheme funding.

The Chair questioned how urgently approval was needed to which it was understood that this is not the final plan therefore approval is needed to allow individual divisional budgets to be created that we can hold budget holders accountable too. It also allows for measuring and stability. The Director of Finance added that this financial year is very much a "place based challenge" and therefore in time more conversations will be held to understand the commitments further. The Trust have also been asked to redo the financial profile for the next twenty years regarding the impact of the car park and the HRI business case and this will be a challenge for us as there are high levels of uncertainty.

The Committee **APPROVED** the baseline budget and associated plans. It was agreed that the draft plan due to be submitted to the ICS 6 May will be reviewed at the next Committee meeting. The final plan will be submitted in June.

ACTION: To review the draft financial plan being submitted to the ICS 6 May at the next Committee meeting – **KA/GB, 05/05/21**

060/21

FUTURE FOCUSED FINANCE (FFF) ACCREDITATION

The Deputy Director of Finance informed the Committee that the list of expectations for Level 2 accreditation have been reviewed and RAG rated in terms of evidence available. There are five areas involved and a lead has been appointed for each one. Further promotion is taking place across the finance department and colleagues have attended assessor events to gain an insight into how the accreditation is awarded. Work will continue to progress, and the aim is to submit the application in the Summer.

061/21

REVIEW WORKPLAN - 2021/22

The Work Plan was **NOTED** by the Committee.

It was highlighted that procurement is mentioned in the TORs however there is not a procurement review scheduled in the workplan. It was agreed to review and amend the workplan accordingly outside of the meeting.

ACTION: To include a procurement review within the 2021/22 workplan – **RH/RL, 05/05/21**

062/21

MATTERS TO CASCADE TO BOARD

The following points will be cascaded to Board:

- Learning from OP improvement work
- Financial plan for 20/21 was still changing but a plan deemed successful by regulators and the ICS would be delivered
- Improvement across majority of IPR domains
- Health and wellbeing offer was noted and supported
- THIS presented the proposed termination arrangements with NPEx and the committee noted the actions taken and proposed deal
- Recovery plans were supported
- First phase of high level budgets were approved and noted at this stage a £15m efficiency challenge

063/21

REVIEW OF MEETING

The meeting was not reviewed in detail although the Chair noted that it had been a large and varied agenda.

064/21

ANY OTHER BUSINESS

There was no further business to discuss.

DATE AND TIME OF NEXT MEETING:

Wednesday 5 May 2021, 11:00– 14:00, via Microsoft Teams

**Minutes of the Finance & Performance Committee held on
Wednesday 05 May 2021, 11.00am – 13.00pm
Via Microsoft Teams**

PRESENT

Anna Basford	Director of Transformation & Partnerships
Helen Barker	Chief Operating Officer
Gary Boothby	Director of Finance
Peter Wilkinson	Non-Executive Director
Richard Hopkin	Non-Executive Director (CHAIR)
Owen Williams	Chief Executive

IN ATTENDANCE

Andrea McCourt	Company Secretary
Kirsty Archer	Deputy Director of Finance
Peter Keogh	Assistant Director of Performance
Rhianna Lomas	PA to Director of Finance (Minutes)
Stephen Baines	Governor Representative
Stuart Baron	Associate Director of Finance

ITEM

065/21

WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

066/21

APOLOGIES FOR ABSENCE

There were no apologies to note.

067/21

DECLARATIONS OF INTEREST

Declarations of interest were noted for Stuart Baron as a Director of CHS.

068/21

MINUTES OF THE MEETING HELD 29 MARCH 2021

The Minutes of the Public meeting held 29 March 2021 were **APPROVED** as an accurate record.

069/21

ACTION LOG AND MATTERS ARISING

The Action Log was reviewed as follows:

125/20: Outcome Based Indicators: The Chair noted that outcome based indicators will be included within the Performance and Accountability Framework (PMAF.) However, an item will be scheduled to discuss this in further depth. **Action remains open.**

050/21 – Outpatient Improvement Work, Booking Trend Levels: The data regarding pre-Covid booking trend levels was circulated outside of the meeting via email to the Committee members. **Action closed.**

052/21 – IPR February 2021, SHMI Definitions: The Chief Executive shared the definitions within the meeting chat on Microsoft Teams. **Action closed.**

036/21: 12 Hr Trolley Waits - Patient Characteristics: It was understood that two of the patients involved had learning disabilities. Both instances have been individually reviewed and this confirmed that both patients had received good care within the department and there was no concern regarding an impact to their pathways. **Action closed.**

053/21: Review Final Performance & Accountability Framework/Timeline: The Committee received the PMAF and noted that it had previously been circulated to the Non-Executive Directors for comment.

The Chief Operating Officer highlighted the following key points:

- The document was submitted to Board and Divisional Teams for review. It has also been discussed and approved at Weekly Executive Board.
- This is a refreshed version of the 2015 PMAF. It reflects feedback from the AQUA review and comments from the good governance piece of work. It depicts a change in the landscape due to the recovery framework and Business Better than Usual (BBTU) work being done. It is clear that CHFT is a well performing organisation.
- The framework strengthens the clarity between accountability and responsibility. It also explains how the Committee meetings work together.
- An amendment has been included regarding the Performance Review Meeting (PRM) membership. The five Executive Board Directors will attend all meetings with the Director of Transformation and Partnerships and Managing Director for Digital Health joining where required by either themselves or the Divisions.
- The framework links to the Trusts four pillars and the Board priorities including a focus on health inequalities.
- The document highlights the potential to escalate either positive feedback or challenges regarding performance management to the Board Sub-Committees.
- The IPR amendments are highlighted within the paper. It was agreed to review this in detail next month.

ACTION: To review the IPR amendments at the next Committee meeting – RH/HB, 01/06/21

- A section regarding recovery will be included within the IPR and work has been done to triangulate the IPR narrative summary that will be submitted to Board.
- The PMAF acts as a single framework for all performance and aims to balance quality, risk, and finance. There is a particular focus on collective learning.

The Director of Transformation and Partnerships questioned whether intelligence from the National Oversight System had been received. It was understood that specific metrics were not yet available and will potentially not be seen for the first six months whilst focus is placed on the backlog and recovery. However, the Chief Operating Officer agreed to raise this topic at the next national consultation.

The Director of Finance informed the Committee that there is a Financial Oversight and Assurance Group for the North/Yorkshire region and he is the West Yorkshire representative for this. It is complex to create standard oversight metrics as every location operates differently for example ICPs are used in the Humber. There is the opportunity to feed into this from a CHFT perspective however there are too many unknowns at this stage.

It was highlighted that the updated IPR format will be circulated before the April IPR is finalised.

The Chair noted the quality of the document and it was subsequently **APPROVED** by the Committee. Final approval will be given at Board. The Assistant Director of Performance was thanked for his work coordinating and updating the IPR.

053/21: Executive Summary, Recovery Framework: The Executive Summary for the Recovery Framework was produced and circulated as requested at the last Committee meeting. This will be submitted to Board also. **Action closed.**

The Chair noted that a Recovery Coordination and Oversight Group is mentioned within the summary and questioned the attendance of the group and how it will work. It was explained that terms of reference (TORs) for the group are now in place and WEB will approve the decisions made within the group. It has been formed in order to ensure that all of the recovery elements have an owner and the actions are being delivered by the teams. The group will meet once a week and one meeting has been held so far. The attendance is a balance of Corporate and Divisional colleagues. The Chief Operating Officer, the Director of Finance, the Director of Workforce and Helen Gaukroger (Assistant Director of Finance, Income and Contracting) attend alongside Divisional representatives. The Chair requested that Board be informed and that the TORs be circulated.

ACTION: To circulate the TORs for the Recovery Coordination and Oversight Group – **HB, 01/06/21**

The Chief Executive had recently attended a Kirklees place meeting that the ICS observes and a West Yorkshire ICS meeting. Discussions were focused on the West Yorkshire report regarding elective recovery as, when compared with the rest of the country, it shows the area as being slightly behind. Therefore, all were made aware that there will be scrutiny placed on West Yorkshire and due to this the plan may change. The chief Operating Officer added that all were recently asked to produce a report in 24 hours, and this has been judged on the last four weeks instead of this week. Due to this we are confident that our plans are not significantly behind other trusts, however there is a concern regarding elective inpatients. CHFT have requested more information in order to learn from the Trusts that are conducting more activity. The Get it Right First Time (GIRFT) Team visited yesterday to discuss standardisation. It was understood that there will be further expectations regarding this being produced next week and that will be helpful. The Chief

Operating Officer remains realistic and recognises that between draft 1 and draft 2 the numbers will be increased however CHFT will submit additionality in phase 2.

The Director of Finance highlighted that significant investments will be discussed at the Executive Board therefore there is no need to amend the SFIs. It was noted that the recovery framework will be reviewed continuously rather than at a fixed date in time. The Company Secretary informed all that the Oversight Committee attended by three Non-Executive Directors has concluded and all actions were closed.

The Committee **NOTED** and **APPROVED** the executive summary.

059/21: Review Draft Financial Plan & Risks for 2021/22: An Executive Summary and a detailed presentation were circulated to the Committee along with a report regarding the risks. **Action closed.**

The Assistant Director of Finance used the presentation to highlight the following key points:

- Initial assumptions were made that there would be a £15m efficiency requirement in year without funding £5m developments. It was also assumed that recovery costs would be covered by external funding, due to this they were excluded.
- The funding envelope that has now been confirmed at ICS level aligns with the initial assumptions. We now have further clarity regarding how the recovery will be funded through the elective recovery fund. However, the financial regime for half two (H2) remains unknown.
- Covid funding stands at £10.86m which CHFT did assume. As expected CNST inflation will create deflation for the Trust, and this has been deducted from our funding and cannot contribute to CIP.
- The financial targets are split across the ICS and each organisation will plan for a breakeven position in H1 with the exception of the Leeds where they will breakeven at Place.
- Initially £8m was earmarked as a Covid reserve, since then, these have been reviewed and reduced the assumption to £4.5m. The £3.5m gained will be held as a separate reserve for recovery.
- £2.8m funding has been allocated for developments (pending business cases.) This is an improvement on the initial assumption of £5m.
- Based on H2 assumptions the efficiency target for the full year would be £17m. This is due to assuming that CHFT will need to return to the £24.4m deficit trajectory in order to gain funding to hit break even. We assume that there will be a reduction in the national CIP requirement, and this will potentially bring a £4m benefit into the position.
- It was highlighted that the year is a game of two halves. Due to the funding regime in H1 being more generous, the Trust drive an efficiency target of £3m in H1 however this is then £14m in H2. This makes H2 harder to achieve and this challenge is recognised nationally.
- The elective recovery fund is only gained if the Trust exceeds the thresholds. We are estimated to achieve the target in every month except September.

- The Committee were asked to note the difference between day case and elective as the elective will be more challenging. The elective recovery funding looks at the combined total however it is valued on the case mix.
- The likely scale of funding CHFT could access has been valued at £2m however the plans at present do not rely on it. Instead recovery will be supported through the £3.5m reserve. If the £2m is gained it will also support recovery.
- The funding is at risk as it is from ICS level and requires all organisations to meet the requirements. The funding is also capped at £1bn and will not be increased.
- The independent sector described at a maximum cost of £2.2m is based on contractual discussions so far. The activity included only relies on half of this spend.

The Deputy Director of Finance concluded her presentation by noting that the efficiency requirement for H1 of £3m feels manageable as it is a transactional level of savings and data from 2020/21 shows that it is achievable. However, H2 will be challenging. The recommendations to the Committee were to approve the H1 financial plan with an efficiency requirement of £3m and to note the H2 requirements. The Director of Finance added that all business cases have been reviewed by himself and the Chief Operating Officer. CHFT will await more guidance regarding H2. The CCGs are forecasting to deliver, and they have submitted annual plans rather than half year plans.

The Chair noted the table on page 125 that shows a relatively low elective performance and questioned what is needed in order to hit 90-100%. It was understood that work is currently being done with the teams to understand this further. The plan was labelled by the Committee as prudent however all agreed that it is easier to improve rather than aim too high and not achieve it. The Chief Operating Officer will take learning from York Teaching Hospitals NHS FT as they are doing well with elective recovery. The Chief Executive highlighted that the plans are based on Covid prevalence remaining low and therefore all should remain cautious of another potential wave occurring.

The Committee **APPROVED** the H1 financial plan and noted the H2 requirement. The H2 plan will be reviewed once available.

ACTION: To review the H2 financial plan – **KA, Once available.**

The Committee then reviewed the risks for 2021/22. It was noted that the income and expenditure position is a lower risk in H1 and higher in H2. The further two risks cover capital and cash. The risk regarding cash is low as CHFT have a high balance to take forward and there is security due to the block payments that will arrive mid-month.

The Chair noted that the risk score of 8 for H1 and 20 for H2 seemed reasonable and this was reflected within the presentation given earlier. The cash position was also highlighted as positive. The capital risk score was questioned and linked to any year end issues in 20/21. Due to this the Chair questioned whether the risk score be higher. The Director of Finance noted this and

explained that it could potentially affect the contingency. However, it was agreed not to amend the risk score and instead monitor the situation.

It was highlighted that not achieving the H2 plan would result in the annual plan not being achieved. It was agreed to change the narrative in order to reflect this.

ACTION: To amend the H2 risk narrative to ensure that the consequences of not achieving the plan are clear – **KA, 01/06/21**

The Committee **APPROVED** the 2021/22 risks subsequent to the H2 risk narrative being amended.

FINANCE & PERFORMANCE

070/21

INTEGRATED PERFORMANCE REVIEW – MARCH 2021

The Chief Operating Officer reported that the Trust's performance for March 2021 was 72.5%. The following key points were highlighted:

- Overall, the position is positive and CHFT is near to pre-Covid percentages. There have been no red domains throughout the pandemic and the Chief Operating Officer was proud of this.
- Complaints response times remain a challenge and work is being done to close the outstanding actions. Ellen Armistead, Executive Director of Nursing, is assessing the situation to ensure improvement is seen.
- Stroke has seen a slight improvement and a piece of improvement work is currently being done. This will be reviewed at the May PRM. Due to this the stroke item on the action log may be brought forward.
- SHMI remains a concern.
- Cancer screening has performed poorly throughout 2021 and creates a concern. Work is being done with Mid-Yorkshire to review this as some of the issues relate to joint pathways.
- The backlogs regarding elective care due to Covid remain a concern.
- Diagnostics are improving particularly around endoscopy.
- Regarding dementia screening, work is being done on personalised pathways. Dementia screening did not achieve target pre-Covid and the situation has deteriorated over last 12 months therefore a focus will be placed on this.
- Emergency Department (ED) attendances are increasing, the previous Monday was the busiest day since 2012 (just short of 600 attendances in 24 hours.) Most days, nearly 500 patients are seen. Tuesday's A&E delivery board will be dedicated to discussing attendance rates as GPs are feeling a similar pressure.
- Discharge remains a better position than last winter however it is still not where it should be in terms of the bed base.
- The emergency care standard was noted as an area of success due to it remaining consistent despite segregation still being in place due to Covid.
- The Cancer Team are doing well and will be attending the Council of Governors meeting to explain the work they do.

- The health inequalities and recovery data CHFT have been recognised as good as it allows for prioritisation and management of the situation.
- Workforce turnover, short term sickness and mandatory training are all positive.
- The IPR over the last 12 months recognises that the Trust's Covid response was good. The recovery plan was also a success as it was in line with the recovery framework. Overall CHFT is in a good position going forward.

Non-Executive Director, Peter Wilkinson, questioned whether there was a theme to the increased ED attendances. It was understood that this trend is being seen regionally and nationally. An increase in minors attending has been seen and due to a high volume of virtual/telephone GP appointments more scans are being done at A&E. There is also a frailty perspective to the increase as some patients take longer to send home due to a deterioration in their independence which adds a complexity. There has also been an increase in paediatric attendances.

The Chair noted that short and long term sickness remains high. It was understood that compared to other Northern Trusts we are in a favourable position however the Committee questioned if more could be done. The section has deteriorated from green to three months of red and the reasons should be articulated within the IPR.

POST MEETING NOTE: This has been addressed in separate discussions between the Chair and the Director of Workforce.

It was queried why dementia screening was still deteriorating. The Chief Operating Officer responded by stating that the problem stems from the first assessment. To be compliant with the rules it has to be undertaken by a medic which makes it harder to complete. It is also not clear on EPR that this needs to be done. The Trust is aware of the issue and the electronic discharge summaries need to be worked on. The Chief Operating Officer will review the situation with David Birkenhead (Medical Director) and Ellen Armistead (Executive Director of Nursing.)

The Committee noted that efficiency and finance have been green throughout the year. This success will help with the Use of Resources work.

The Director of Transformation and Partnerships questioned how the current bed base compares to our commitment of 800 beds in the reconfiguration plans. It was understood that from a non-elective perspective we have more estate than beds due to social distancing. We are trialling screens to see if that helps. Elective activity will increase. We now have further mixed speciality dedicated function wards and work is being done to calculate this in the modelling. The Chief Operating Officer believes CHFT will have a smaller surgical bed base and work is being done to assess the medical bed base. It was noted that the two site model makes it more complex therefore Medicine and Surgery are being assessed from a reconfiguration perspective also as there may be opportunities to consider.

The Committee **NOTED** the IPR for March 2021 and overall performance was seen as good.

071/21

MONTH 12, FINANCE REPORT INCLUDING HIGH LEVEL RISKS

The Director of Finance highlighted the key points reported at Month 12:

- The report shows the financial position up to the end of the financial year. It is still subject to audit however on a control total CHFT has delivered a surplus of £0.36m which is a favourable variance of £2.27m compared to plan. This was driven by additional funding.
- This is the second year a surplus position has been delivered.
- Finished the year within the agency spend trajectory.
- Underspent on capital but this was agreed, and funding has been deferred to future years.
- CIP in year delivered £5.84m, of which £3.7m is recurrent and this will reduce the 2021/22 challenge. Due to Covid CIP was not focused on.
- Treasury management continues with an improved position. This was largely supported by the change in the financial regime.
- In March CHFT paid 95% of invoices within 30 days.
- On an adjusted use of resources measure we scored 2.
- Overall, it was a successful year financially.

It was questioned whether the Trust would receive a bonus as was done last year. It was understood that we do not receive one on this financial regime. The Chair noted that for the year we have incurred costs of £33.5m due to Covid. The internal audit review that assessed these costs was positive.

The Committee questioned whether we should expect any audit challenges this year. Time has been spent with KPMG reviewing it and they have not raised any concerns as yet. Finance believe we have sufficient backup for all of the agreed provisions. The Director of Finance agreed to investigate the total capital and revenue split of the payable's variance.

The Committee **NOTED** the Month 12 finance report.

072/21

TREASURY MANAGEMENT ANNUAL REPORT

The Committee noted that the report had been submitted to Audit and Risk Committee. It was noted that the cash regime has a continued focus at Cash Committee. CHFT have a healthy cash position and better payment practice code. Focus has been placed on aged debt and further work will be done to improve it. The positive mention of the homeworking model within the report was noted and it was highlighted that Zoe Quarmby (Financial Controller) chairs the BBTU working from home group. We have received the treasury management draft internal audit, and this gives high assurance.

The Committee **NOTED** the treasury management report.

It was agreed that the annual report would be received at this Committee going forward rather than the Audit & Risk Committee.

073/21

INVESTMENT & BORROWING STRATEGY

The Trust conduct a minimal amount of investment due to the current low interest rates. An interest rate in excess of 3.5% would be needed PDC which is unlikely. There is no requirement for additional borrowing at this time.

The Committee **NOTED** the Investment and Borrowing Strategy.

GOVERNANCE

074/21

FINANCE & PERFORMANCE COMMITTEE SELF ASSESSMENT REPORT

The Chair highlighted the following key points:

- The size of the papers/presentations will be considered going forward.
- It was suggested that the Committee should be more forward looking. The updated IPR should aid this. Financial forecasts also allow the Committee to look to the future.
- The timing of providing and issuing papers is improving, and this must be maintained.
- The summary sheets detailing points for escalation from the sub committees is of value. It was agreed to put the sub-committee minutes in the reading room on Convene to reduce the pack size going forward.
- The Committee agreed to think further about the length of the meeting after some attendees expressed a desire to limit it to two hours. A balance must be gained between allowing time for discussion and shortening the meeting.
- Timings have now been added to the agenda and this will continue. The length of the papers must shorten in order to aid the timeliness.
- A Chair's Highlights Report will now be submitted to Board and this will allow Board members to note the key matters for escalation.

The Company Secretary noted that an action plan should be created from this in order to measure improvement going forward.

ACTION: To make an action plan using the Committee self-assessment feedback – **AMC/RH/RL**

The Committee **NOTED** the Self-Assessment Report.

075/21

ANNUAL COMMITTEE REPORT

The report was circulated to the Committee and will now be submitted to the Board for review.

The Committee **NOTED** the Annual Committee report.

076/21

DRAFT MINUTES FROM SUB-COMMITTEES

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

- A&E Delivery Board held 9 March 2021
- CHFT/PFI Committee held 17 March 2021
- CHFT/CHS Joint Liaison Committee held 31 March 2021

- THIS Executive Board held 31 March 2021
- Capital Planning Group held 15 April 2021
- Cash Committee held 19 April 2021

Going forward the minutes will be placed in the reading room on Convene.

The Chair noted that the Joint Liaison Committee was not quorate. The Director of Finance explained that this was the first instance and quoracy will be ensured for the next meeting.

It was understood that Project Echo is yet to be finalised. Various discussions are taking place and the Portsmouth deal was completed a few weeks ago which shows movement. CHFT met with the ICS and regional finance leads to discuss next steps, and they are expecting to see something soon as ministers are meeting in the middle of May. The situation will be escalated further if necessary.

The Chair noted an improvement in overdue debtors for March in the Cash Committee minutes.

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

077/21

WORKPLAN - 2021/22

The Company Secretary agreed to meet with the PA to the Director of Finance in order to finalise the workplan. It will be recirculated upon completion.

An action was given at the last Committee meeting regarding including a procurement review within the workplan. It was agreed to investigate whether this is on the Joint Liaison Committee workplan instead.

The Work Plan was **NOTED** by the Committee.

078/21

MATTERS TO CASCADE TO BOARD

The Chair will produce a summary report to be submitted to Board going forward.

079/21

REVIEW OF MEETING

The Chair noted that it had been a successful meeting. The Chief Operating Officer noted that the papers being well socialised beforehand allowed for headlines rather than detailed presenting which created time for discussion.

080/21

ANY OTHER BUSINESS

There was no further business to discuss.

DATE AND TIME OF NEXT MEETING:

Tuesday 1 June 2021, 10:00 – 12:00, Microsoft Teams

20. INFORMATION TO RECEIVE

- a. Council of Governors Workplan 2021
- b. Council of Governors Calendar 2021

To Note

Presented by Andrea McCourt

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2021

THE STATUTORY FUNCTIONS OF THE COUNCIL OF GOVERNORS

Under National Health Service Act 2006:

- 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.

Under Health and Social Care Act 2012:

- 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

	28 Jan 2021	22 Apr 2021	15 July 2021	28 July 2021 AGM	21 Oct 2021	COMMENTS
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	
Declaration of Interests		✓ Receive updated Register of Declarations of Interest			✓ Receive updated Register of Declarations of Interest with new governors	
Minutes of previous meeting	✓	✓	✓		✓	Upload approved minutes to public website
Matters arising	✓	✓	✓		✓	

	28 Jan 2021	22 Apr 2021	15 July 2021	AGM 28 July 2021	21 Oct 2021	COMMENTS
Chair's Report	✓	✓	✓		✓	
Lead Governor Update	✓	✓	✓	✓ (Annual update)	✓	
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register		✓ Receive Register	✓ Receive updated Register of CoG with new governors	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - – Audit & Risk Committee – Finance & Performance Committee – Quality Committee – Workforce Committee – Nomination & Remuneration Committee – Charitable Funds Committee – Organ Donation Committee	✓ Receive update – as appropriate	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update – as appropriate	<u>Private meetings:</u> • Feedback from Divisional Reference Group (DRG) meetings • Feedback from private Board meetings • Feedback from questions
Finance Summary Report	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive and approve Annual Accounts	✓ Receive an update from DOF	
Integrated Performance Report (Quality)	✓ Receive an update from COO	✓ Receive an update from COO	✓ Receive an update from COO		✓ Receive an update from COO	
Quality Report	✓	✓ Including confirmation of new 21/22 QA detail.	✓ including quarterly update 3 QA priorities 21/22		✓ including quarterly update 3 QA priorities 21/22✓	

	28 Jan 2021	22 Apr 2021	15 July 2021	AGM 28 July 2021	21 Oct 2021	COMMENTS
		Year end 20/21 quality accounts - Q4				
Updated Council of Governors Calendar	✓ Receive	✓ Receive	✓ Receive		✓ Receive	
REGULAR ITEMS						
Election Process	✓ Agree proposed timetable for election	✓ Progress on elections report		✓ Ratify appointment of newly elected members		
Nominations and Remuneration of Chair and Non-Executive Directors	✓ Receive update on tenures	✓ Ratify decisions of Nom & Rem Committee Meeting	✓ Ratify decisions of Nom & Rem Committee Meeting		✓ Ratify decisions of Nom & Rem Committee Meeting	
Appointment of Chair		✓				
Strategic Plan & Quality Priorities	Receive update: • Notes from BOD/COG Workshop • Quality Accounts	✓ Receive update on progress		✓ Receive updated plan and priorities	✓ Workshop	Review as required
ANNUAL ITEMS						
Annual Plan Submission		✓ Receive Annual Plan (GB, AB)				Details of annual plan review and sign off to be planned once guidance for 2021/22 received – may require extra-ordinary COG Meeting or COG workshop)

	28 Jan 2021	22 Apr 2021	15 July 2021	AGM 28 July 2021	21 Oct 2021	COMMENTS
Appointment of Lead Governor		✓ Paper to be presented to discuss election process		✓ Appointment confirmed		
Chair/Non-Executive Director Appraisal	✓ Approve Chair appraisal process	✓ Approve Chair process	✓ Receive informal report			April – Approve process July – Receive report
Constitutional Amendments		✓ Review amendments				Review as required
External Auditors to attend AGM to present findings from External Audit and Quality Accounts				✓ Receive presentation from audit on Accounts and Quality Accounts		
Future Council of Governors Meeting Dates			✓ Draft – meeting dates agreed		✓ Venues confirmed	
Council of Governors Sub Committees					✓ Review allocation of members on all groups following elections NB – Chairs to be reviewed annually	
Council of Governors Self Appraisal of Effectiveness					✓ Self-Appraisal feedback / outcome	✓ Self-Appraisal process to commence July / August 2021
Review Annual Council of Governors Meetings Workplan (this document)		✓ Review			✓ Review any amendments / additions	Review as required
Review of Council of Governors Formal Meeting Attendance Register		✓ Receive register prior to insertion in Annual Report				

	28 Jan 2021	22 Apr 2021	15 July 2021	AGM 28 July 2021	21 Oct 2021	COMMENTS
Quality Accounts	✓ Receive update on Quality Account Priorities					Approval of local indicator for QA agreed at December COG Workshop
Review details of 2021 Annual General Meeting		✓ Review April				
ONE OFF ITEMS						
Review Tender arrangements for Administration of Election Service						Tender due for review April 2020
Appointment of Auditors					✓	Re-tendering of external auditors for 2021/22 onwards
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			✓ Review	Bi-annually
Risk Register	✓					

2021 MEETING SCHEDULE FOR GOVERNORS

Meeting Type	Date	Time	Venue
Council of Governors Meeting Attend: All	Thursday 28 January 2021	2:30 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams
Estates & Facilities Services Group Meeting Attend: Alison Schofield - Annette Bell - John Gledhill - John Richardson - Sheila Taylor	Friday 5 February 2021 Cancelled	1:30 pm – 3:00 pm	Via Microsoft Teams
Surgery Divisional Reference Group Meeting Attend: Jude Goddard - Rosie Hoggart - Christine Mills - John Richardson - Chris Owen	Monday 8 February 2021 Cancelled	1:30 pm – 3:00 pm	Via Microsoft Teams
Community Divisional Reference Group Meeting Attend: Stephen Baines - Annette Bell - Lynn Moore - Sheila Taylor - Chris Owen	Tuesday 9 February 2021 Cancelled	1:30 pm – 3:00 pm	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 11 February 2021	3:00 – 5:00 pm	Via Microsoft Teams
Medical Divisional Reference Group Meeting Attend: John Gledhill - Alison Schofield - Linzi Smith – Stephen Baines	Monday 22 February 2021 Cancelled	10:30 am – 12 noon	Via Microsoft Teams
FSS Divisional Reference Group Meeting Attend: Peter Bamber - Annette Bell - Lynn Moore - Sally Robertshaw - Veronica Woollin	Thursday 25 February 2021 Cancelled	2:00 pm – 3:30 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 22 April 2021	2:30 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams

2021 MEETING SCHEDULE FOR GOVERNORS

Joint Board of Directors / Council of Governors Workshop Attend: All	Tuesday 11 May 2021	1:00 – 4:00 pm	Via Microsoft Teams
Estates & Facilities Services Group Meeting Attend: Alison Schofield - Annette Bell - John Gledhill - Sheila Taylor	Thursday 3 June 2021	10:30 am – 12 noon	Via Microsoft Teams
Medical Divisional Reference Group Meeting Attend: John Gledhill - Alison Schofield - Linzi Smith – Stephen Baines	Monday 7 June 2021	1:30 pm – 3:00 pm	Via Microsoft Teams
FSS Divisional Reference Group Meeting Attend: Annette Bell - Lynn Moore - Sally Robertshaw - Veronica Woollin	Wednesday 9 June 2021	10:30 am – 12 noon	Via Microsoft Teams
Community Divisional Reference Group Meeting Attend: Stephen Baines - Annette Bell - Lynn Moore - Sheila Taylor - Chris Owen	Monday 14 June 2021	10:30 am – 12 noon	Via Microsoft Teams
Surgery Divisional Reference Group Meeting Attend: Jude Goddard - Rosie Hoggart - Christine Mills - Chris Owen	Monday 14 June 2021	1:30 pm – 3:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 15 July 2021	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Joint Board / Council of Governors Annual General Meeting Attend: All	Wednesday 28 July 2021	5:30 – 6:30 pm	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 16 September 2021	3:00 – 5:00 pm	Via Microsoft Teams

2021 MEETING SCHEDULE FOR GOVERNORS

Council of Governors Meeting Attend: All	Thursday 21 October 2021	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Surgery Divisional Reference Group Meeting Attend: Jude Goddard - Rosie Hoggart - Christine Mills - Chris Owen	Monday 1 November 2021	10:30 am – 12:00 pm	Via Microsoft Teams
Joint Board of Directors / Council of Governors Workshop Attend: All	Friday 19 November 2021	1:00 – 4:00 pm	Via Microsoft Teams
Medical Divisional Reference Group Meeting Attend: John Gledhill - Alison Schofield - Linzi Smith – Stephen Baines	Monday 1 November 2021	1:30 pm – 3:00 pm	Via Microsoft Teams
Community Divisional Reference Group Meeting Attend: Stephen Baines - Annette Bell - Lynn Moore - Sheila Taylor - Chris Owen	Tuesday 2 November 2021	10:30 am – 12 noon	Via Microsoft Teams
Estates & Facilities Services Group Meeting Attend: Alison Schofield - Annette Bell - John Gledhill - Sheila Taylor	Wednesday 3 November 2021	1:30 pm – 3:00 pm	Via Microsoft Teams
FSS Divisional Reference Group Meeting Attend: Annette Bell - Lynn Moore - Sally Robertshaw - Veronica Woollin	Thursday 4 November 2021	10:30 am – 12 noon	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Tuesday 14 December 2021	12:30pm – 4:30pm	Via Microsoft Teams

21. Any Other Business

To Note

22. DATE AND TIME OF NEXT MEETINGS:

Annual General Meeting

Date: Wednesday 28th July 2021

Time: 5:00 – 6:30 pm

Venue: Virtual via Microsoft Teams

Council of Governors meeting

Date: Thursday 21 October 2021

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

Venue: Microsoft Teams

To Note

Presented by Karen Heaton