











Council of Governors Meeting

Schedule	Thursday 21 October 2021, 14:00 — 16:00 BST
Venue	Microsoft Teams
Organiser	Amber Fox

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- a. Quality Committee held 19.07.21
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- c. Charitable Funds Committee held 23.08.21
- d. Audit and Risk Committee held on 21.07.21
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Date: Thursday 27 January 2022

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

Venue: Microsoft Teams

To Note - Presented by Philip Lewer

1. Welcome and Introductions

To Note

Presented by Philip Lewer

2. Apologies for absence: Salma Yasmeen

To Note

Presented by Philip Lewer

3. Declaration of Interests

To Note

4. Minutes of the last meeting held on 15 July 2021 and 21 July 2021 (AGM)

To Approve

Presented by Philip Lewer

**DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS
 MEETING HELD AT 2:00 PM ON THURSDAY 15 JULY 2021 VIA MICROSOFT TEAMS**

PRESENT:

PUBLIC ELECTED GOVERNORS

John Gledhill	Public Elected – Lindley and the Valleys
Christine Mills	Public Elected - Huddersfield Central
Stephen Baines	Public Elected – Skircoat and Lower Calder Valley (Lead Governor)
Alison Schofield	Public Elected – North and Central Halifax
Sheila Taylor	Public Elected – Huddersfield Central
Annette Bell	Public Elected – East Halifax and Bradford

STAFF ELECTED GOVERNORS

Linzi Smith	Staff Elected – Management / Admin / Clerical
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APPOINTED GOVERNORS

Cllr Lesley Warner	Kirklees Metropolitan Council
Prof Joanne Garside	University of Huddersfield
Salma Yasmeen	South West Yorkshire Partnership Foundation Trust
Robert Dadzie	Calderdale and Huddersfield Solutions Ltd
Cllr Megan Swift	Calderdale Metropolitan Council

IN ATTENDANCE:

Karen Heaton	Acting Chair / Non-Executive Director
Alastair Graham	Non-Executive Director
Kirsty Archer	Deputy Director of Finance
Peter Keogh	Assistant Director of Performance
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager (minutes)
Sarah Mackenzie-Cooper	Equality and Diversity Manager, Calderdale CCG

41/21 APOLOGIES FOR ABSENCE

Philip Lewer	Chair
Helen Barker	Chief Operating Officer
Owen Williams	Chief Executive
Gary Boothby	Executive Director of Finance
Helen Hunter	Healthwatch – Kirklees and Calderdale
Lynn Moore	Public Elected - North and Central Halifax
Veronica Woollin	Public Elected - North Kirklees
Chris Reeve	Locala
Brian Richardson	Public Elected - Skircoat and Lower Calder Valley
Jude Goddard	Public Elected – Calder and Ryburn Valleys

42/21 WELCOME & INTRODUCTIONS

Karen Heaton, Acting Chair welcomed Peter Keogh, Kirsty Archer, governors and colleagues from the Board of Directors to the Council of Governors meeting.

Karen Heaton welcomed Sarah Mackenzie-Cooper, Equality and Diversity Manager to the meeting who was in attendance from the Calderdale Clinical Commissioning Group (CCG) as a public observer.

43/21 DECLARATIONS OF INTEREST

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

44/21 MINUTES OF THE LAST MEETING HELD ON 22 APRIL 2021

The minutes of the previous meeting held on 22 April 2021 were approved as a correct record.

OUTCOME: The minutes of the previous meeting held on 22 April 2021 were **APPROVED** as a correct record.

45/21 MATTERS ARISING / ACTION LOG

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

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

46/21 FEEDBACK FROM NON-EXECUTIVE DIRECTORS IN ATTENDANCE – KAREN HEATON AND ALASTAIR GRAHAM

Alastair Graham

Alastair introduced himself who joined the Trust approximately four years ago and outlined the Board Committee work he has been involved in via the Research and Innovation (R&I) Committee, Transformation Partnership Board, and his role Chairing Calderdale and Huddersfield Solutions Ltd (CHS).

CHS Chair – Alastair explained CHS provides estates and facilities management at the Trust which includes medical engineering, maintaining equipment etc. He explained there are a series of service level agreements (SLAs) and almost all of the key performance indicators (KPIs) have been met. CHS managed to achieve a donation of £0.5m to the Trust's charity. He explained how busy it has been for CHS during the pandemic where CHS developed a new isolation ward from ward 18 in record time. CHS ensured PPE was available to all staff and cleared the snow and ice during winter months. He explained CHS undertake 'Gold star awards' where he hears fantastic stories of staff who have gone the extra mile. Alastair explained CHS have taken over the contract for Acre Mills and will be taking over the catering contract for Spice of Life at Huddersfield Royal Infirmary.

R&I Committee member – Alastair explained CHFT has been one of the leaders in terms of the recovery trial and received a national award. The Trust recruited many volunteers to the programme which resulted in an effective treatment of Covid-19 which is a credit to the Trust. He added the Trust are partnering with the commercial sector to trial new approaches.

Transformation Partnership Board member – Alastair explained the Trust have recently submitted the planning application for the new A&E for Huddersfield Royal Infirmary and subject to the planning consent, the new A&E Department will be built. He added the planning application for Calderdale Royal Hospital is imminent this

month for a brand-new multi-story car park. He stated that staff and the public are looking forward to the new hospital provision at both sites.

Christine Mills highlighted the amount of courage it takes to go back into the hospital following isolation and she recently thanked a cleaner in the hospital who responded she was the first patient to thank them. Christine wanted to pass on the importance of cleaners at the Trust who had to work in high-risk areas during the pandemic and that their work shouldn't go unnoticed. Christine's comment had been shared with Stuart Sugarman, CHS Managing Director and Alastair agreed to follow this up and added the cleaners have made a huge impact for infection control and minimising outbreaks. Linzi Smith agreed and added that the cleaner at Park Valley Mills had to work in different areas in the hospital and go into areas where they didn't feel safe. She stated they do a sterling job and don't get enough appreciation.

Action: Alastair Graham to check with Stuart Sugarman that he has passed on the thank you to the cleaners for all their hard work and impact they have had during the pandemic.

Karen Heaton

Karen explained that the Non-Executive Directors have continued to meet fortnightly and review updates from the Chief Operating Officer, Director of Nursing, and the Chief Executive.

She explained a Perinatal Quality Surveillance Group has been set up and two meetings have taken place so far. There has been an agreement to widen the scope of this group to focus wider than maternity services as a holistic approach. Karen is the NED lead for Maternity and explained she would like to visit the services on site once it is safe to do so.

Workforce Committee Chair – Karen outlined the following work of the Workforce Committee:

- Feedback on the equality, diversity and inclusion (EDI) process
- Freedom to Speak Up – increasing numbers of staff are using this route which is positive (safer environment); however, the majority are still anonymous, there is still work to do
- Focus on recruitment and retention, business better than usual and the workforce
- Sickness absence levels which have been decreasing recently but started to increase in relation to self-isolation levels (track and trace)
- Visited the performance metrics and the Board Assurance Framework
- Deep dive into leadership and management competencies post covid and what this means in terms of the overall strategy
- Results of the annual staff survey – national picture is to continue with annual surveys and introduce pulse surveys – Karen raised a risk of over surveying staff at the Board meeting

Prof Joanne Garside asked if the Trust are getting a higher rate of staff leaving (retention) and if any flags have been raised in the Trust. Karen responded not at the moment and added how important it is for the Trust to recruit staff as soon as possible where there is a vacancy to release pressure from vacancies. Karen explained there is an international recruitment campaign currently taking place to release some of this pressure with nurses. Karen added there is still the option for staff to take early retirement which is a concern that the Trust will keep sight of.

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

PERFORMANCE AND STRATEGY

47/21 Annual Plan 2021/2022

The Deputy Director of Finance presented the annual plan for 2021/22. The key updates were:

- Different position for financial funding compared to business as usual
- Moved into a funding regime where the Trust receive blocked funding (fixed amounts) for clinical activity and Covid requirements which has continued for the first half of this year
- Less certainty in the second half of the financial year which won't be clear until September due to receiving information late compared to normal timescales
- First half 2021/22 planning a breakeven position (no surplus, no deficit)
- Total income across the year amounts to roughly £460m with a plan to spend all this income
- The Trust need to deliver some efficiency during the first half of the year, low level of roughly £3m recognising operational pressures
- Second half of the year, based on assumptions, is considerably more challenging due to an expected increase in the efficiency challenge which is recognised nationally
- Regime in place where the Trust will be awarded additional funding for Elective Recovery (day case, backlogs) activity and thresholds which increase month on month
- Planning for £4.3m of elective recovery funding – fluctuating each month
- Capital – investing in our estate / IT / medical equipment – planning to spend just under £19m on these investments during the course of the year, some of this relates to the commencement of reconfiguration
- Cash position is healthier than previously due to the certainty of the financial regime being paid in block payments on clinical activity where there are no delays and the write off of legacy debts last year which were converted to public dividend capital
- Opening cash balance of £48m – continue to maintain these healthy cash balances

Karen added that it is a requirement to consult on the annual plan with governors and the Trust would have normally shared this information with governors earlier in the year; however, this has been delayed as a consequence of Covid-19.

Linzi asked if there is any change in the PFI agreement in terms of the reconfiguration. The Deputy Director of Finance confirmed the write off of debt is separate to the PFI, this was related to the borrowing deficit (overspend) in year. The Deputy Director of Finance confirmed there is no change to the PFI arrangement, and the Trust continue to pay bills to the PFI provider for the provision of services at Calderdale Royal Hospital (CRH).

OUTCOME: The Council of Governors **NOTED** the update on the Annual Plan for 2021/2022.

48/21 Operational Update and Recovery Plans

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

- Covid position – Continue to see an increase in the patients attending and who are admitted with Covid and currently have 24 inpatients with 3 in ICU, 1 patient sadly died in the last week
- 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 Monday 19th July will not apply to healthcare settings, it is important to keep patients safe and comply with infection control measures
- Emergency Department (ED) pressures – significant and continued increase in demand for both ED departments since the second half of March 2021, numbers never seen before e.g., over 600 patients per day between the two ED Departments compared to roughly 450 previously
- Not all ED attendances are converted to inpatients – there has been a reduction
- Clinical feedback around patients presenting includes increased acuity and complexity as a result of not accessing services and deconditioning during the Covid-19 period and this is being explored
- April – June this year compared to 2 years ago, 9% increase overall in increased acuity (complexity) although admissions through ED are similar
- Stroke – gaining access to a stroke bed within 4 hours has deteriorated due to a steep rise of admissions and CT scanner problems at CRH which impacts on timeliness of scans and subsequent admission into the stroke bed base, slight improvement in June position with a dedicated stroke bed, hope to see some improvements
- Cancer performance has been excellent during the last 16 months during the pandemic which has been maintained pre-pandemic – one of the top 10 performing Trusts – now seeing a step change in referrals which is causing some pressure with diagnostic capacity and is being reviewed
- Length of stay increase in numbers of patients with a length of stay over 50 days and the complexity of needs noted – unusually high number of younger patients in this category (under 60's)
- 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 seeing more complex and acute presentations – further work required to embed use of acuity and complexity models
- Recovery – Plans in place for the year with targets set end of September and March – meetings taking place several times per week to look at activity and impact of patients
- Priority 2 (P2) and Priority 3 (P3) categories are a focus with the plan to see all P2's within 4 weeks and all P3's within 12 weeks of being listed
- Priority 4 (P4) category – a 12 week average referral to treatment time waiting time reduction for P4's, treating by exception where there are gaps
- More patients are being added to the waiting lists than are being taken off
- Reviewing waiting list initiatives, outsourcing to other providers and allowing other providers to use our services with support from CCG colleagues – starting with ENT and testing the model here

- Before Covid-19 the Trust had no 52 week waiters – this has increased over the last 12 months
- Leading on health inequalities with no variation in waiting times by ethnicity and learning disability patients are being prioritised
- 85% of adult patients with a learning disability have now been treated and all children with a learning disability have been identified on the waiting list
- CHFT are being recognised nationally for the work they are doing on learning disabilities in relation to health inequalities
- Delivering more activity than plan
- Challenge with sickness, particular in theatres where there are staff sickness and vacancies
- Struggle with uptake of additional activity – staff fatigue
- Trajectories in place are reviewed weekly and may be revised

49/21 Performance Update

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

- 71% overall performance in May 2021 – 3 domains Green are safe, caring and effective
- Finance and workforce were close to green
- Excellent performance during particularly challenging time
- Response domain is the most challenging in terms of recovery and ED performance
- Workforce – sickness absence has been good overall and improved over last few months, still areas of long-term sickness which needs addressing
- 100% response rate to complaints were achieved in May – excellent achievement – the Trust are negotiating timescales with families to achieve this
- Friends and Family Test (FFT) - 4 out of 5 areas are green in May, maternity was amber – all 5 areas are green in June which is a great response and shows the treatment patients are receiving
- Emergency care – seeing high rates of admissions, still performing well
- Good news stories from each of the Divisions are included in the slides

Linzi asked if every single complaint received gets acknowledged with a written response and asked what the exact timeframe was to respond. The Assistant Director of Performance confirmed all complaints receive a written response and believes the timeframe is 20 working days to respond. The Company Secretary added that an acknowledgement of a complaint is sent within 2 days of it being received. She added the internal deadline used to be 20 working days or up to 40 days if the complaint is complex however now deadlines for response are negotiated with the complainant, which is in line with the national framework for complaints.

Christine Mills provided positive feedback regarding a recent complaint, that she recently filled in a complaint form and received a response at 9am the following morning and the complaint was sorted within 2 days.

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

50/21 Financial Position and Forecast – Month 2

The Deputy Director of Finance summarised the key points in the month 2 finance report which were as follows:

- Year to date the Trust has delivered a surplus of £3.3m – a favourable variance of £2.94m compared to plan (good news) – breakeven by the end of the first half of the year
- Surplus and better than plan position is due to slippage of developments, vacancies and lower than planned recovery costs – most significant is the higher than planned elective recovery funding
- Next few months are more challenging as elective funding targets increases
- Agency expenditure – spent more than planned year to date (YTD)– NHS improvement agency trajectory target was paused – the Trust have set their own internal target which the Trust are over – not being scrutinised currently, this is partly due to pressures in ED
- Cash position is healthy and enabling the Trust to pay invoices – target is 95%, hit 93% YTD which is slightly below target but a massive improvement on recent years

The Deputy Director of Finance explained 'Managing Our Money' training has previously been offered to governors and this offer can be extended if governors are interested. There was discussion that this might be helpful for the newly elected governors.

OUTCOME: The Council of Governors **NOTED** the Month 2 Financial Summary for 2020/21.

QUALITY UPDATE

51/21 Update on 2021/22 Quality Priorities and Quality Update

The Director of Nursing provided a detailed presentation giving a Quality update and an update on the 2021/22 Quality Priorities. The presentation focused on the topics below and will be circulated with the minutes:

- Care Quality Commission
- Journey to Outstanding
- Maternity Safety
- Quality Priorities
- Making Complaints Count

Stephen Baines re-iterated there is a strong case for balancing complaints with the number of compliments the Trust receives which will give an idea of the true balance. The Director of Nursing agreed to include compliments in the next update and explained the Friends and Family Test was stood down during the pandemic. She added the feedback from the 'Observe and Act' has largely been positive.

Action: Director of Nursing to include data on compliments in the next update

Karen thanked the Director of Nursing for her comprehensive presentation.

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

52/21 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration Committee held on 19 April 2021 and 1 July 2021

The minutes were presented and Stephen Baines confirmed these accurately reflect the discussion. He added that Philip is well respected by the governors and does a very good job as Chair.

The Company Secretary confirmed at the meeting on 19 April 2021, two Non-Executive Directors tenures were extended for 12 months to 2023 and agreed by the Committee. These were Karen Heaton who has supported the Workforce Committee and agenda which has been challenged over the pandemic and Richard Hopkin who supports the financial business of the Trust.

OUTCOME: The Council of Governors **APPROVED** the minutes of the Nominations and Remuneration Committee (CoG) meeting held on 19 April 2021 and 1 July 2021.

53/21 CHAIR'S REPORT

Karen Heaton, Acting Chair provided an update on the pressures currently being faced in the ED Departments and explained several patients are waiting over 12 hours in ED. She added there will be additional pressure on the system post 19 July when restrictions are lifted. Karen explained a system Gold meeting has been convened due to the delayed number of transfers of care. There is lots of pressure on the system and staff, who have been doing an outstanding job. All staff have contributed and made a sacrifice.

OUTCOME: The Council of Governors **NOTED** the Chair's updated provided by Karen Heaton as Acting Chair.

GOVERNANCE

54/21 UPDATE FROM LEAD GOVERNOR/CHAIR

Stephen Baines had no further update to share and highlighted the notes from the meetings he has with the Chair are circulated to all governors.

55/21 Outcome of Chair's Appraisal

A report detailing the outcome of the Chair's appraisal was shared with the papers. The Acting Chair shared the key messages which were:

- Feedback was sought from a range of stakeholders across the Trust and wider system

- Appraisal process was undertaken using the national guidance on the appraisal process for NHS Chairs
- High response rate of 83% with very positive feedback – thanks to governors for their contributions
- Appraisal was undertaken by Richard Hopkin as Senior Independent Non-Executive Director (SINED) and the appraisal was completed by the end of June 2021
- The outcome was shared with NHS England/Improvement and the Nominations and Remuneration Committee on 1 July 2021
- Areas of strength and areas of focus were discussed with overall and well-deserved feedback

OUTCOME: The Council of Governors **NOTED** the outcome of the Chair's appraisal.

56/21 Thank you to outgoing governors

The Acting Chair thanked the outgoing governors for their commitment and contribution to the Trust by way of governor. The outgoing governors are:

- Annette Bell, Publicly elected governor
- Lynn Moore, Publicly elected governor
- Brian Richardson, Publicly elected governor
- Jude Goddard, Publicly elected governor
- Sheila Taylor, Publicly elected governor
- Linzi Smith, Staff elected governor
- Rosie Hoggart, Staff elected governor

All outgoing governors will receive a certificate in recognition of their contribution as a governor at Calderdale and Huddersfield NHS Foundation Trust and a letter from Philip in due course.

There will be a full induction programme for the new governors who will be welcomed at the Annual General Meeting on 28 July 2021. Details of the election results were shared with members in the recently issued Foundation Trust News and will be shared at the AGM, with a new register of governors presented at the Council of Governors meeting in October 2021.

57/21 COMPANY SECRETARY'S REPORT

a. Outcome of Lead Governor Appointment

The Company Secretary shared the outcome of the annual lead governor role received one nomination from the current lead governor, Stephen Baines. Stephen will be in the lead governor role for the next July to July 2022 period.

The Company Secretary thanked Stephen for his nomination.

OUTCOME: The Council of Governors **APPROVED** the outcome of the lead governor appointment.

b. Proposal of Council of Governor Meeting Dates for 2022

The Company Secretary explained the proposal of future Council of Governors meeting dates for 2022 have been shared for approval with the revised timings of the meetings.

OUTCOME: The Council of Governors **APPROVED** the Council of Governors meeting dates for 2022.

c. Appointment of External Auditor and Timeline

The Company Secretary reported the Trust have an external auditor, KPMG, who have been working with the Trust for four years and are now at the end of their contract.

The paper circulated describes the procurement process for a new external auditor and role of the governors in making the appointment. The Company Secretary explained volunteers from the governors are sought for the process to be complete by the end of September with the outcome reported to the Council of Governors meeting on 21 October 2021 for ratification.

The Company Secretary explained the market for external auditors is very fragile at the moment and not much interest is expected. A framework approach will be used where a number of providers have already been recognised on a value for money basis.

Any interested governors are asked to inform the Company Secretary by Friday 23rd July with a first meeting taking place around the first week of August 2021. A guide explaining governors role and the external auditor appointment process was included in the paper.

Cllr Lesley Warner asked if KPMG can be re-appointed. The Company Secretary confirmed there are five providers and KPMG are one of the companies who can bid for the work again; however, this will need to go to a bid for comparison. Karen Heaton emphasised the challenge in this market and the difficulty in appointing auditors.

OUTCOME: The Council of Governors **NOTED** the update on the appointment of an external audit and the timeline and **NOTED** that expressions of interest in this process from governors required by Wednesday 28 July 2021.

58/21 RECEIPT OF MINUTES FROM SUB-COMMITTEES

The minutes of the following meetings were received:

- Quality Committee held 19.04.21 & 24.05.21
- Workforce Committee held 10.05.21
- Charitable Funds Committee held 24.05.21
- Audit and Risk Committee held on 12.04.21 & 10.06.21
- Finance & Performance Committee held on 29.03.21 & 05.05.21

No questions were raised.

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

59/21 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 2021 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.

60/21 ANY OTHER BUSINESS

The Company Secretary asked the governors for their views on how they found the new time of the meeting. One governor noted a later time is better for her, several others noted the earlier timings work best for them. It was agreed that meetings will continue at the earlier time for now.

Stephen Baines formally thanked Karen for stepping in as Chair for Philip Lewer due to his leave and expressed his appreciation for the amount of work Karen Heaton and the Non-Executive Directors put in over and above what is required.

Karen thanked Stephen Baines and the governors for their participation.

DATE AND TIME OF NEXT MEETING

The Acting Chair thanked all the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting and their contribution and formally closed the meeting at approximately 3:58 pm and invited governors to the next meetings.

Council of Governors Meeting

Annual General Meeting

Date: Wednesday 28 July 2021

Time: 5:00 – 6:30 pm

Venue: Virtual via Microsoft Teams

Date: Thursday 21 October 2021

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

Venue: Microsoft Teams

**Draft Minutes of the Calderdale and Huddersfield NHS Foundation Trust
Board of Directors and Council of Governors Annual General Meeting held
Wednesday 28 July 2021 at 5:00 – 6:30 pm
Via Microsoft Live Events**

PRESENT

Speakers

Philip Lewer, Chair
Owen Williams, Chief Executive
Gary Boothby, Executive Director of Finance
Suzanne Dunkley, Executive Director of Workforce and Organisational Development
Ellen Armistead, Executive Director of Nursing
Stephen Baines, Lead Governor, Publicly Elected, Skircoat and Lower Calder Valley

Board of Directors

Helen Barker, Chief Operating Officer
David Birkenhead, Executive Medical Director
Stuart Sugarman, Managing Director, Calderdale and Huddersfield Solutions Ltd
Andy Nelson, Non-Executive Director
Richard Hopkin, Non-Executive Director
Denise Sterling, Non-Executive Director
Peter Wilkinson, Non-Executive Director

In Attendance

Andrea McCourt, Company Secretary
Jackie Ryden, Reconfiguration Programme Governance Lead
Danielle Booth, Admin Assistant, Membership and Engagement
Richard Hill, Senior Collaboration Specialist, ICT
Rashpal Khangura, External Audit Partner, KPMG

Public Elected Governors

Annette Bell, Public Elected Governor, East Halifax and Bradford
Christine Mills, Public Elected Governor, Huddersfield Central
Veronica Woollin, Public Elected Governor, North Kirklees
John Gledhill, Public Elected Governor, Lindley and the Valleys
Lynn Moore, Public Elected Governor, North and Central Halifax
Sheila Taylor, Public Elected Governor, Huddersfield Central

Staff Elected Governors

Linzi Smith, Staff Elected, Management / Admin / Clerical

Appointed Governors

Salma Yasmeen, South West Yorkshire Partnership NHS Foundation Trust

Apologies

Anna Basford, Director of Transformation and Partnerships
Mandy Griffin, Managing Director, Digital Health
Alastair Graham, Non-Executive Director

Karen Heaton, Non-Executive Director

1. CHAIR'S OPENING STATEMENT AND INTRODUCTIONS

The Chair opened the meeting by welcoming everyone to the second 'virtual' Annual General Meeting of the Council of Governors which covers the period April 2020 to March 2021 and provides an opportunity to reflect on the last 12 months within the Trust and share the Trust's plans and challenges for the coming year.

The Chair welcomed the Executive Directors, Non-Executive Directors, Lead Governor and the governors who were part of the virtual audience.

The Chair also welcomed the external auditor, Rashpal Khangura from KPMG. The external auditors play a vital role auditing the annual report and accounts each year before they are submitted to Parliament. The Chair advised that both the annual report and accounts and an easy read short version of the annual report for 2020/21 are available on the Trust website. The quality accounts for the year can also be found on our website, these describe the quality of services we delivered to our patients over the past year.

The Chair stated that the governors have a key role in appointing the Non-Executive Directors at the Trust and have just agreed that two of our current Non-Executive Directors, Karen Heaton and Richard Hopkin will continue as Non-Executive Directors for up to a further 12 months to February 2023.

A recording of the AGM can be found at <https://www.cht.nhs.uk/publications/annual-reports-and-annual-general-meeting/>

2. OVERVIEW OF THE COUNCIL OF GOVERNORS CONTRIBUTION 2020-2021

Stephen Baines introduced himself as the Lead Governor at CHFT since December 2019 and explained he has recently been successfully re-elected as lead governor for a further year.

Stephen said he really enjoys his time as a Governor for the Trust and this past year has been 'A year like no other' for the Council of Governors who quickly transitioned to virtual meetings during the pandemic. Stephen thanked the governors for how engaged they have been during this past year with virtual meetings taking place as they have made it very successful and shows how committed they are in their governor role and helping the Trust.

Stephen explained the prime duty of the governors is to ensure that the Non-Executive Directors effectively challenge the other Board Directors in all matters regarding the work of the Trust. The governors do this by attending the Board meetings, the Boards sub committees and the Non-Executive Directors attend the Council of Governors meetings and report on their work and answer questions.

During this last year, Governors have had the opportunities to attend a number of workshops with the Non-Executive Directors and Board Directors to discuss:

- Service Reconfiguration and Estate Developments at CRH and HRI

- Quality Account Priorities
- Development with the Integrated Care System (ICS)
- Cancer performance
- How the Trust are driving the agenda for health inequalities focusing on patients with learning disabilities.

This year, thanks to the excellent support staff provided for the governors, governor videos were introduced which give an insight into the work of the governors and these videos are available on the Trusts website here: <https://www.cht.nhs.uk/about-us/membership-and-the-council-of-governors>

Given the operational pressures during the past year, governors received information from Divisions about what was happening rather than meeting with Divisions face to face.

A couple of our governors and members have been helping the Trust pilot a patient experience tool called 'Observe and Act' focusing on inpatient care to look at where improvements could be made for patients. We look forward to continuing this over the next year with their support.

The annual Governor elections in July 2020 were cancelled and the Governors whose term had ended last year willingly served an extra 12 months. Stephen took this opportunity to thank all the Governors and the Governors who stayed for a further 12 months for their contributions and commitment during the year.

The annual Governor elections for 2021 took place earlier this year and was very successful, the results will be shared shortly. Stephen expressed special thanks to the outgoing public elected governors:

- Jude Goddard, Calder and Ryburn Valleys
- Sheila Taylor, Huddersfield Central
- Brian Richardson, Skircoat and Lower Calder Valley
- Lynn Moore, North and Central Halifax
- Annette Bell, East Halifax and Bradford

Stephen also expressed special thanks to the outgoing staff elected governors:

- Linzi Smith, Management/Admin/Clerical
- Rosie Hoggart, Nurses/Midwives
- Peter Bamber, Drs/Dentists

Stephen thanked all the outgoing governors for their excellent contribution during the year.

Stephen also thanked Andrea McCourt, Amber Fox, Jacqueline Ryden, Vanessa Henderson and Danielle Booth from the Trust Corporate team for their help and guidance and arranging all the meetings along with Philip Lewer for Chairing the meetings and continuing in his second tenure as Chair. Stephen also thanked all the Non-Executive Directors for their updates and work at the Trust.

3. ELECTION RESULTS 2021 AND APPOINTMENTS

Philip Lewer, Chair stated the governor elections for 2021 were very successful and he confirmed the following governors have been elected this year:

Constituency	Public Elected Governor
Calder and Ryburn Valleys	Peter Bamber
	Gina Choy
Huddersfield Central	Christine Mills
	Robert Markless
South Huddersfield	Isaac Dziya
Skircoat and Lower Calder Valley	Nicola Whitworth
East Halifax and Bradford	Peter Bell
North and Central Halifax	Alison Schofield
	Chris Matejak
Lindley and the Valleys	Brian Moore

Constituency	Staff Elected Governor
Nurses/Midwives	Liam Stout
Nurses/midwives	Jason Sykes
Management/Admin/Clerical	Emma Kovaleski
Drs/Dentists	Sandeep Goyal
Ancillary	Jo Kitchen

4. a) HEALTH INEQUALITIES AND LEARNING DISABILITIES

Owen Williams, Chief Executive expressed his heartfelt thanks to colleagues and patients, friends and relatives for the way that they have stood together during this unbelievably challenging year. He highlighted the sheer commitment, passion and fortitude shown by colleagues will never be forgotten.

The Chief Executive shared a few significant achievements made by CHFT in working with the local community and partners in tackling health inequalities. He explained the four key themes of this work were:

1. External Environment: Connecting with our Communities
2. Lived Experience: Maternity
3. Using our data to inform stabilisation and reset
4. Diverse and inclusive workforce

Owen advised anyone who would like to know more about the Trust's work on health inequalities to watch the recording of the most recent Board of Directors meeting which took place on 1 July 2021, available on our website, as this provides more context and demonstrates the Board of Directors appetite to tackle health inequalities.

Owen Williams introduced a short video which highlights the work the Trust have been doing in respect of striving for equality for people with a learning disability.

b) HOW COLLEAGUES EMBRACED ONE CULTURE OF CARE (TAKING CARE OF EACH OTHER) THROUGHOUT THE PANDEMIC

Suzanne Dunkley, Executive Director of Workforce and Organisational Development explained how proud the Trust have been in colleagues throughout the pandemic and how important health and wellbeing of colleagues is, which was referred to as 'One Culture of Care'. Suzanne introduced a short video which was made to show how colleagues embraced one culture of care (taking care of each other) throughout the pandemic.

5. FINANCIAL REVIEW: ANNUAL ACCOUNTS: APRIL 2020 – MARCH 2021 AND THE EXTERNAL AUDIT OPINION

Gary Boothby, Executive Director of Finance presented a financial report for 2020/21, highlighting the key points from 2020/21 and looking forwards to 2021/22. The Executive Director of Finance advised that full details of the annual accounts were available in the 2020/21 Annual Report which was published on the Trust website.

Overall, the year ending 31 March 2021 was a successful year for the Trust in that a £360k financial surplus (underspend) was delivered, compared to an original target of £1.92m deficit (overspend). The year was closed with significantly lower outstanding loans compared with previous years and less spend on external agency staff than planned and the target set by our regulators. He highlighted this is the second consecutive year that the Trust has managed to balance the books and deliver small surpluses.

The Executive Director of Finance explained changes to the funding regime in year were very supportive in ensuring that services were being maintained and patient care was provided. The actual operational expenditure for the year was £44m higher than planned and in year funding was provided by the NHS to support the Covid

response. There was also no longer a requirement to deliver high levels of efficiency savings and it was recognised that all clinical and operational teams were focused on responding to the pandemic and care for patients.

The Executive Director of Finance described some of the capital investment in year which included a Ward 18 refurbishment into a state of the art 15 bed isolation ward as part of the Covid response, and a new aseptic suite at Calderdale Royal Hospital which allows the Trust to centralise and prepare sterile products for patients and photos of these new developments were shared.

The Executive Director of Finance presented the External Audit Opinion from KPMG who considered the following and provided an unqualified (clean) audit opinion:

- Financial statements
- Value for money position
- Whole of Government's Accounts
- Annual Report

The Executive Director of Finance shared the future position for 2021/22. The Trust plan to deliver a break-even position in the first half of the year with an efficiency target of £3m. The financial regime for the second half of the year is currently unknown and will be assessed in September 2021.

6. CHFT WORKING WITH PARTNERS IN KIRKLEES AND CALDERDALE PLACE AND THE INTEGRATED CARE SYSTEM

Ellen Armistead, Deputy Chief Executive / Executive Director of Nursing explained one of the key values of the Trust is working together to get results. She explained CHFT are part of a health and care system and highlighted the importance of working in partnership to improve outcomes for our population and protecting our most vulnerable.

She explained PLACE based partnerships have been at the heart of being able to respond to the pandemic and have resulted in bringing several organisations, inclusive of the voluntary and community sector, together. She explained the wider team responded brilliantly and extra support was provided into the care home sector and in reducing delayed transfers of care.

CHFT are part of a West Yorkshire Association of Acute Trusts which is a forum for physical acute Trusts in West Yorkshire and Harrogate (WY&H) and provides for a single voice into Regional and National matters. Delivery is primarily focused on acute trust improvement programmes and facilitates clinical, operational collaboration and mutual aid which has been invaluable these last several months. Areas for future development will include, for example, WYAAT peer review of maternity services as a part of the response to the Ockenden review (to improve safety in maternity for mums and babies) as well as working on creating regional resilience across services such as non-surgical oncology.

CHFT is playing its part in contributing to the big 10 ambitions for West Yorkshire, not just in terms of tackling health inequalities but also in terms of responding to the

climate change emergency and economic recovery linked to the reconfiguration of hospital and community services.

We will continue to work closely with our partners on meeting the demands and requirements placed upon us by the Health and Care Bill if and when it comes into law. WY&H have had a good start in the Integrated Care System (ICS) partnership which has been in place for some time.

7. QUESTIONS AND ANSWERS

A number of questions had been submitted prior to the meeting.

Q: What is the Trust doing to reduce its carbon footprint, particularly in regards to any construction needed for reconfiguration, greenhouse anaesthetic gases and cross-site shuttle vehicles?

A: Stuart Sugarman responded

Reducing our operational carbon footprint

All hospital energy is now from 100% renewable sources

LED lighting system underway in both hospitals and generate savings of £216k per annum and is also reducing our energy usage and consumption

New ED design as part of reconfiguration will include a new air source heating pump

Over-cladding of buildings at HRI will be more thermally efficient and will reduce energy and heat and will keep them cool in summer

Carbon literacy training to be rolled out for colleagues to increase knowledge

Developing a Biodiversity action plan for hospital sites

Reducing the embodied carbon associated with construction

Have undertaken a building life cycle assessment and awaiting results which will address embodied carbon associated with the extraction of raw materials, construction, operational use and demolition and disposal

Developing a Sustainable Procurement Policy to limit material usage on the site

Anaesthetic gas consumption limit usage and seek alternatives

Engaged with pharmacy colleagues and promoting within the Trust to try and limit the use of an anaesthetic gas and looking at devices to capture the gas that is used.

Transport

New fleet of electric and hybrid vehicles and new hybrid shuttle buses are on order.

As part of the reconfiguration work, we have developed a travel plan to increase cycling and walking to work. A park and ride service is also been developed for colleagues to allow colleagues to travel to work in a more sustainable way.

Calderdale and Kirklees Councils are developing a new cycle route which will link the two hospital sites.

The Trust Green Plan sets out the Trust's ambitious plans for climate sustainability over the next five years. The Trust also have a Green Planning Committee. If anybody is interested in joining this Committee, please contact Stuart Sugarman.

More information can be found here: <https://www.chs-limited.co.uk/our-green-plan-and-sustainability>

Q: If and when the new A&E is built in Huddersfield, what will happen to the site vacated. Could it perhaps become a Macmillan centre for the Trust, as vulnerable local cancer patients don't have to go out of the area.

A: Gary Boothby responded

A new build is being progressed to replace the ED at HRI rather than upgrade the existing area. This is because the current HRI which dates from the 1960s is in poor condition with maintenance backlog requirements. For this reason, it is unlikely that the area vacated would be suitable for a Macmillan centre.

Q: Why are families of children with epilepsy who live in Huddersfield still having to travel to Calderdale for their epilepsy outpatient appointments? I have been informed this will still be the situation in August despite Acre Mill outpatients being opened for other paediatric specialities. Many of these children have additional complex needs, learning disabilities and mobility issues and their families have struggled to get to Calderdale even if they have transport, which not all do. I had understood the future planning was to continue to have outpatient services on both sites?

A: Helen Barker responded

We continue to operate in outpatients with restrictions as a consequence of Covid 19 and still have limited staff available within our outpatient services.

To maximise the capacity available to see patients we are continuing with the clinics in a single location but are constantly reviewing this as we look forward.

We recognise this is a challenge for some families and will be ensuring we work with them individually on ways to help with any access concerns.

Q: Any plans on improving urgent appointments for neurocare?

A: Helen Barker responded

Yes, we have several developments in relation to Neurology including working with Leeds where we have advertised for a joint appointment and are discussing with them a more formal partnership to maximise capacity. (real shortage of neurology consultants) In addition, we are working with our local commissioning partners to bring in some immediate capacity (as we are with some other specialities) to help reduce our backlogs and ensure access for urgent referrals.

Q: There is a Yorkshire-wide shortage of operating theatre staff. Until such time as it becomes possible to recruit more—and aside from an intention to prioritise patients who need non-emergency surgery for progressive conditions especially cancer - what other principles will guide the Trust in prioritising patients for planned surgery?

A: Helen Barker responded

We are doing a specific piece of work to become an employer of choice for surgical staff with one of the consultants working actively on a recruitment and retention plan.

The Trust is at the forefront of thinking around Health inequalities and is using this to guide its recovery. We have implemented a recovery plan that is based on this & clinical need. We have already made huge progress for patients with a learning disability with over 90% of those on the list having their procedure. We are prioritising patients who were listed as clinically urgent or should have had their

procedure within 3 months of listing as well as those who have waited over 104 weeks. We are now looking at other vulnerable groups for example homeless patients on our waiting list as well as ensuring there is equity of access particularly where there are patients who live in areas with higher deprivation or are of a different ethnicity. Our clinical colleagues have been really supportive of this health inequalities approach to recovery.

Q: Thank you to the Trust for supporting the creation of a new MND Care Coordinator who is making a huge difference to the care of those diagnosed in the condition in Calderdale and Huddersfield. How important is it to ensure pathways are coordinated across the community, hospital and palliative care and what more can be done to lock improvements in for the future?

A: Ellen Armistead responded

The Trust has been supported in setting up the post by the MND Association and the Nick Smith Foundation, and for this we are incredibly grateful.

Providing high quality care for those with life limiting illness is absolutely critical for both the patient and their loved ones. Those in our care should never have to be concerned with which organisation is providing care only that they receive care by the right person with the right skills at the right time. This is where the role of care coordinator can make such a difference. The coordinator's role is to manage the patient's journey and ensure that the input of all partners in care are managed and well organised.

Clinics are now in place and there is engagement and support from the multidisciplinary team to attend including dietitians, nutritional specialist nurses, dedicated respiratory physiotherapists, neurology consultant, palliative medicine consultant, community teams and a representative from Leeds ventilation service.

As well as people living with MND we have developed a number of care pathways that enable seamless transition especially where patients are moving toward end of life care. The Trust works closely with a range of partners and have clinicians in key posts working across acute and community settings.

The ambitions of the new healthcare reforms are to ensure that health and care services are planned as an integrated system that allows for seamless care delivery.

There were no additional questions raised at the meeting.

8. CLOSING STATEMENT

The Chair thanked everyone for attending and noted particular thanks to the speakers and the IT team for their support in the organisation of this virtual meeting.

5. Action Log and Matters Arising

To Note

Presented by Philip Lewer

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
15.07.2021	Feedback from Non-Executive Directors in Attendance	Alastair Graham	Alastair Graham to check with Stuart Sugarman that he has passed on the thank you to the cleaners for all their hard work and impact they have had during the pandemic. Update 14.10.21 – Stuart Sugarman confirmed this action has been completed.	21.10.21		
15.07.2021	Update on 2021/22 Quality Priorities and Quality Update	Ellen Armistead	Director of Nursing to include data on compliments in the next update	21.10.21		

NON-EXECUTIVE DIRECTORS

6. Feedback from Non-Executive Directors in attendance - Richard Hopkin and Peter Wilkinson

For Assurance

Presented by Richard Hopkin and Peter
Wilkinson

7. Update on the Estate Works on South Drive, HRI

To Note

Presented by Anna Basford

PERFORMANCE AND STRATEGY

8. Operational Update and Recovery Plans - Presented by Peter Keogh, Assistant Director of Performance

To Note

Operational Update and Recovery Plans

Council of Governors

21st October 2021

Current Position

Covid position 11th October: We continue to see a sustained high number of patients with Covid. This morning we have 95 inpatients, including seven on ICU. An added pressure is the number of patients waiting for transfer of care. To give some context, these combined situations account for around 40% of the beds in our hospitals.

We will be reviewing our winter plans today to see what else we can do to relieve the internal pressures, including identifying other roles that may be able to support our wards.

Our system partners are facing similar challenges, so it's important we continue to offer them support and guidance which in turn should benefit the whole of the local healthcare system.

Operational Pressures (1)

Emergency Workload: There has been a significant and continued increase in demand for both our emergency departments with surges in hourly numbers, acuity and occupancy levels. However we are still in the upper quartile in terms of delivery. We are continuing to see high costs in the ED associated with partial segregation and increased attendances.

Stroke: For our Stroke patients gaining access to a Stroke bed within 4 hours and spending 90% of their stay on a stroke unit are a challenge. A WTGR session was held recently and we are producing a business case responding to demand. We have still managed to maintained SSNAP A score for the most recent quarter.

Operational Pressures (2)

For **Cancer** we are still managing to maintain excellent performance but also need to consider the step change increase in referrals as we move forward which is causing pressures on the front end of the pathway initially, in particular diagnostics capacity. There are plans for screening to improve in the next couple of months with focus on 38 days referral to tertiary and the 28 day faster diagnosis metrics.

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.

Operational Pressures (3)

LOS: We do have concerns around the more varied complex needs of the younger demographic that we are now seeing with long lengths of stay. They have different needs packages from the usual older patients that were previously more prevalent and this is an area where we will recommend further investigation as a result of the impact of Covid. We have seen the same pattern of younger patients in Acute Medical Units and recognise that these patients will be more resource intensive than the traditional aging population with social requirements and mental health needs that have resulted from deconditioning over the last 18 months.

We are also seeing an increase in patients on the transfer of care list due to capacity issues in social care packages of care and discharge to assess beds. This is partly driving an increase in medical outliers and occupancy levels.

Recovery

Changes to Recovery Trajectories for H2 (1)

Reworked trajectories based on current position reflecting:

- Increased P2 additions
- Theatre capacity at lower levels than anticipated
- Winter pressures and further staffing risks
- 104week risks

Changes to Recovery Trajectories for H2 (2)

P2s and > 104 weeks are the PRIORITY

To have 5% **P2 Patients over 1 month old** (over the 4 week standard) by the **end of September 2021** – Previously zero.

To have 5% **P3 Patients over 3 months old** (over the 3 month standard) by the **end of Q1 2022/23** – Previously zero by the end of September 2021.

For 99% of patients waiting for **Endoscopy to be within 6 weeks** of Referral by the **end of November 2021** – Previously end of June 2021.

For 99% of patients waiting for **Neurophysiology and Cardiology to be within 6 weeks** of Referral by the **end of November 2021** – Previously end of June 2021.

After November running **Diagnostics surveillance** so need to retain insourcing (Remedy).

To have 5% patients waiting **over 22 weeks as an ASI** by the **end of November 2021** – Previously zero by the end of September 2021. Exceptions MSK (Spine), Ophthalmology and ENT which will have separate trajectories.

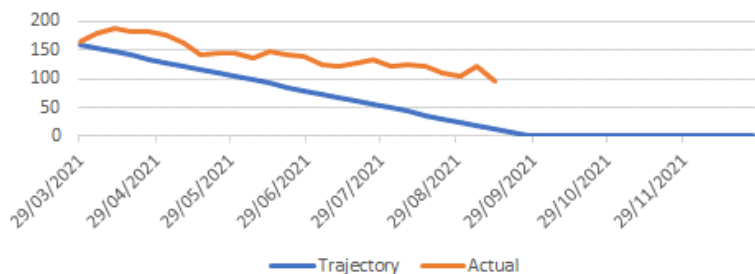
104 week waits will be cleared outside of P5&6 by end of September 2021

Changes to Recovery Trajectories for H2 (3)

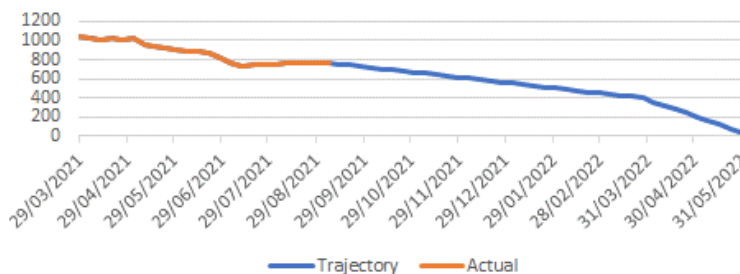
Important to note we are now modelling some trajectories to ensure patients classified at **P2** for **follow-up Outpatients** receive their appointments in this timeframe and will then look at **P3** and this will be included next time.

A cohort of patients who are showing as overdue an urgent follow-up have not been clinically reviewed and assigned a P value. The clinician input to Clinical Reference Group for Recovery (CRG) recommends we focus on this with those clinicians to avoid allocating urgent slots that were not, in reality, required.

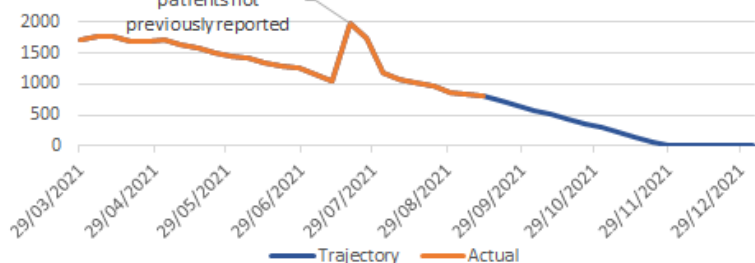
Trajectory vs Actual - Total P2s on Waiting List
Over 1 month



Trajectory vs Actual - Total P3s on Waiting List
Over 3 months



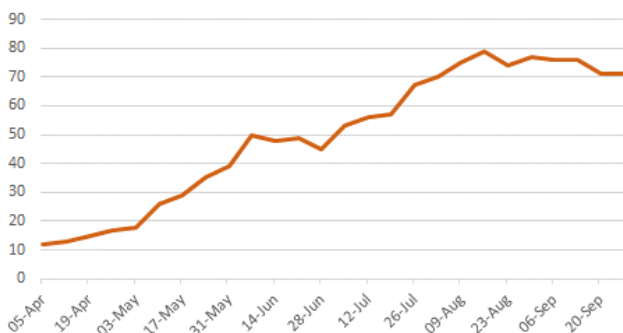
Trajectory vs Actual - Total Endoscopy Waiting List
Over 6 Weeks



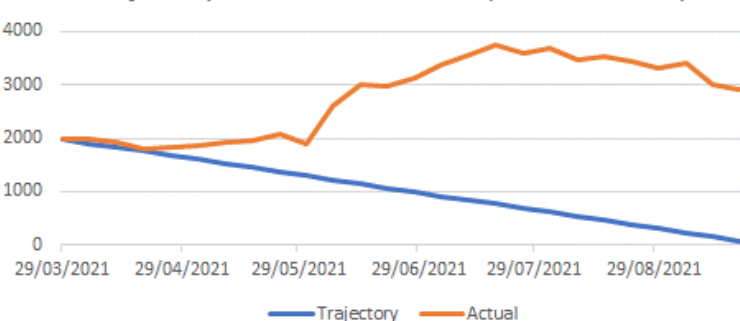
Trajectory vs Actual - Total P4s on Waiting List



104 Week Waits



Trajectory vs Actual - Total ASIs (Over 22 weeks)



2021/22 Priorities and Operational Planning Guidance October 2021 – March 2022 H2

2021/22 H2 Priorities (1)

- 6 areas set out in March remain the priority
- Continue to focus on 5 priority areas for tackling health inequalities
- Provides additional £5.4bn above original mandate, including £1.5bn funding (£1bn revenue and £500m capital) for recovery of elective and cancer
- Eliminate 104 week waits by March 2022, except where patients choose to wait longer (P5 and P6)
- Hold or where possible reduce the <52 week waiters
- Stabilise waiting lists around the level seen at end Sept'21
- A minimum of 12 A&G requests should be delivered per 100 OP 1st attendances or equivalent via other triage approaches, by Mar'22
- Ensure PIFU in place for at least 5 major specialties, moving or discharging 1.5% of all OP attendances to PIFU by Dec'21 and 2% by Mar'22. To evidence monthly increases through EROC dataset.
- Grow remote OP attendances with an overall share of at least 25%.

2021/22 H2 Priorities (2)

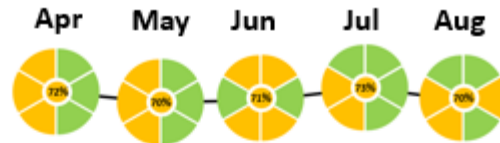
- £700m Targeted Investment Fund (TIF) available to support elective recovery (Inc. additional £500m capital funding)
- Systems that achieve completed RTT pathway activity above a 2019/20 threshold of 89% can draw down Elective Recovery Fund (ERF)
- Also a central fund for Independent Sector (IS) activity above 2019/20 levels.
- Cancer – return >62 day waits to level seen in Feb'20 (based on overall national average) by Mar'22
- Meet Faster Diagnosis Standard by Q3, ensuring at least 75% of patients have cancer rules out or diagnoses with 28 days of referral for diagnostic testing.
- Hospital discharge – will continue to fund first 4-weeks of post-discharge recovery provided on or before 31st Mar'22 for new and additional care needs. Scheme will end on 31st Mar'22.
- To embed UEC Action Plan

9. Performance Update - Presented by Peter Keogh, Assistant Director of Performance

To Note

Council of Governors 21st October 2021

August 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 Community FFT A&E	FFT Maternity FFT Inpatients FFT Outpatients	Variance from Plan	Use of Resources
EFFECTIVE		WORKFORCE	
MRSA	Preventable Cdiff	Proportion of Temporary Staff	Sickness
HSMR	SHMI	Staff turnover	Executive Turnover



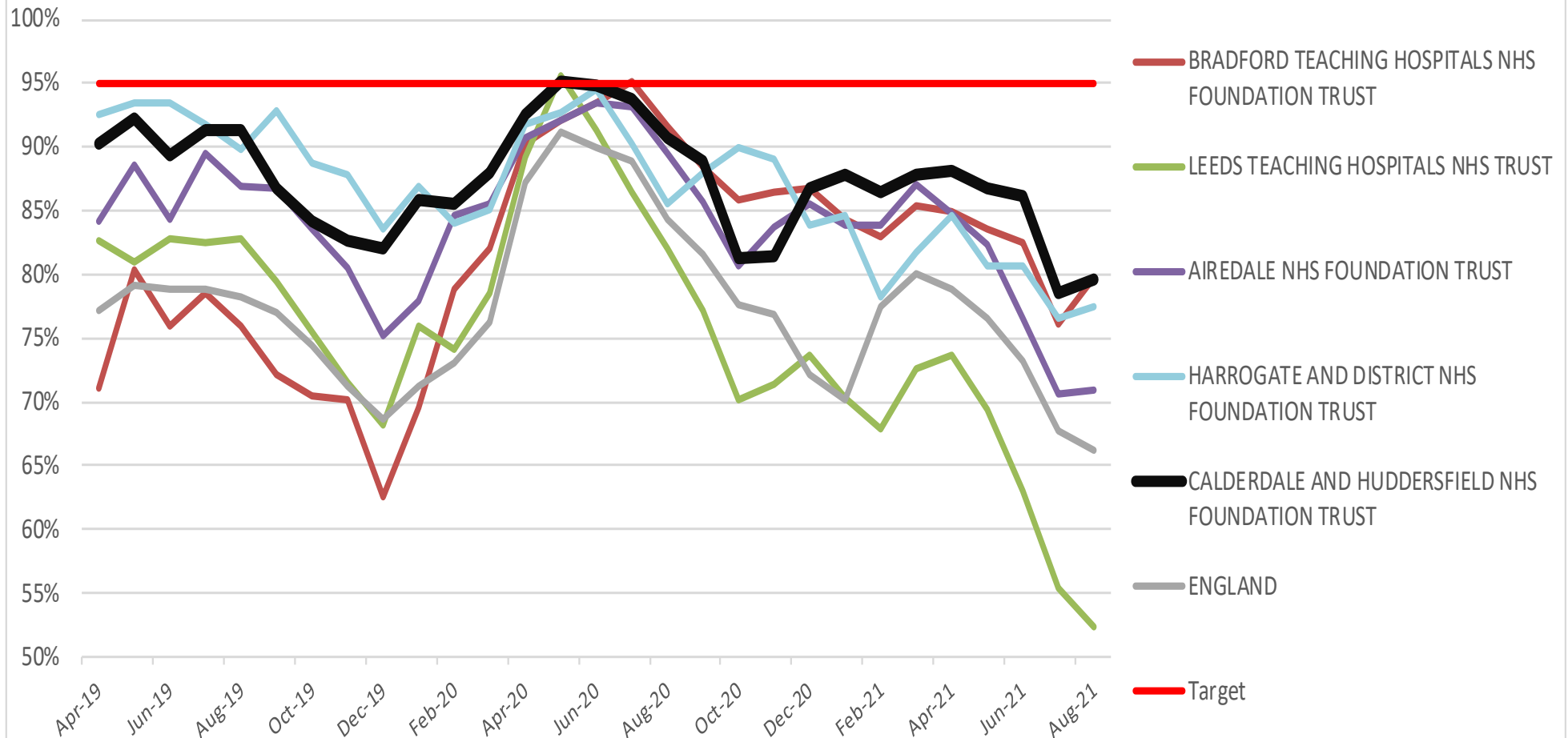
August's Performance Score is at **70.4%** which is a deterioration on the July position with the key changes being in FFT (A&E and Community) and Complaints.

The **SAFE** domain remains green. The **CARING** domain is now amber due to a deterioration in month for Complaints and FFT (A&E and Community). Dementia screening has improved a little in month. **EFFECTIVE** domain remains green with #Neck of Femur access still the main challenge. The **RESPONSIVE** domain is the most challenging as it contains the main planned access indicators with a mixed picture so remains amber however there has been improvements in stroke performance. **WORKFORCE** remains amber with non-Covid long-term sickness the highest in 12 months. Return to Work Interviews have fallen again to lowest position since December. Performance in EST has reduced in all areas in month. **FINANCE** remains green with improvement in the Cash position.

PERFORMANCE

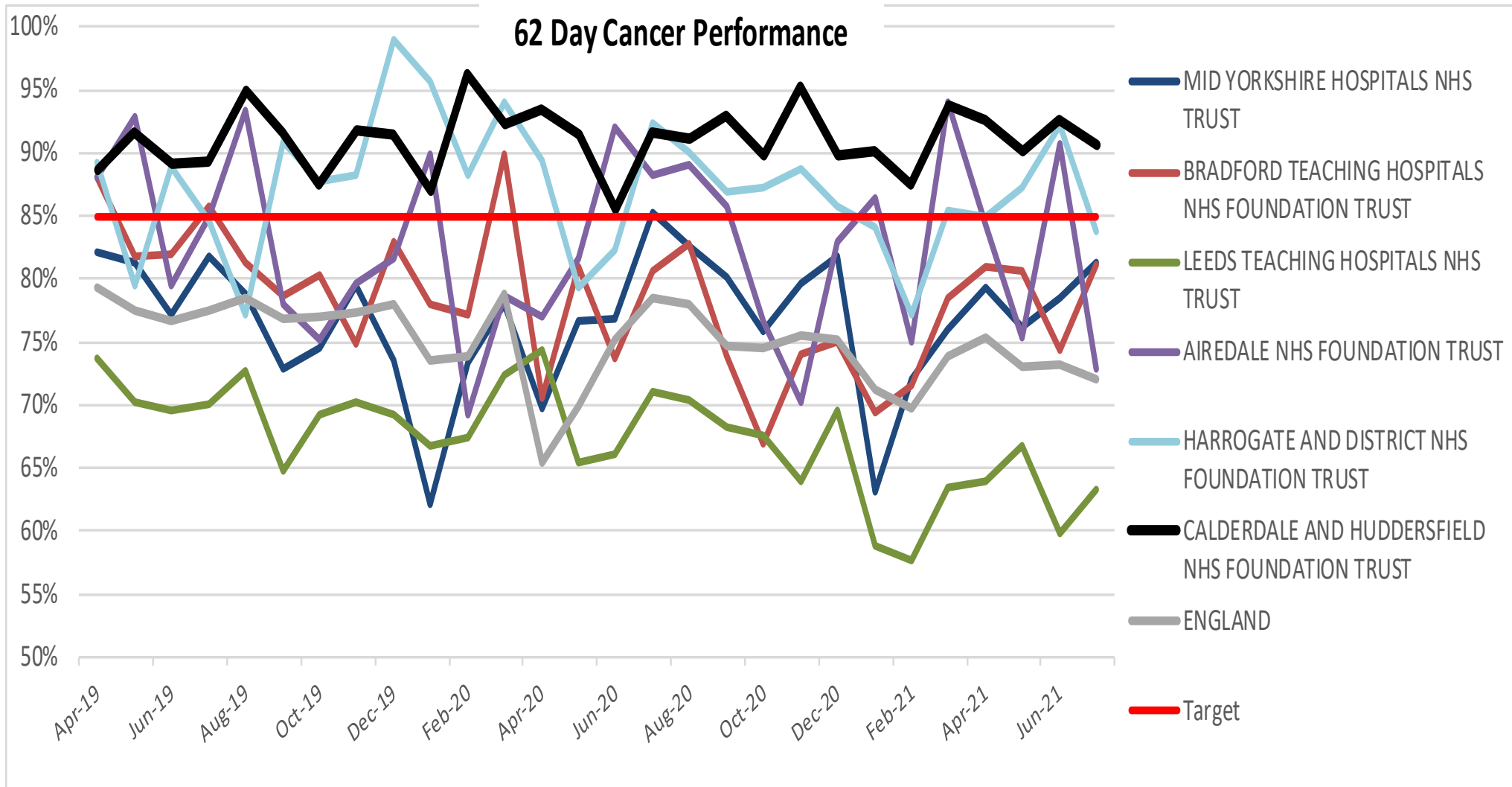
LATEST August 2021

Emergency Care Standard Performance



PERFORMANCE

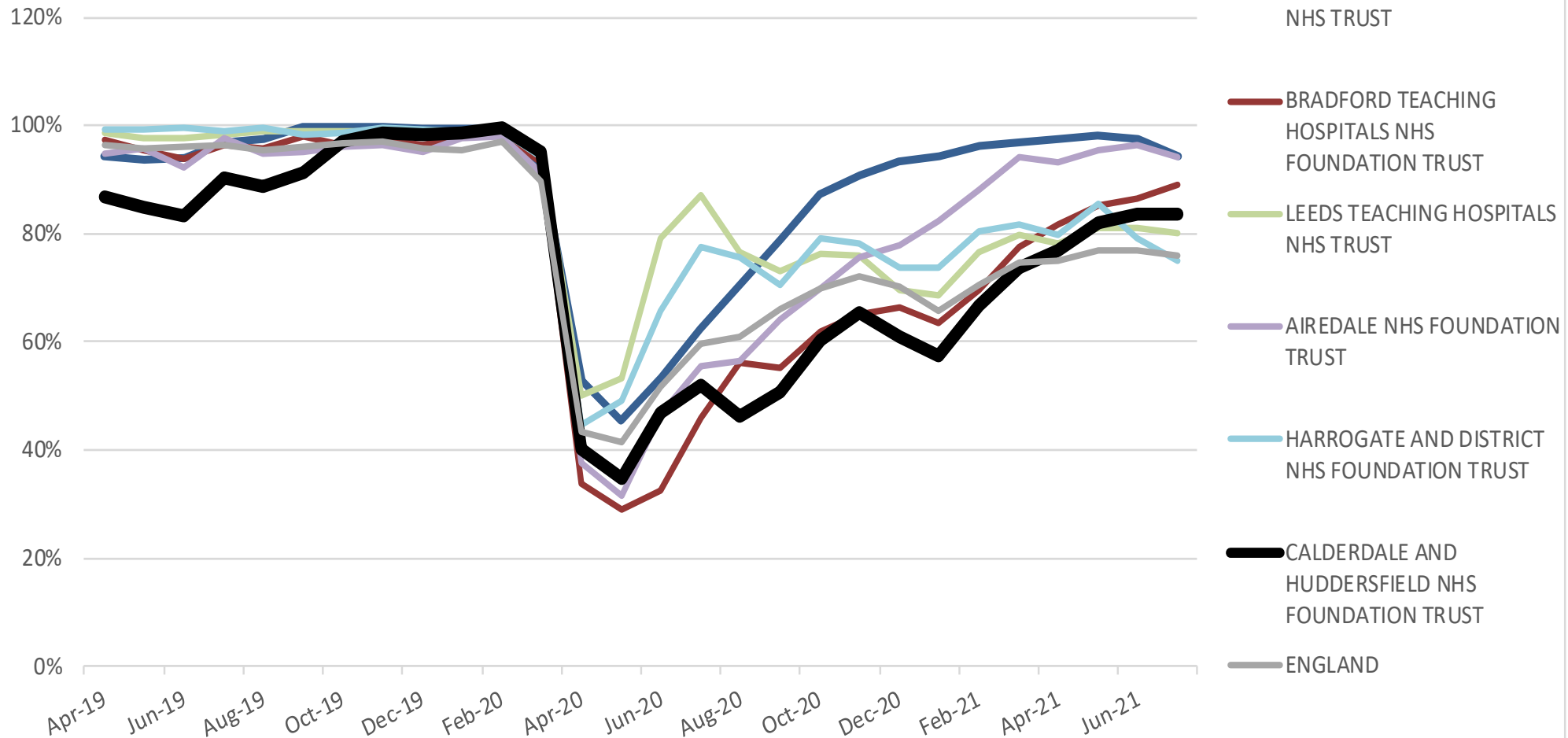
LATEST July 2021



PERFORMANCE

LATEST July 2021

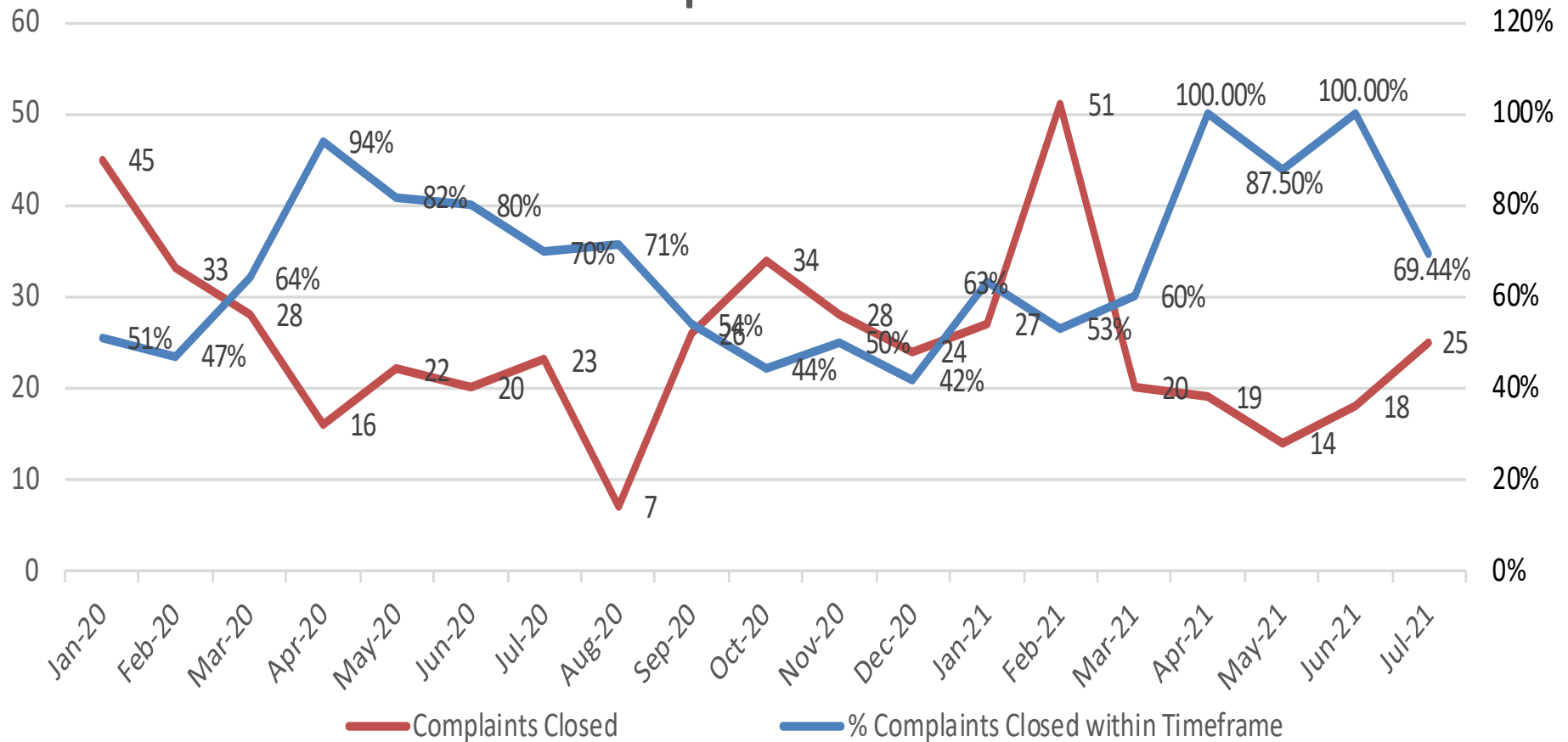
Comparison Within 6 week for diagnostic test



PERFORMANCE

LATEST July 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

- David Britton has commenced in post as Associate Director of Nursing for the Division.
- Continued weekly communications sharing key messages with the whole Division. We are seeing good levels of engagement with colleagues and this is increasingly becoming a two-way communication process.
- Plans in place for Covid debrief and thank you events with colleagues however some have had to be stood down due to staffing pressures.

Patient Feedback - Non-Surgical Oncology

"I have recently finished chemotherapy treatment at the Greenleigh Unit in Huddersfield. I live in Wakefield and was initially concerned about travelling weekly to Huddersfield for my treatment. I needn't have worried! The Doctors, nurses and staff on the unit were exceptional and I couldn't have asked to be in better hands. They not only ensured that my medical needs were met, they provided emotional support too. I was under the care of Dr Dent who was fantastic and ensured I was aware and informed at each stage of my treatment. I honestly can't praise the whole team on the Greenleigh Unit highly enough. The most difficult time in my life was made so much more bearable by their dedication, professionalism and kindness towards me throughout. Thank you!"



Surgery & Anaesthetics Division

- Theatres – workforce transformation programme, creative recruitment (e.g. TikTok videos), OPD apprentices (secured contract with the University of Huddersfield – first starter later in 2021)
- Participating in the Ophthalmology ERS evaluation process for NE&Y
- LD waiting list – 81% treated further 6% booked, great response from division
- Participation in the Professional Nurse Advocate training in ICU, restorative supervision approach
- Participation in research studies despite pressures in General Surgery



FSS Division

- New Covid POC devices installed and up and running in A&E. Staff training ongoing with over 42 staff trained to date.
- New aseptic unit go live 26th July.
- US have now moved to ward 6 and work has started on the build for the 2 new MRI scanners at CRH.
- Congratulations to - Dr Rahman who was won an award from the Royal College of Obstetrics and Gynaecology (RCOG) for a presentation on caesarean scar pregnancies. (BSGI).
- Director of strategy at NHSE visited sexual health very impressed with service offer for marginalised clients – service now gone on to set up a drop-in service for homeless.



Community Division

- SALT undertaken their first FEES
- Use of intelligence on LD, IMD beginning to support divisional, service and individual level prioritisation and decision making
- Progressing with UCR programme and by extension supporting a shift in care home support model through the Enhanced Health in Care Home framework
- Team working brilliantly together to support each other in very trying circumstances of increased demand and reduced capacity
- Starting to see solutions to estate based challenges
- Turnaround of complaint around access to children's SALT services to compliment that the care she is receiving is excellent and 'life changing'
- Substantive recruitment of ADN roles
- Progressing with more sustainable funding model for Long Covid provision

10. Finance Report - Month 5

To Note

Presented by Kirsty Archer

EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st Aug 2021 - Month 5

KEY METRICS

	Plan £m	M5 Actual £m	Var £m			YTD (AUG 2021) Plan £m	Actual £m	Var £m			Forecast 21/22 Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	£0.50	(£0.90)	(£1.40)	●		£0.57	£2.17	£1.61	●		£0.00	£0.00	£0.00	●
Agency Expenditure (vs Ceiling)	(£0.74)	(£0.47)	£0.26	●	2	(£3.68)	(£2.35)	£1.33	●		(£8.82)	(£5.24)	£3.58	●
Capital	£0.64	£1.43	(£0.79)	●	0	£5.24	£3.10	£2.14	●		£18.99	£14.63	£4.36	●
Cash	£41.01	£45.13	£4.12	●	1	£41.01	£45.13	£4.12	●		£37.07	£38.68	£1.61	●
Invoices paid within 30 days (%) (Better Payment Practice Code)	95%	94%	-1%	●		95%	94%	-1%	●					
CIP	£0.49	£0.35	(£0.15)	●	1	£2.50	£2.51	£0.01	●		£17.23	£17.22	(£0.00)	●
Use of Resource Metric	1	3		●	0	2	2		●		2	2		●

Year to Date Summary

In Month 5 the Trust is reporting a £0.90m deficit, an adverse variance of £1.40m due to a significant increase in costs linked to both Covid and Recovery. Year to date the Trust has delivered a surplus of £2.17m, a favourable variance of £1.61m compared to plan. This favourable variance relates only to Quarter 1 and was driven by a combination of: slippage on developments, vacancies and lower than planned recovery costs. The underlying in-month position included benefits relating to previous periods, including £0.46m of additional ERF for Month 2, without which the deficit would have been close to £2m in one month.

- Planning for the financial year ending 31st March 22 has once again been split into two halves, H1 (Half 1) and H2 (Half 2). For H1 the Trust plans to deliver a break-even position. H2 remains uncertain as confirmation of the funding envelope for the second half of the year is not expected until the 16th of September, but is expected to be much more challenging.
- Funding for H1 is 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 continues to have access to funding for Covid-19 costs that are considered to be outside of the System Envelope and year to date has accounted for £3.52m of additional funding to cover costs incurred for Vaccinations, Covid-19 Testing, 3rd Year Student Nurse contracts and Isolation Hotels for overseas recruits. Income up to the end of M3 has now been approved and received, the remainder remains subject to approval.
- In total the Trust has incurred costs relating to Covid-19 of £9.04m. Costs were driven by: Covid-19 virus testing, vaccinations (on hospital site and for local vaccination centre), the segregation of patient pathways (particularly within the Emergency Department), ICU staffing models and remote management of patients.
- These costs have been offset to some extent by an underspend on activity reset, slippage on new developments and lower than planned recovery costs in Quarter 1.
- 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 £2.35m, £1.33m lower than the NHS Improvement Agency expenditure ceiling. However there has been a large increase in Bank costs that has accelerated over the last 2 months due to the enhanced pay agreement.
- Clinical activity is higher than planned year to date across Elective and Outpatients points of delivery, but Daycase activity has now dropped below plan. Activity was above the required threshold to secure Elective Recovery Funding (ERF) for Quarter 1. The Trust has secured £3.65m of additional ERF in support of recovery as advised by the Integrated Care System (ICS), an increase of £0.46m in month. No ERF has been assumed for Quarter 2 due to an increase in the threshold and a reduction in planned activity delivered in August.

Key Variances

- Income is £1.78m higher than planned year to date. £3.52m of additional income has been accounted for to offset outside of system envelope Covid-19 costs. This is offset to some extent by lower than planned commercial income. ERF is now below the planned level at £3.65m, an adverse variance of £0.16m year to date.
- Pay costs are £1.14m above the planned level year to date, although this includes £0.74m of Covid-19 costs that are outside of envelope and therefore offset by additional income. Recovery costs are £0.81m lower than planned. The adverse variance is largely driven by the agreed enhanced pay for Bank staff, an additional cost of £0.74m in month and £1.0m year to date. Covid pressures have increased in month; Emergency Department segregation and enhanced staffing models on Wards and in Critical Care continue to drive higher costs.
- Non-pay operating expenditure was lower than planned by £0.69m. Given that the position also includes Covid-19 related expenditure of £2.78m for vaccination costs and Covid-19 testing that are outside of envelope, the underlying position was a £3.47m underspend, including a non recurrent benefit in month of £0.25m due to a reduction in bad debt, with the remaining underspend linked 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 and Covid costs are expected to continue, and no associated ERF funding has been assumed due to the increased threshold requirements.

Total Group Financial Overview as at 31st Aug 2021 - Month 5

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M5

CLINICAL ACTIVITY

	M5 Plan	M5 Actual	Var	
Elective	1,543	1,646	103	
Non-Elective	24,561	23,176	(1,385)	
Daycase	19,087	18,570	(516)	
Outpatient	163,635	164,208	572	
A&E	66,381	74,071	7,690	
Other NHS Non-Tariff	673,287	712,710	39,424	
Other NHS Tariff	38,714	37,916	(798)	
Total	987,206	1,032,297	45,090	

TOTAL GROUP: INCOME AND EXPENDITURE

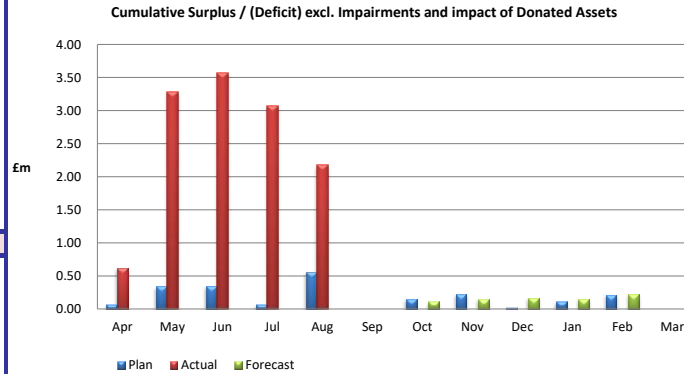
	M5 Plan	M5 Actual	Var	
	£m	£m	£m	
Elective	£4.68	£4.68	£0.00	
Non Elective	£48.01	£48.01	£0.00	
Daycase	£10.69	£10.69	£0.00	
Outpatients	£13.97	£13.97	£0.00	
A & E	£10.04	£10.04	£0.00	
Other-NHS Clinical	£68.82	£72.73	£3.92	
CQUIN	£1.42	£1.42	£0.00	
Other Income	£21.13	£18.99	(£2.14)	
Total Income	£178.75	£180.53	£1.78	
Pay	(£120.97)	(£122.11)	(£1.14)	
Drug Costs	(£17.23)	(£16.64)	£0.59	
Clinical Support	(£14.11)	(£15.36)	(£1.25)	
Other Costs	(£26.90)	(£25.55)	£1.35	
PFI Costs	(£5.43)	(£5.43)	£0.00	
Total Expenditure	(£184.64)	(£185.09)	(£0.45)	
EBITDA	(£5.89)	(£4.57)	£1.33	
Non Operating Expenditure	(£12.03)	(£11.75)	£0.28	
Surplus / (Deficit) Adjusted*	(£17.92)	(£16.31)	£1.61	
Conditional Funding (MRET/FRF/Top Up)	£18.49	£18.49	£0.00	
Surplus / Deficit*	£0.57	£2.17	£1.61	

* 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

	M5 Plan	M5 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	(£34.69)	(£36.28)	(£1.60)	
Medical	(£41.26)	(£46.37)	(£5.12)	
Families & Specialist Services	(£34.62)	(£34.05)	£0.58	
Community	(£10.38)	(£10.46)	(£0.08)	
Estates & Facilities	(£0.03)	£0.00	£0.03	
Corporate	(£21.38)	(£22.07)	(£0.69)	
THIS	£0.88	£0.95	£0.07	
PMU	£1.26	£1.03	(£0.23)	
CHS LTD	£0.37	£0.41	£0.04	
Central Inc/Technical Accounts	£146.08	£145.80	(£0.29)	
Reserves	(£5.66)	£3.23	£8.89	
Surplus / (Deficit)	£0.57	£2.17	£1.61	

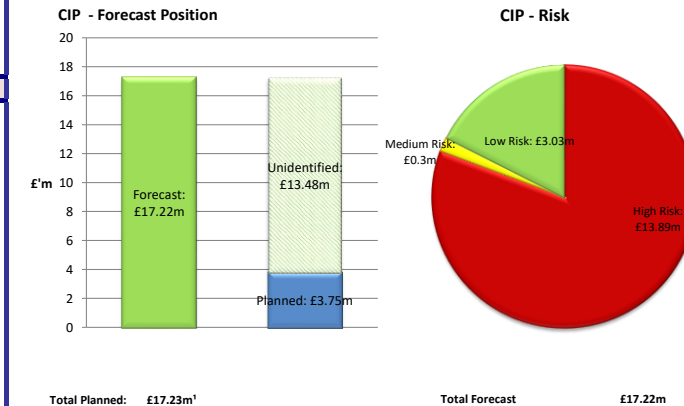
TOTAL GROUP SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast			
	M5 Plan	M5 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	£0.57	£2.17	£1.61	£0.00	£0.00	£0.00	
Capital	£5.24	£3.10	£2.14	£18.99	£14.63	£4.36	
Cash	£41.01	£45.13	£4.12	£37.07	£38.68	£1.61	
Invoices Paid within 30 days (BPPC)	95%	94%	-1%				
CIP	£2.50	£2.51	£0.01	£17.23	£17.22	(£0.00)	
Use of Resource Metric	2	2		2	2		

COST IMPROVEMENT PROGRAMME (CIP)



¹ Estimated target based on internal planning assumptions. The scale of the efficiency requirement for H2 will not be confirmed until September 21.

YEAR END 21/22

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	3,790	4,237	447	
Non-Elective	58,196	55,684	(2,512)	
Daycase	46,367	46,942	575	
Outpatient	402,979	411,948	8,968	
A&E	154,885	173,177	18,292	
Other NHS Non- Tariff	1,637,434	1,734,860	97,426	
Other NHS Tariff	94,178	90,471	(3,707)	
Total	2,397,829	2,517,317	119,488	

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	£34.99	£34.99	£0.00	
A & E	£23.42	£23.42	£0.00	
Other-NHS Clinical	£156.69	£174.06	£17.37	
CQUIN	£3.39	£3.39	£0.00	
Other Income	£51.25	£46.12	(£5.13)	
Total Income	£420.05	£432.29	£12.24	
Pay	(£285.06)	(£290.71)	(£5.66)	
Drug Costs	(£42.06)	(£41.24)	£0.82	
Clinical Support	(£32.35)	(£39.76)	(£7.41)	
Other Costs	(£55.95)	(£57.35)	(£1.40)	
PFI Costs	(£13.03)	(£13.46)	(£0.43)	
Total Expenditure	(£428.44)	(£442.51)	(£14.07)	
EBITDA	(£8.39)	(£10.23)	(£1.83)	
Non Operating Expenditure	(£29.05)	(£27.54)	£1.51	
Surplus / (Deficit) Adjusted*	(£37.45)	(£37.77)	(£0.32)	
Conditional Funding (MRET/FRF/Top Up)	£37.45	£37.77	£0.32	
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

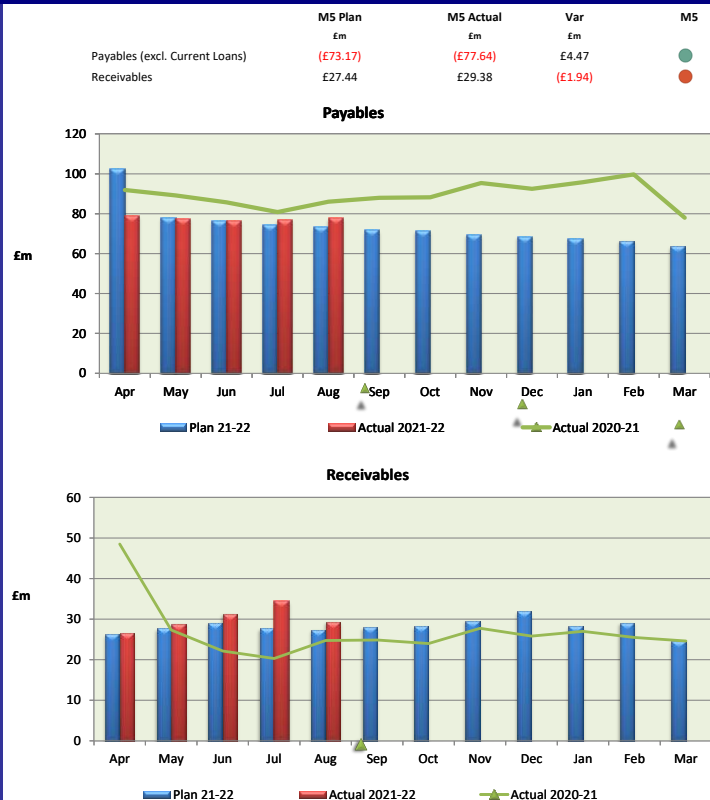
DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	(£83.47)	(£91.99)	(£8.52)	
Medical	(£100.40)	(£114.93)	(£14.53)	
Families & Specialist Services	(£82.99)	(£83.49)	(£0.50)	
Community	(£24.96)	(£25.96)	(£1.00)	
Estates & Facilities	(£0.07)	£0.00	£0.07	
Corporate	(£51.44)	(£52.67)	(£1.23)	
THIS	£2.16	£1.97	(£0.19)	
PMU	£3.02	£2.09	(£0.93)	
CHS LTD	£0.88	£0.88	(£0.00)	
Central Inc/Technical Accounts	£334.83	£343.54	£8.71	
Reserves	£2.45	£20.56	£18.11	
Surplus / (Deficit)	£0.00	£0.00	£0.00	

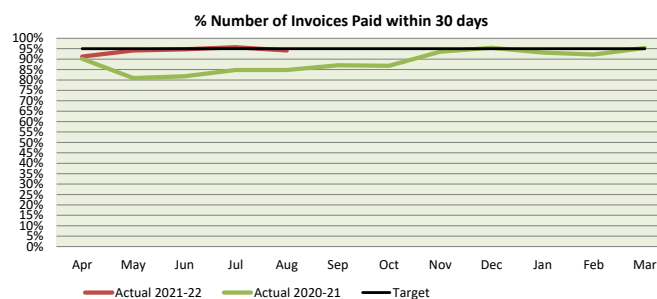
Total Group Financial Overview as at 31st Aug 2021 - Month 5

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

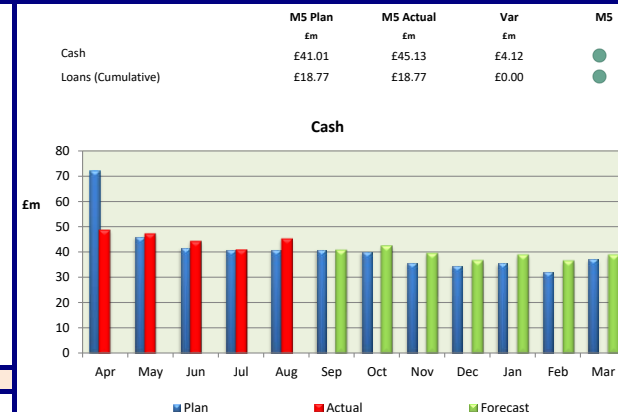
WORKING CAPITAL



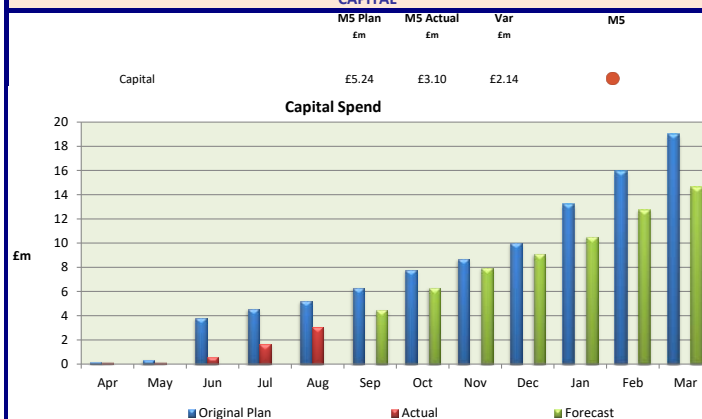
BETTER PAYMENT PRACTICE CODE



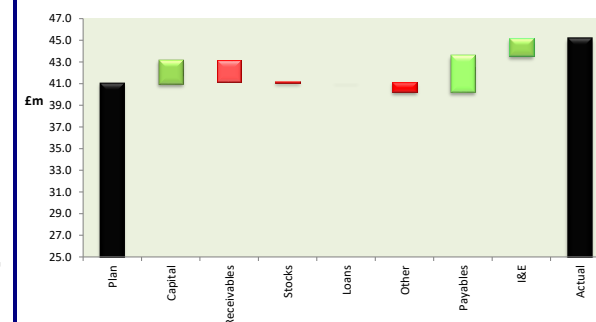
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- In Month 5 the Trust is reporting a £0.90m deficit, an adverse variance of £1.40m due to a significant increase in costs linked to both Covid and Recovery. Year to date, the Trust has delivered a surplus of £2.17m, a favourable variance of £1.61m compared to plan. This favourable variance relates only to Quarter 1 and was driven by a combination of: slippage on developments, vacancies and lower than planned recovery costs.
- 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 and Daycase, all activity points of delivery are above the planned level year to date. Activity was above the required threshold to secure Elective Recovery Funding (ERF) for Quarter 1 only. The Trust has assumed £3.65m of additional ERF in support of recovery as advised by Integrated Care System (ICS). No ERF has been assumed for Quarter 2 due to an increase in the threshold from a planned 85% to 95% of 19/20 activity.
- The Trust has incurred costs relating to Covid-19 of £9.04m, of which £3.52m are considered as 'outside of system envelope' and for which additional funding is available.
- Capital expenditure is lower than planned at £3.10m against a planned £5.24m.
- CIP delivered year to date is £2.51m, £0.01m above the planned level.
- NHS Improvement performance metric Use of Resources (UOR) stands at 2 against a planned level of 2.

NOTES

- The Trust is forecasting to deliver a break-even position for H1 (Apr-Sep).
- Planning for the financial year ending 31st March 22 has once again been split into two halves, H1 (Half 1) and H2 (Half 2). The H2 forecast remains uncertain due to lack of guidance on the available funding, but is expected to be financially more challenging than H1.
- No further Elective Recovery Funding (ERF) is assumed in the forecast as agreed with the ICS. This reflects the changes to the ERF threshold that were announced on the 9th of July.
- The Trust has a cash balance of £45.13m, £4.12m 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 is an estimate due to the uncertainty regarding H2 funding and will be confirmed when funding arrangements are announced in the next few weeks.
- The total loan balance is £18.77m as planned. No further loans are planned for this financial year.
- The Trust is forecasting to spend £14.63m on Capital programmes in this financial year, a reduction of £4.36m compared to 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

11. 2021/22 Finance Plan (H2) - Verbal update

To Note

Presented by Kirsty Archer

QUALITY

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

To Note

Presented by Ellen Armistead

UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

13. Nominations and Remuneration Committee (CoG)

a) Minutes of meeting held 9 August 2021

To Approve

Presented by Philip Lewer and Andrea McCourt

Draft Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) held on Monday 9 August 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)
Alison Schofield	Public Elected Governor (North and Central Halifax)

IN ATTENDANCE

Suzanne Dunkley	Director of Workforce and Organisational Development
Debbie Grundy	Human Resources Business Partner - CHS
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager (minutes)

14/21 APOLOGIES FOR ABSENCE

Apologies were received from Richard Hopkin and Veronica Woollin.

15/21 DECLARATIONS OF INTEREST

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

16/21 RECRUITMENT FOR ASSOCIATE NON-EXECUTIVE DIRECTORS

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

The Company Secretary presented a paper to propose the pilot of two Associate Non-Executive Director posts and to agree the recruitment process for these. She explained the Associate NED role is a great development opportunity to attract greater diversity and lived experience in those taking on this type of role.

One Associate NED role would be for CHFT to support the Quality agenda with a particular focus on the lived experience of patients. This will be a pilot for 12 months and will be extended if it is working well. The proposed remuneration level is less than what a Non-Executive Director would usually be paid as described in the paper as this is a development role.

One Associate NED role would support CHS. As there isn't a remit for CHS at this Committee, approval was sought to respond to the request of appointing an Associate NED for CHS at this meeting. The public governors in attendance, Stephen Baines, Christine Mills and Alison Schofield all agreed with this approach.

Christine clarified that the two Associate NED roles will be supplementary and will not replace any of the existing Non-Executive Directors. The Company Secretary confirmed these roles are in addition to the current Non-Executive Directors. The Chair added that the Associate Non-Executive Directors will be non-voting NEDs on the Board.

The Company Secretary confirmed CHS would fund the Associate NED for CHS and support the recruitment of this post.

Debbie Grundy, Human Resources Business Partner for CHS stated that CHS are looking to increase diversity and undertake more targeted recruitment to help with succession planning.

Christine Mills asked if the Trust would still be appointing the best person for the job, rather than only adding to the diversity. Debbie confirmed that CHS will absolutely look for the best person for the job and the Company Secretary added that a diverse Board helps to represent the community.

The Company Secretary explained the Associate NED for CHFT must reside within the local geography; however, CHS doesn't have this constitutional requirement and therefore has a broader geographical criteria.

Alison Schofield asked if she was interested in applying for the Associate NED for CHFT if she could take part in the meeting. The Company Secretary explained the Trust will be looking at independent employability and will need to check the guidance on who is eligible to apply. The Company Secretary confirmed Alison would need to declare an interest and not take part in the meeting if she was interested in applying.

Alison declared an interest in applying for the Associate NED for CHFT and left the meeting.

Suzanne Dunkley, Director of Workforce and OD explained the jobs will be advertised via NHS jobs and through trac and will divert advert back to NHS jobs to cut down on content and price. The NHS jobs website will be made clear in what job is being applied for if both posts for CHFT and CHS are advertised at the same time.

In terms of the geographical clause for the CHFT role, the Trust will look at advertising via local councils, community groups, voluntary sector and women's networks etc. The Director of Workforce and OD asked the governors to share any suggestions they had on any networks to use for advertising.

The scoring approach for the Associate NED role for CHFT will take place in trac with the NRC Committee and scores will be anonymous. It was noted that CHS would undertake their own scoring.

The Director of Workforce and OD confirmed CHS and CHFT will offer recruitment training and inclusive training which will include training on the trac system.

The Committee agreed to delegate the responsibility of advertising these posts to Suzanne Dunkley, Director of Workforce and OD and Debbie Grundy, Human Resources Business Partner for CHS, including the cost of advertising.

The Chair agreed to keep the governors updated on progress.

The Company Secretary explained that when looking at pay nationally, some Trust pay Associate NEDs the same as NEDs and some pay a lot less, the pay suggested is somewhere in the middle.

Debbie Grundy explained feedback has been received from Mark Adderley, NED for CHS on the person specification for the Associate NED role for CHS which will be reviewed.

The Company Secretary explained Denise Sterling is the Non-Executive Director leading on Quality and a meeting between Denise and Ellen Armistead, Director of Nursing is taking place next week to agree the specific areas of work. The post is not restricted to NHS experience.

Christine asked if there is potential for candidates to get the roles mixed up if advertised together. The Director of Workforce and OD explained the job advert will focus on succession planning and being more diverse and will then separate out to CHFT and CHS.

The timeframe for recruitment is the end of August 2021 and interviews are anticipated late September / early October time. It was noted that Ellen Armistead, Director of Nursing would be involved in the interviews for the Associate NED for Quality.

Ratification by the Governors will take place at the Council of Governors meeting on 21 October 2021.

The Company Secretary confirmed that Veronica Woolin will be approached to be involved in the shortlisting and interviews given one governor has a conflict of interest.

The Chair clarified Ellen Armistead and Suzanne Dunkley would be attending the interviews in an advisory role as the appointments are made by the governors.

Christine asked if Brian Moore who used to be involved in governor interviews could be on the interview panel if she or another governor can't attend. Stephen agreed this as a contingency.

OUTCOME: The Committee **APPROVED** that this Committee responds positively to the request to support the recruitment of an Associate NED role for CHS, **APPROVED** the pilot of, and recruitment to, 2 Associate NED roles, one for CHFT and one for CHS, **APPROVED** the proposed remuneration for the Associate NED for CHFT at £8,000 and Associate NED for CHS at £6,000 per annum as detailed in the paper, **APPROVED** the skills and knowledge that should be sought during the recruitment for the 2 Associate NED posts as details in the job descriptions and person specifications and **APPROVED** the recruitment timetable for the 2 Associate NED roles.

17/21 ANY OTHER BUSINESS

There was no other business.

18/21 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The meeting closed at approximately 13:29 pm.

CHAIR'S REPORT

14. Update from Chair

To Note

Presented by Philip Lewer

GOVERNANCE

15. Update from Lead Governor, Stephen Baines

16. Appointment of External Auditors

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 21 October 2021
Meeting:	Council of Governors
Title of report:	Appointment of External Auditors
Author:	Andrea McCourt, Company Secretary
Previous Forums:	Audit and Risk Committee 12 October 2021
Purpose of the Report	
To seek the Council of Governors' approval to appoint KPMG as the Trust's External Auditor for a period of three years with effect from 1 November 2021.	
Key Points to Note	
<ul style="list-style-type: none"> Given the end of the contract with the Trust's current External Auditor KPMG on 31 October the Trust undertook a procurement process using the North of England Commercial Procurement Collaborative (NOECPC) audit framework. Expressions of interest were sought from all five providers on the framework and only one expression of interest was received. The task and finish group reviewed the one expression of interest from KPMG. Follow up discussions were held with KPMG and reported back to the group. Following consideration the group recommended acceptance of the proposal and the appointment of KPMG, which the Audit and Risk Committee approved on 12 October 2021, subject to ratification by the Council of Governors The fee is considerably higher than that paid previously but this reflects the changing public sector market and fees paid by neighbouring organisations. 	
Recommendation	
The Council of Governors is asked to APPROVE the appointment of KPMG as the Trust's external auditor for a three year period with option for one year extension, with effect from 1 November 2021.	

Report to the Council of Governors 21 October 2021

Appointment of External Auditors

Introduction

At its meeting on 15 July 2021 the Council of Governors was advised of its role in appointing an external auditor and the requirement to re-tender for an external auditor given the expiry of the contract with the current audit provider, KPMG on 31 October 2021.

Task and Finish Group

Two governors with experience of audit, Stephen Baines and John Gledhill, joined a task and finish group in August 2021 which included the Audit and Risk Committee Chair, finance and procurement colleagues and the Company Secretary for the procurement process.

The group agreed to seek expressions of interest from audit firms on the North of England Commercial Procurement Collaborative (NOECPC), acknowledging that the public sector audit market is a very challenging one.

This group met twice to discuss the procurement process and responses. Only one expression of interest was received from the four providers on the framework eligible to provide the service (to note one firm was prohibited from responding as they act as the Trust VAT advisors).

KPMG Proposal

KPMG confirmed all aspects of the work can be done and gave an indicative costing schedule, excluding VAT with annual inflation to be added each year, of £180K for years 1,2 and 3 with a breakdown as follows.

- the Trust financial statements audit - £145K
- Calderdale and Huddersfield Solutions Ltd (CHS) - £20K
- the Trust charity - £5K
- the Quality Accounts - £10K (for the 2020/21 audit there was no requirement for Quality Accounts to be audited - cost only incurred if work undertaken)

The fee is considerably higher than that paid previously (£75K plus VAT, £10K value for money work). The higher fee reflects the changing and challenging public sector market, including an increase in the volume of testing and greater complexity required for Group and CHS accounts.

Whilst it is hard to compare fees given the changing market, a comparison of neighbouring providers, found, that with the exception of one firm which is known for having lower fees, the proposed fee is reasonable in the current market.

The task and finish group, which included a representative from CHS, supported the recommendation to pursue the expression of interest further with KPMG to arrange a formal contract for a three year period with the option of a one year extension. The CHS representative has confirmed that CHS supports the recommendation.

Conclusion

The public sector audit market has changed considerably since the last appointment process four years ago,

KPMG are known to the Trust and can be confidently expected to provide a good service.

In the context of the current market and having benchmarked against other local providers the proposed KPMG fee is reasonable.

Recommendation

The task and finish group made a recommendation to the Audit and Risk Committee, which was approved on 12 October 2021, recognising the challenges within the market, to approve the appointment of KPMG as the Trust's external auditor for a three year period with option for one year extension, with effect from 1 November 2021, subject to ratification of the Council of Governors.

It is recommended that the Council of Governors **APPROVE** the appointment of KPMG as the Trust's External Audit from 1 November 2021 for a period of three years with an option of a 12 month extension

Andrea McCourt

Company Secretary

14 October 2021

17. Membership Strategy: Update on 1 Year Action Plan

To Approve

Presented by Andrea McCourt

Date of Meeting:	21 October 2021
Meeting:	Council of Governors
Title of report:	Membership Strategy Update
Author:	Andrea McCourt, Company Secretary Vanessa Henderson, Membership and Engagement Manager
Previous Forums:	N/A
Purpose of the Report	
This report presents a progress update as at 21 October 2021 against the action plan of the Membership and Engagement Strategy 2020-2023, and includes a proposal to establish a Membership and Engagement Group.	
Key Points to Note	
<p>The Council of Governors agreed a three year Membership Strategy at its meeting on 23 January 2020.</p> <p>The three goals in the Membership Strategy are:</p> <ol style="list-style-type: none"> 1. A membership community that is active and engaged, is representative of our local communities and increases year on year 2. Regular, meaningful, two-way engagement between Trust staff, governors, our members and members of the public 3. Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our future plans <p>An update on the actions that the Membership Office have undertaken to achieve the goals is 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.</p>	
Recommendation	
The Council of Governors is asked to NOTE the update on progress against the action plan of the Membership and Engagement Strategy and APPROVE the proposal to establish a Membership and Engagement Group.	

Membership and Engagement Strategy 2020-2023 Progress Report

1) Introduction

At its meeting on 23 January 2020, the Council of Governors agreed a three year Membership Strategy.

The three goals in the 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

This report outlines the progress that has been made to achieve these goals since the last report to the Council of Governors in April 2021.

2) Actions taken

2.1 *Observe and Act Patient Experience Tool*

As reported in April 2021, we had recruited a number of governors and public members for the pilot of the Observe and Act patient experience tool. The tool was well received and governors and members gave positive feedback during the pilot phase.

However, due to the current service pressures at the Trust, the Observe and Act scheme has been put on hold. As soon as it is practicable, we will start the scheme again, and will enlist the help of additional governors and members who express an interest in being involved.

2.2 *Participation in Healthwatch Facebook Live event*

In February 2020, we reached an agreement with Healthwatch that we would use their existing events and forums as opportunities for our governors to have two-way engagement with members and members of the public. These plans were subsequently put on hold due to the pandemic.

We have maintained contact with Healthwatch throughout the pandemic and in August 2021, we were pleased to be invited to take

part in Healthwatch's first Facebook Live event. One of our publicly elected governors, Christine Mills, presented at the event, along with representatives from Healthwatch, Locala and the Basement Project.

Christine's presentation included an overview of the governance arrangements of a Foundation Trust; the make-up of our Council of Governors; the role and duties of a governor; how governors currently engage with our members and members of the public and what we plan to do in the future.

The event was streamed live through Facebook and has had over 400 views since.

Healthwatch are planning to host similar events in the future and have agreed to involve CHFT and our governors in those events.

2.3 *Members' Survey*

In September 2021 we sent out a survey to all our public members to establish how members want our governors to engage with them, and what types of engagement activities and events they would like to be involved with.

The survey will run until the beginning of November, and the results will allow us to tailor our activities to what our members want.

3) **Future plans**

3.1 *Establishing a Membership and Engagement Group*

The Membership Office has carried out a 3R's exercise (a tool from the Trust's Work Together to Get Results programme) to establish what is needed to help with membership and engagement activities at the Trust.

The responses from the exercise were identified as:

- Carry out a members' survey (as referred to in 2.3 above);
- Carry out a "Go See" of how other Foundation Trusts manage their membership and engagement activities;
- Based on feedback from the "Go See", establish a Membership and Engagement Group to facilitate and support membership and engagement activities.

The majority of the Trusts that responded to the "Go See" have a well-established group or, in some cases, a CoG sub-committee, which assists the Membership Office with membership and engagement activities.

The size and composition of the groups, frequency of meetings and scope of work varies from Trust to Trust but based on the feedback we received, we feel that setting up a Membership and Engagement Group would be beneficial for CHFT.

The group would comprise of:

- Membership and Engagement Manager
- Membership and Engagement Assistant
- Comms Representative
- Governors (a mix of public, staff and appointed)
- Public members
- Other colleagues, e.g. Staff Engagement Team

It is proposed that the group would meet quarterly and as well as making suggestions for activities and events, would be actively involved in them. The group would focus on the types of activities and engagement that members told us they would like to see/attend in the survey (see 2.3 above).

In view of the current restrictions on face-to-face engagement activities/events, the group would need to be creative and make use of social media and virtual events for the foreseeable future.

3.2 *Other plans*

Other plans to improve governor engagement with members and members of the public include:

- The members' newsletter, Foundation News, is currently sent out by the Membership Office, in future, it will instead be sent out by e-mail from governors to members in their constituencies.
- New member welcome letters, currently generated from the membership database and sent out by the Membership Office, will instead be sent out by e-mail from the governor/s for the new member's constituency. This will mean that the new member will know at the outset who the governors elected to their constituency are, and how to contact them.

These changes will be facilitated by the Membership Office, using the 'contactyourgovernor' e-mail address. The Membership Office will also identify other opportunities to allow governors to correspond directly with members in this way.

4) **Action required**

The Council of Governors is asked to note the progress made against the Membership and Engagement Strategy for 2020-2023, and to approve the proposal to set up a Membership and Engagement Group as described in 3.1 above. Expressions of interest for involvement in the group are also invited.

COMPANY SECRETARY REPORT

Presented by Andrea McCourt

18. a. Review Council of Governors
Declarations of Interest Register
- b. Update on Chief Executive
Appointment
- c. Review Allocation of Governors on
Sub-Committees and Divisional
Reference Groups
- d. Review Allocation of Governors on
Public Board of Director Meetings 2021-
2022

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 21 October 2021
Meeting:	Council of Governors
Title of report:	Company Secretary's Report – Governance
Author:	Andrea McCourt, Company Secretary
Previous Forums:	N/A
Purpose of the Report	
This report brings together the following items for receipt, noting and approval by the Council of Governors in October 2021.	
Key Points to Note	
<p>1. Review Council of Governors Declarations of Interest Register</p> <p>The Council of Governors declarations of interest register is attached at Appendix I1 for review. All governors must ensure they have submitted an annual declaration of interest. Any changes to current declarations are to be notified to Amber Fox, Corporate Governance Manager, including requesting a form to submit a declaration.</p> <p>The Council of Governors is asked to APPROVE the Council of Governors Declarations of Interest Register.</p> <p>2. Update on Chief Executive Appointment</p> <p>A verbal update will be provided at the meeting on the Chief Executive recruitment and next steps including Council of Governors approval of the appointment.</p> <p>The Council of Governors is asked to NOTE the update.</p> <p>3. Review Allocation of Governors on Sub-Committees and Divisional Reference Groups</p> <p>During September 2021, governors were asked to submit their preferences for Divisional Reference Groups and Board Sub-Committees. The allocation of governors to Divisional Reference Groups and Board Sub-Committees has now taken place. As we have 13 new governors this year, including 9 new public elected governors, we have allocated two governors to each sub-committee with one deputy.</p> <p>Where possible, we have tried to allocate at least one public and one staff or appointed governor to each sub-committee. The role of a governor at sub-committees is to act as an observer in terms of holding the Non-Executive Directors to account.</p> <p>The Council of Governors is asked to RECEIVE and NOTE Appendix I2 which confirms the Divisional Reference Groups and Board Sub-Committee allocations and upcoming dates of meetings. The allocations will be effective from November 2021. Governors who are unable to attend any of Board Sub-Committee dates are asked to contact the Deputy allocated to that meeting, to attend in their absence.</p>	

4. Review Allocation of Governors on Public Board of Director Meetings 2022

The schedule of the Public Board of Directors meeting is attached inviting individual public governors to act as observers at the meetings during the remainder of 2021 and 2022. Currently the meetings are scheduled to be held via Microsoft Teams.

As per the arrangements in previous years, this is provisional and dependant on your availability. As you are aware these meetings are public meetings and any governor can request to attend any of the public Board of Director meetings.

Once again, the dates are provisional and are to provide you all with an opportunity to attend, so please do not hesitate to contact the Amber Fox, Corporate Governance Manager if the date is not convenient to you.

The Council of Governors is asked to **RECEIVE** and **NOTE** Appendix I3 which confirms the public Board of Directors meeting allocations for the remainder of 2021 and 2022. Governors are asked to contact Amber Fox, Corporate Governance Manager if they would like to attend a future Board meeting that they have not been allocated.

Recommendation

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

- Council of Governors Declaration of Interest Register

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

- Update on the Chief Executive Appointment
- Allocations of Governors on Sub-Committees and Divisional Reference Groups and the upcoming dates of meetings
- Allocations of Governors on the Public Board of Directors meetings

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

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

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

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

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

STAFF GOVERNORS

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

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

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

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
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22.4.21	Megan SWIFT	Nominated Stakeholder – Calderdale Metropolitan Council	-	-	-	Trustee - Health Trust Trustee – Mixenden Parents Resource Centre	-	Councillor – Calderdale MBC
16.3.21	Salma YASMEEN	Nominated Stakeholder - SWYPFT	Director – South West Yorkshire Partnerships NHS FT	-	-	-	-	Registered with the Nursing and Midwifery Council
22.4.21	Cllr Lesley WARNER	Nominated Stakeholder – Kirklees Council	-	-	-	-	-	Councillor – Kirklees Metropolitan Council

GOVERNOR COMMITTEE ALLOCATIONS TO DIVISIONAL REFERENCE GROUPS AND SUB COMMITTEES – EFFECTIVE FROM 21 OCTOBER 2021

During September 2021, governors were asked to submit their preferences for Divisional Reference Groups and Board Sub-Committees. The allocation of governors to Divisional Reference Groups and Board Sub-Committees has now taken place. As we have 13 new governors this year, including 9 new public elected governors, we have allocated **two** governors to each sub-committee with one deputy. Where possible, we have tried to allocate at least one public and one staff or appointed governor to each sub-committee. The role of a governor at sub-committees is to act as an observer in terms of holding the Non-Executive Directors to account.

SUB-COMMITTEES

Patient Experience Group (Monthly)	
Allocated (Representatives):	Alison Schofield, Public Elected Governor Helen Hunter, Healthwatch
Deputy:	Peter Bell, Public Elected Governor
Meeting Dates 2021/22:	Monday 1 November 2021 10:30 – 12:30 pm

Health Inequalities Meeting (Monthly)	
Allocated (Representatives):	Christine Mills
Meeting Dates 2021/22:	Monday 18 October 2021

Quality Committee (Monthly)	
Chair: Administration Support:	
Allocated (Representatives):	Gina Choy, Public Elected Governor Jo Kitchen, Staff Elected Governor
Deputy:	Chris Matejak, Public Elected Governor
Meeting Dates 2021/22:	Monday 8 November 2021 3:00 – 5:00 pm Monday 6 December 2021 3:00 – 5:00 pm

Charitable Funds Committee (Quarterly)

Allocated (Representatives):	John Gledhill, Public Elected Governor Jo Kitchen, Staff Elected Governor
Deputy:	Christine Mills, Public Elected Governor
Meeting Dates 2021/22:	Yet to be confirmed. These meetings will take place in February, May, August and November 2022.

Organ Donation Committee (Bi-Annual)

Allocated (Representatives):	Nicola Whitworth, Public Elected Governor Peter Bell, Public Elected Governor
Deputy:	Sally Robertshaw, Staff Elected Governor
Meeting Dates 2021/22:	Wednesday 5 January 2022 10:30 – 12:30 pm Wednesday 6 July 2022 11:30 – 1:30 pm

Finance and Performance Committee (Monthly)

Allocated (Representatives):	Robert Markless, Public Elected Governor Brian Moore, Public Elected Governor
Deputy:	Isaac Dziya, Public Elected Governor
Meeting Dates 2021/22:	Monday 1 November 2021 11:00 – 1:00 pm Monday 29 November 2021 11:00 – 1:00 pm Monday 10 January 2022 11:00 – 1:00 pm Monday 31 January 2022 11:00 – 1:00 pm Monday 28 February 2022 11:00 – 1:00 pm Monday 4 March 2022 11:00 – 1:00 pm

	Tuesday 3 May 2022 11:00 – 1:00 pm
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Audit and Risk Committee (Quarterly)	
Allocated (Representatives):	Isaac Dziya, Public Elected Governor Liam Stout, Staff Elected Governor
Deputy:	John Gledhill, Public Elected Governor
Meeting Dates 2021/22:	Tuesday 25 January 2022 10:00 – 12:15 pm Tuesday 26 April 2022 10:00 – 12:15 pm Extra-ordinary meeting May 2022 To be confirmed Tuesday 26 July 2022 10:00 – 12:15 pm Tuesday 25 October 2022 10:00 – 12:15 pm

Workforce Committee (Bi-Monthly)	
Allocated (Representatives):	Peter Bamber, Public Elected Governor Chris Matejak, Public Elected Governor
Deputy:	Gina Choy, Public Elected Governor
Meeting Dates 2021/22:	Monday 8 November 2021 (Deep Dive) 10:30 – 12:30 pm Monday 6 December 2021 (Hot House) 10:00 – 12:00 pm

Transformation Programme Board (Monthly)	
Allocated (Representatives):	Stephen Baines, Public Elected Governor (Lead Governor)

Meeting Dates 2021/22:	Thursday 11 November 2021 2:30 – 4:00 pm
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Nominations and Remuneration Committee of the Council of Governors (Requires 6 governors, at least four must be public governors, including the lead governor)

Allocated (Representatives):	Stephen Baines, Public Elected Governor Veronica Woollin, Public Elected Governor Peter Bamber, Public Elected Governor Isaac Dziya, Public Elected Governor Nicola Whitworth, Public Elected Governor Brian Moore, Public Elected Governor
Meeting Dates 2021/22:	Ad hoc, at least once annually

DIVISIONAL REFERENCE GROUPS (DRGs)

Surgery and Anaesthetics Divisional Reference Group

Allocated (Representatives):	Stephen Baines Peter Bell Sandeep Goyal Christine Mills Brian Moore Jason Sykes
Meeting Dates 2021/22:	Monday 1 November 2021 10:30 am – 12:00 pm The dates of the DRG for February and June 2022 will be confirmed in due course.

Medical Divisional Reference Group

Allocated (Representatives):	Peter Bell John Gledhill Jo Kitchen Chris Matejak Alison Schofield Liam Stout Nicola Whitworth
Meeting Dates 2021/22:	Monday 1 November 2021 1:30 pm – 3:00 pm

	The dates of the DRG for February and June 2022 will be confirmed in due course.
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Families and Specialist Services (FSS) Divisional Reference Group

Allocated (Representatives):	Peter Bamber Peter Bell Gina Choy Robert Markless Sally Robertshaw Veronica Woollin
Meeting Dates 2021/22:	Thursday 4 November 2021 10:30 am – 12 noon The dates of the DRG for February and June 2022 will be confirmed in due course.

Community Healthcare Divisional Reference Group

Allocated (Representatives):	Stephen Baines Gina Choy Emma Kovaleski Robert Markless Alison Schofield
Meeting Dates 2021/22:	Tuesday 2 November 2021 10:30 am – 12 noon The dates of the DRG for February and June 2022 will be confirmed in due course.

Estates and Facilities Divisional Reference Group

Allocated (Representatives):	Peter Bamber Isaac Dziya John Gledhill Brian Moore Nicola Whitworth
Meeting Dates 2021/22:	Wednesday 3 November 2021 1:30 pm – 3:00 pm The dates of the DRG for February and June 2022 will be confirmed in due course.

Amber Fox
Corporate Governance Manager
Trust Headquarters
Acre Street
Lindley
Huddersfield
HD3 3EA

Tel: 01484 355 933
Email: Amber.Fox@cht.nhs.uk

12 October 2021

Dear Governor

INVITATION TO GOVERNORS TO ATTEND PUBLIC BOD MEETINGS 2021/2022

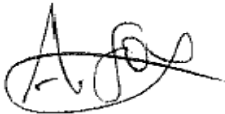
I attach a schedule inviting individual public governors to act as observers at the Public Board of Directors Meetings during the remainder of 2021 and 2022. Currently the meetings are scheduled to be held via Microsoft Teams.

As per the arrangements in previous years, I have allocated individual governors; however, this is provisional and dependant on your availability.

As you are aware these meetings are public meetings and any one of you can attend any of the dates.

Once again, the dates are provisional and are to provide you all with an opportunity to attend, so please do not hesitate to contact me if the date is not convenient to you.

Kind regards,



Amber Fox
Corporate Governance Manager

cc Philip Lewer, Chair
Andrea McCourt, Company Secretary

Chair: Philip Lewer
Chief Executive: Owen Williams

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

INVITATION TO GOVERNORS TO ATTEND

BOARD OF DIRECTORS MEETINGS 2021/2022

Unless stated otherwise Board of Director meetings commence at **9.00 am**

DATE	VENUE	GOVERNORS ATTENDING
Thursday 4 November 2021	Microsoft Teams	Stephen Baines Brian Moore Peter Bell Peter Bamber John Gledhill
Thursday 13 January 2022	Microsoft Teams	Gina Choy Robert Markless Nicola Whitworth Isaac Dziya
Thursday 3 March 2022	Microsoft Teams	Alison Schofield Chris Matejak John Gledhill Christine Mills
Thursday 5 May 2022	Microsoft Teams	Veronica Woollin Isaac Dziya Peter Bell Nicola Whitworth
Thursday 7 July 2022	Microsoft Teams	Peter Bamber Alison Schofield Gina Choy Christine Mills Chris Matejak
Thursday 1 September 2022	Microsoft Teams	Robert Markless Stephen Baines Veronica Woollin Brian Moore

Please contact councilofgovernors@cht.nhs.uk if this date is not convenient.

19. RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

- a. Quality Committee held 19.07.21
- b. Workforce Committee held 09.08.21
- c. Charitable Funds Committee held
23.08.21
- d. Audit and Risk Committee held on
21.07.21
- e. Finance & Performance Committee
held on 31.08.21

To Note

QUALITY COMMITTEE

Monday, 19 July 2021

STANDING ITEMS**122/21 WELCOME AND INTRODUCTIONS**Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
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
Dr Cornelle Parker (CP)	Deputy Medical Director
Elisabeth Street (ES)	Clinical Director of Pharmacy
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Casey Atack (CA)	Student Midwife (observing)
Emma Catterall (EC)	Head of Complaints (observing)
Lauren Green (LG)	Dementia Lead Practitioner (item 126/21)
Karen Spencer (KS)	Associate Director of Nursing – FSS Division (item 129/21)
Janet Youd (JY)	Head of Nursing & Midwifery Workforce & Education (item 128/21)
Lucy Walker (LW)	Quality Manager, NHS Calderdale / NHS Greater Huddersfield / NHS North Kirklees CCGs

123/21 APOLOGIES

Dr David Birkenhead (DB)	Medical Director
Andrea Dauris (AD)	Associate Director of Nursing - Corporate
Lindsay Rudge (LR)	Deputy Director of Nursing

124/21 DECLARATIONS OF INTEREST

There were no declarations of interest.

125/21 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday 21 June 2021 were approved as a correct record, with the exception that Lauren Green's title on the action log is amended from Dementia Nurse Lead to Dementia Lead Practitioner.

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

126/21 MATTERS ARISINGDementia Screening

Lauren Green was in attendance to present appendix O, providing an update on dementia screening.

It was noted that compliance overall compliance is currently at 27%, with a target of 95%. LG will be working with the medical workforce to improve dementia screening across the Trust, via induction and building it into the clerking process. This will be work in progress.

LG was thanked for the report and an update on progress was requested for a future meeting.

OUTCOME: The Quality Committee noted the report.

SAFER Programme

Action: To be deferred to the next meeting.

127/21 QUALITY COMMITTEE TERMS OF REFERENCE

A copy of the amended terms of reference were circulated at appendix C, highlighting the addition of the Cancer Board as a sub-group, with the minutes being received on a quarterly basis.

AD HOC REPORTS

128/21 LIGATURE POLICY

Janet Youd was in attendance to present the ligature policy at appendix P, which was created following the publication of a Patient Safety Alert in 2020 on ligature and ligature point risk assessment tools and policies.

JY noted that there were some challenges in obtaining rescue packs, however, they have now been ordered and due to be delivered on-site on 16 August 2021, and colleagues are to be made aware of where they are located. The functions of the policy were summarised, including the assessment and safety of patients; a standard operating procedure and processes of what to do if a patient is found to be ligatured, and what to do afterwards in terms of the wellbeing of colleagues; the estate, and training.

The appendices (ligature risk assessment and ligature point audit) are yet to be added to the Policy, which will be determined by the Mental Health Operational Group.

The Chair asked how soon the training can be accessible to colleagues. JY stated that this is yet to be added to the electronic staff record. It was also asked that an audit is carried out to ensure that colleagues who may have been involved in a ligature incident, received an appropriate level of support.

The Chair asked if there were any particular areas where priority training would need to take place. JY stated that areas which have had previous ligature incidents, such as the acute floor, the emergency department, the children's ward with CAMHS (child and adolescent mental health services) patients and ward 17 (gastroenterology), would be deemed as high-risk and would have the training rolled out initially, however, people could potentially ligature in any area.

JY was thanked for the presentation of the Policy.

OUTCOME: The Quality Committee noted and approved the Policy.

SAFE

129/21 MATERNITY REPORT

Karen Spencer was in attendance to present the maternity report at appendix D, briefly highlighting that since the last update, all evidence for the Ockenden review was submitted by the 30 June 2021 deadline, with the next step being a site visit to review the service against the submission. It is not known when this visit will take place.

CHFT were also successful in achieving funding for 10.9 wte (whole time equivalent) midwives and 0.2 wte Consultant hours. No confirmation has yet been received on when the funding will be released.

CHFT continue with roll-out plans for continuity of carer, however, workforce challenges remain one of the biggest barriers to the successful roll-out.

The maternity incentive scheme was suspended in April 2020 due to COVID-19, and was relaunched in October 2020, with a further revision of the standards in March 2021. CHFT will be reporting compliance with all 10 safety actions.

It was noted that although there is a national shortage of midwives, CHFT have 186 wte midwives, and can continue to provide services. The roll-out of continuity of carer, which is an NHS E/I priority will be challenging, due to the midwife hours and midwifery care required. It was asked if there is a national solution to try and encourage more midwives. KS stated that the shortage of midwives is reflected in the shortage of registered nurses. Huddersfield University, which is linked to CHFT for midwifery training, have a second cohort of trainees and have recently been approved to run a midwifery apprenticeship programme, which will be a route into midwifery.

In terms of any long-term national transformational work to review skill-mix and develop new roles, the Chair asked if there was any progress with this. KS stated that there is national work still to be done, with continuity of carer being the approach for midwifery.

EA asked about the increase in the stillbirths and how CHFT benchmark with other organisations. KS stated that anecdotally, there has been a rise in stillbirths during COVID-19, and early data suggests that the increase has not been from women who have not accessed care, however, this may be from women who smoke and those with health inequalities. It was asked that the results of this audit is submitted to the next Quality Committee.

OUTCOME: The Quality Committee noted the report.

CARING

130/21 PATIENT EXPERIENCE AND CARING GROUP REPORT

The report at appendix E was received by the Committee.

OUTCOME: The Quality Committee received and noted the report.

EFFECTIVE

131/21 JOHN SMITH STADIUM COMMUNITY VACCINATION CENTRE

Elisabeth Street provided an update on appendix F, highlighting that the last vaccinations are due to take place at the end of August 2021, with a view to being decommissioned in the next few weeks. The next steps include supporting the booster vaccination campaign, and a plan to set up two smaller hubs (one in North Kirklees and one in Greater Huddersfield) to administer 1,500 – 3,000 doses per week. It is likely that Locala will lead on this. One of the complications was communication, with CHFT having overall governance, Curo as lead operational provider, and Locala and local care direct providing clinical support. Moving to a different model with Locala delivering and leading on the work will be a positive. It is not yet clear what CHFT involvement / responsibility will be if Locala complete the CQC registration of the two new sites. This is being awaited.

EA was not confident that the paper fulfilled its purpose to assure the Committee that effective systems of internal control are in place. Due to the complicated governance arrangement in terms of CHFT being lead provider and the agreed route that the Quality Committee would have oversight of quality and governance concerns, it was requested that a retrospective, detailed report of the incidents is provided, given that one of the providers was recently rated as inadequate by the CQC.

Action: A final quality assurance paper to be resubmitted to the Quality Committee.

WELL-LED**132/21 CQC AND COMPLIANCE GROUP REPORT**

Ellen Armistead presented appendix G highlighting the closure of three 'should do' actions as detailed in the report. CQC engagement meetings continue to take place and the last meeting reviewed the Trust recovery plans.

Our internal assurance mechanisms include the journey to outstanding reviews, with a pilot completed and full launch to commence in July 2021. It is uncertain what the next phase will be for the journey to outstanding reviews due to staffing issues.

CHFT are not compliant with standards 9 and 10 of the facing the future standards. The organisation is to ensure that risk mitigations are in place and being monitored monthly.

OUTCOME: The Quality Committee received and noted the report.

133/21 QUALITY COMMITTEE'S SELF-ASSESSMENT RESULTS

The Chair thanked the Committee for their responses to the annual self-assessment, with the results available at appendix H.

Overall, whilst there was general agreement on many of the responses, there were also a number of 'strongly disagree', 'disagree' or 'unable to answer' responses. It was proposed that a review of last year's action plan takes place in light of this year's assessment to see where progress has been made, and it was also suggested that any feedback or comments from the Committee on this year's results, would be valued. These would form part of the Quality Committee's annual report.

Action: Any comments on the responses from the self-assessment to be sent to Denise Sterling by Monday, 26 July 2021

RESPONSIVE**134/21 INTEGRATED PERFORMANCE REPORT**

Ellen Armistead briefly presented appendix I, highlighting that 100% of complaints were closed within time, and noted a deterioration in stroke, cancer and fractured neck of femur, however, the response for stroke give a description of the problem, and does not provide a response. It was suggested that someone from the Stroke team is invited to the Committee to discuss those issues.

Action: Dr P Rana to be invited to attend the Quality Committee to describe issues within Stroke.

Stroke	Stroke - Only 1 out of 4 targets achieved in the month.	Of the 26 patients who were admitted into the Stroke bed base more than 4 hours after their arrival at hospital, 8 of these were due to there being no bed availability on the Stroke unit due to medical outliers in the Stroke bed base.	Sustainable recovery of SSNAP A standard for Stroke services.
	% Stroke patients spending 90% of their stay on a stroke unit has decreased in month to 84.91% compared with 89.83% the previous month. This remains below the 90% target.	One of the CT scanners at CRH was 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. This impact is currently being quantified.	Accountable: Divisional Director Medicine/Dr Rana.
	% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 49.06% which is a decrease from 61.02% the previous month.	The stroke assessment bed continues to be operational in the ED 24/7 however there have been significant challenges in staffing this overnight with consultant cover. This is required to be classified as a stroke assessment bed.	
	% Stroke patients Thrombolysed within 1 hour was 83.33% which above the 55.56% seen during April and remains above target.	The team is continuing to ensure the integrity of data and all identified breaches are now being validated clinically to ensure against any data errors before being reported.	
	% Stroke patients scanned within 1 hour of hospital arrival was 36.84% compared with 59.2% in April.		

135/21 SUB-GROUP TERMS OF REFERENCE

Clinical Outcomes Group

A copy of the Clinical Outcomes Group terms of reference was provided at appendix J and approved by the Committee.

Medical Gases / Non-invasive Ventilation

A copy of the Medical Gases / Non-invasive Ventilation group terms of reference was provided at appendix K and approved by the Committee.

POST MEETING REVIEW

136/21 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- Approved the Ligature Policy
- Approved the Annual Complaints Report
- Approved the terms of reference for the Clinical Outcomes Group and the Medical Gases / Non-Invasive Ventilation (NIV) Group
- Received monthly maternity report with funding received and submitted evidence for Ockenden.
- Key points raised from the Integrated Performance Report
- Received the CQC and Compliance Report and the Patient Experience and Caring Group report.

137/21 REVIEW OF MEETING

Good time management of meeting.

138/21 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

139/21 CHFT QUALITY ACCOUNT 2020/2021

A final copy of the CHFT Quality Account for 2020/2021 was available at appendix L.

140/21 SPIRE QUALITY ACCOUNT 2020/2021

A copy of the Spire Healthcare Quality Account for 2020/2021 was available at appendix M.

141/21 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at Appendix N for information, and the review dates for the Board Assurance Framework (BAF) risks are to be scheduled over the next few months.

NEXT MEETING

Monday, 16 August 2021 at 3:00 – 4:30 pm on Microsoft Teams

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

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
OPEN ACTIONS / ACTIONS DUE FOR NEXT MEETING				
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> <p>Action 19.7.21: To be deferred to the next meeting</p>	Due 16 August 2021
19.07.21 (131/21)	John Smith Stadium Community Vaccination Centre Paper	Asifa Ali / Dr David Birkenhead	<p>Following presentation of the report, the Committee felt that the paper did not fulfil its purpose to assure that effective systems of internal control are in place. It was asked that a retrospective detailed closed-down quality assurance paper is provided.</p> <p>Action 19.7.21: That a final quality assurance paper is resubmitted to the Quality Committee.</p>	Due 16 August 2021
19.07.21 (133/21)	Quality Committee Self-Assessment Results	All	<p>The Chair presented the results from the Committee's self-assessment which took place in April 2021. Whilst there was general agreement on many of the responses, there were a number of questions which resulted in a 'Strongly Disagree', 'Disagree' or 'Unable to answer' response. The results will form part of the Quality Committee's Annual report, and any further feedback or comments on the areas with responses 'Strongly Disagree', 'Disagree' or 'Unable to answer' will be valued.</p> <p>Action 19.7.21: Any comments on the responses from the self-assessment to be sent to DS by Monday, 26 July 2021</p>	Due 26 July 2021
19.07.21 (134/21)	Integrated Performance Report - Stroke	Dr Pratap Rana	<p>Following presentation of the IPR, the Committee felt that the response for stroke does not provide a description of the issues and requested that a representative from the Stroke team attends the Quality Committee to discuss.</p> <p>Action 19.7.21: Dr P Rana is invited to attend the Quality Committee to describe issues within Stroke.</p>	Due 16 August 2021
CLOSED ACTIONS				
21.06.21 (103/21)	Annual Complaints Report		<p>Action 21.6.21: Any comments / feedback on the Annual Complaints report to be forwarded to Rachel by Monday, 28 June 2021.</p> <p>The final report will be submitted for approval at the next Quality Committee meeting.</p> <p>Update 19.7.21: The report was approved</p>	CLOSED 19 July 2021
21.06.21 (104/21)	Patient and Carers Experience, Participation and Equalities Strategy		<p>Action 21.6.21: Any comments / feedback on the Strategy to be forwarded to Rachel by Monday, 28 June 2021.</p> <p>The final report will be submitted for approval at the next Quality Committee meeting.</p> <p>Update 19.7.21: The strategy was approved</p>	CLOSED 19 July 2021
21.06.21 (104/21)	Mechanisms for the systematic involvement of our BAME communities		<p>Action 21.6.21: Any comments / feedback on the involvement of our BAME communities' presentation to be forwarded to Rachel by Monday, 28 June 2021.</p> <p>The final report will be submitted for approval at the next Quality Committee meeting.</p> <p>Update 19.7.21: The presentation was approved</p>	CLOSED 19 July 2021
21.06.21 (108/21)	Every Story Matters		<p>Action 21.6.21: Any comments / feedback on Every Story Matters framework to be forwarded to Rachel by Monday, 28 June 2021.</p> <p>The final report will be submitted for approval at the next Quality Committee meeting.</p> <p>Update 19.7.21: The framework was approved</p>	CLOSED 19 July 2021

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

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
21.06.21 (110/21)	Quality Account		Action 21.6.21: An extraordinary meeting to be convened for Wednesday, 23 June 2021, to sign-off the document which the Committee has been delegated authority from the Board of Directors. Update 19.7.21: Following the extraordinary meeting, the CHFT Quality Accounts have now been approved and is available at item 139/21	CLOSED 19 July 2021
24.05.21 (91/21)	Quality Committee Sub-group terms of reference		<u>Medical Gases and Non-invasive Ventilation Group</u> 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 Update 19.7.21: Terms of reference revised at available at item 135/21	CLOSED 19 July 2021
24.05.21 (90/21)	IPR - Dementia Screening		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. Action: Lauren Green (Dementia Lead Practitioner) to be invited to the Quality Committee. Update 19.7.21: LG presented an update at item 126/21	CLOSED 19 July 2021

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE – REVIEW OF QUALITY AND PERFORMANCE REPORT - WORKFORCE

**Held on Monday 7 June 2021, 3.45pm – 4.45pm
VIA TEAMS**

PRESENT:

Ellen Armistead	(EA)	Deputy Chief Executive/Director of Nursing
David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Karen Heaton	(JH)	Non-Executive Director (Chair)
Helen Senior	(HS)	Staff Side Chair
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Anna Basford	(AB)	Director of Transformation and Partnerships (for agenda item 74/21)
Leigh-Anne Hardwick	(LAH)	HR Business Partner (for agenda item 70/21)
Nikki Hosty	(NH)	Assistant Director of HR (for agenda items 68/21, 75/21, 76/21)
Jackie Robinson	(JR)	Assistant Director of HR (Observing)
Karen Spencer	(KP)	Associate Director of Nursing (for agenda item 72/21)
Debbie Wolfe	(DW)	Head of Therapies (for agenda item 71/21)
Pam Wood	(PW)	Head of Apprenticeships and Vocational Training (for agenda item 76/21)

63/21 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting.

64/21 APOLOGIES FOR ABSENCE

Jason Eddleston, Deputy Director of Workforce & Organisational Development
Andrea McCourt, Company Secretary

65/21 DECLARATION OF INTERESTS

There were no declarations of interest.

66/21 MINUTES OF MEETING HELD ON 7 JUNE 2021

The minutes of the Workforce Committee held on 7 June 2021 were approved as a correct record.

67/21 ACTION LOG – August 2021

The action log, as at 9 August 2021, was received.

68/21 MATTERS ARISING

Workforce Committee Action Plan

The Committee agreed the action plan noting focus on the Committee's workplan to ensure corporate and divisional lead participation at meetings.

OUTCOME: The Committee **AGREED** the action plan.

ED&I Recruitment Data and Action Plan

NH presented a paper that provided an analysis of recruitment activity to demonstrate ED&I data against the context of the local population. NH also presented the activities and forward actions to improve and strengthen inclusive recruitment. Key points include:-

- Pre sift values based recruitment questions developed plus a pool of EDI interview questions
- Building relationships within our communities through widening participation
- Inclusive recruitment panellist training
- Mandatory for all roles above band 6 to have an inclusive recruitment representative on the panel (from 1 October 2021)
- Inclusive recruitment representatives will play a key role in the decision making process
- Using feedback and data to identify areas of poorer practice through interview feedback loop
- Enhance focus on inclusive leadership and unconscious bias development
- Systematic review of recruitment documentation

KH asked about the language used in job descriptions to ensure inclusivity. NH confirmed end to end process reviews are in place that will take on board feedback from colleagues and communities once relationships further established.

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

69/21

QUALITY AND PERFORMANCE REPORT (WORKFORCE) – JULY 2021

MB presented the report.

Performance on workforce metrics is now green and the Workforce domain at 76.1% in June 2021. This is the first month out of eight months previously 'where the domain score is 'Green'. 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 – June 2021

The Staff in Post decreased by 14.89 FTE, which, is due, in part to 46.25 FTE leavers in June 2021. FTE in the Establishment figure increase by 40.41, along with student nurses leaving.

Turnover increased to 7.88% for the rolling 12 month period July 2020 to June 2021. This is a slight increase on the figure of 7.72% for May 2021.

Sickness absence – June 2021

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

The in-month sickness absence increased to 4.81% in June 2021. The rolling 12 month rate also increased marginally for the twenty first consecutive time in 31 months, to 4.44%.

Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 35.95% of sickness absence in June 2021, increasing from 34.60% in May 2021.

The RTW completion rate decreased to 77.38% in June, down from 83.62% in May 2021.

Essential Safety Training – June 2021

Performance has increased in 8 of the core suite of essential safety training. With 10 out of 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 95.64% and following last month's decrease is the first increase for a month. It is now also above the stretch target of 95.00%.

Workforce Spend – June 2021

Agency spend increased to £0.61M, whilst bank spend decreased by £0.40M to £2.08M.

Recruitment – June 2021

4 of the 5 recruitment metrics reported (Vacancy approval to advert placement, pre employment to unconditional offer and unconditional offer to acceptance and Interview to conditional offer) deteriorated in June 2021. The time for Unconditional offer to Acceptance in June 2021 increased and was 3.0 days.

KH noted the increase in sickness absence and expressed concern at the main reason being stress/anxiety and suggested this is a bi-product of Covid and stress over a long period of time.

KH questioned the Trust's turnover rate of 7.8% against the target of 11.5%. MB explained the recording of turnover is being questioned as a leaver who remains on bank shows as continued employment in ESR and therefore not captured as a in the turnover figures. MB pointed out that this method of recording turnover data has been consistent for some time. The Committee noted the target of 11.5% was set some time ago when the Trust's turnover was greater than 12%.

KH confirmed the Committee will continue to monitor workforce data, in particular RTW compliance. KH was pleased to see an increase in the overall domain score.

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

70/21

VACANCY DEEP DIVE

LAH presented a paper that provided information about the current vacancy position, updates on hotspot areas and actions taken.

Due to COVID, workforce planning for 2020-21 was delayed until September 2021. Planned staff numbers and vacancy position for the remainder of 2020-21 was submitted to NHSE/I in our Phase 3 workforce plan. Further plans for quarter 1 and quarter 2 of 2021-2022 were submitted during May 2021 and formed part of the ICS planning submission to NHSE/I in June 2021. The Trust's vacancy position was planned to be at 326.71 fte in June 2021 and currently is at 184.75 fte. This difference is in part due to over recruitment of the Health Care Support Worker grouping during the push for a zero vacancy position in early 2021. In addition higher levels of temporary bank/agency usage predicted during planning did not translate to the actual budget set for 2021-2022.

The Trust turnover has increased from 7.06% in June 2020 to 7.93% at the end of June 2021. As referenced in the Workforce report item, this metric is being questioned in terms of those who leave but retain bank contracts and are not included in the turnover figures. In reality this will be higher than 7.93%.

Medical and Dental

In response to Covid and recovery the budgeted establishment for Consultants has increased from 276 wte in June 2020 to 293 wte in June 2021. Thirty vacant consultant level posts exist though 7 substantive and 13 locum consultants are to commence over the coming months.

An exercise is taking place to identify future retirement plans.

The roll out of new SAS contracts and the introduction of the Specialist role gives additional flexibility to look at how medical posts can be filled where Consultants are not available. Introduction of the Specialist role will not necessarily increase headcount, however, it may be an effective retention measure.

Nursing and Midwifery

In response to the review of workforce models, 4 rolling adverts for: Staff Nurse Medicine; Staff Nurse Surgery; Return to Practice Nurse; and Nursing Associate are in place, whilst maximising opportunities to attract the next cohort of new graduates in 2021.

An accelerated programme of International Recruitment has committed to supporting 70 International Nurses during 2021.

The Medical Division has reviewed baseline vacancy position against enhanced workforce models that were in place to support Covid. A number of colleagues have chosen to remain in the division following deployment which has improved the vacancy gap. Targeted recruitment continues in areas such as Respiratory as we move to delivering an ARCU (Acute Respiratory Care Unit) model to aid with recovery and sustainability to support our population with long Covid.

Surgical Division – colleagues have returned from deployed Covid support areas. There are 29 Operating Theatres vacancies (ODP and nurses) and a rolling advert for Endoscopy.

FSS - Following deployment and WFM reviews within Outpatients, recruitment activity has continued. A Practice Educator has been appointed to the team to support continued development and cross skilling of OP workforce across clinical and non-clinical colleagues. Rolling adverts continue for Midwives, the pandemic has seen a higher level of retention. The team continues to move towards new models of working as part of the better births agenda and continuity of carer. Recent funding as a result of the Ockenden report will support further recruitment activity which will be managed through LMS central recruitment. Rolling adverts are in place for Paediatrics over-recruitment is in place to enhance the workforce position.

Clinical

A strong Nursing Associate pipeline programme is progressing, 6 Cohorts are underway and recruitment to cohort 7 has commenced. 53 Nursing Associates have now registered and 38 Apprentice Nursing Associates remain in programme. Recruitment from the 2020/2021 3rd year student cohort is underway, with 63 students under offer, taking up employment Sept/Oct 2021.

The Medical Division continue to review the staffing in Cardio-Respiratory and have progressed a training structure to 'grow our own' physiologists. ICS and bank support is bridging the gap.

There have been a number of vacancies within the phlebotomy team. WTGR sessions have been held and recruitment activity is underway.

Following a meeting with the University of Huddersfield, an ODP Apprenticeship scheme is to commence for the future longer term plan. An Operating Theatres Workforce Transformation group has been established.

Admin & Clerical

Work around the ability to recognise digital efficiencies against administration time is on-going. Divisions regularly review all admin and clerical vacancies to identify current and planned recruitment to posts. The Committee noted FSS have completed a review of admin

capacity, which will inform plans to realign PA support across the division and includes a review of medical secretaries' roles in line with current capacity constraints.

Healthcare Scientists, Therapeutic and Technical

The vacancy gap for qualified Bio Medical Scientist roles has reduced however the WYATT hub and spoke work may affect the ability to recruit and retain staff into the future.

Engagement sessions have commenced. Over recruitment to Radiographer roles, has proven successful in the past and supports the throughput of colleagues wishing to specialise in MRI/CT. There have been several vacancies within the pharmacy team, some as a result of service growth such as Homecare. These are closely monitored by the team and recruitment activity is on-going.

KH noted the volume of work taking place and in particular the success of the international recruitment campaign.

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

71/21

DEEP DIVE - ALLIED HEALTH PROFESSIONALS (AHP) RECRUITMENT AND VACANCY POSITION

DW presented a detailed report into the recruitment and vacancy position of AHPs. The Committee noted there is regular turnover in Physiotherapy and Occupational Therapy. This is mitigated by over recruiting to Band 5 vacancies on a yearly basis. Currently there is not a national shortage of AHPs affecting our ability to employ staff, however there is recognition a shortage is anticipated in the coming years.

Vacancy trajectory is based on the Phase 3 workforce plan for September 2020 to March 21 and the annual planning submission for Q1-Q2 2021-22 submitted to NHSE/I, this shows the AHP vacancy position was planned to be at 8.24 fte in June 2021 and currently is over established at -3.74 fte.

Sickness absence rates had remained static, now increasing specifically in relation to stress and anxiety. Line managers continue to receive support from HR colleagues to manage absence. Specific attention is placed on reminding line managers of the importance of recording RTW Interviews.

Colleagues have their health and wellbeing hour rostered. Head of Therapies allocates an hour each week for colleagues to book dedicated time to discuss issues that are impacting on their working or home lives.

AHP turnover has increased from 7.88% in June 2020 to 10.15% at the end of June 2021. Newly qualified Physiotherapists and Occupational Therapists join the Trust in June/July. A continuous recruitment approach to these two specialities is undertaken as band 5 colleagues leave the Trust in pursuit of band 6 opportunities.

DW highlighted the difficulty to recruit and retain band 6 colleagues from all professions. Bands 7 and 8 often pursue work in the private sector. Nationally speech and language therapists are on a shortage list, however Huddersfield University is to commence speech and language training in September 2021.

HS raised a concern that physiotherapists were not allowed to work as flexibly as other therapy colleagues. DW said the Flexible Working Policy is applied equally and wasn't aware of any issues. DW would pick up the issue outside of the meeting.

HS asked if following the exit questionnaire if a theme had emerged as to why colleagues are leaving. DW hadn't perceived there was a theme. DW added that she writes separately to colleagues once left requesting feedback however response is poor.

HS asked about physiotherapists who work in Frailty within Medicine Division as she is aware of issues of colleagues working in different areas whose role is different to a standard physiotherapist job description. DW confirmed these colleagues do not sit within her remit but would ensure she connects with such colleagues. JR asked that details of specific issues are shared with the HRBP and General manager.

DS wanted to know more about the challenges to band 6 recruitment. DW explained a significant reason is band 5 high turnover means colleagues are not getting the experience (minimum 2 years to experience different rotations, grow in confidence) to put them in a position to apply for a band 6 post. Additionally, there is competition with larger hospitals, primary care and local authority, and colleagues who are leaving the profession completely.

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

72/21

DEEP DIVE - MATERNITY SPECIFIC ESSENTIAL SAFETY TRAINING (EST)

KS advised that colleagues working within maternity services undertake a suite of role specific essential safety training to meet the health promotion aspects of midwifery care and also the regulatory requirements for maternity services. Much of this training is either delivered face to face via 2 mandatory training days or hosted via external on-line platforms such as e-learning for health.

Training compliance is recorded on ESR which requires both the training requirement and compliance to be manually inputted into ESR. Maternity services have recently appointed a Practice Educator who has reviewed each midwife's training requirement and compliance within ESR to ensure accurate information is held within ESR. KS highlighted an issue concerning ESR position numbers. JR advised this would be picked up outside of the meeting.

A monthly review of role specific safety training is undertaken at the confirm and challenge meetings attended by maternity matrons and ward managers and role specific training review will be included in the annual staff appraisal. The maternity role specific training needs analysis (TNA) developed a training needs matrix for all permanent and bank midwives, maternity staff members, and medical staff in training

As an output of the Ockenden review the Local Maternity System (LMS) has produced a core competency framework for midwives which will ensure parity with role specific safety training across the LMS. The CHFT maternity services role specific EST guideline and TNA will be updated in line with the core competency framework.

All midwifery managers have been provided with the current compliance reports for their clinical areas with an expectation that role specific safety training is reviewed as part of the annual staff appraisal. Role specific training for maternity services is reviewed monthly within the weekly confirm and challenge meetings attended by Matrons and Ward Managers.

Maternity Role Specific EST is via e-learning and two classroom based study days. In addition staff are allocated 10 hours to complete the remaining elements of EST. Unfortunately neither the on line or face to face classroom based training is linked to ESR leading to significant delays in capturing accurate data.

The report asks the Workforce Committee to support a proposal that maternity ward and department managers undertake the necessary training to be able to add training compliance to ESR.

OUTCOME: The Committee **NOTED** the report and **SUPPORTED** the roll out of training for maternity ward and department managers to allow them to add training compliance to ESR.

73/21

REVALIDATION AND APPRAISAL ON NON-TRAINING GRADE MEDICAL STAFF 2020/2021

DB confirmed that as a result of COVID-19 the appraisal process was suspended by NHSE on 19 March 2020. The process was restarted on 1 October 2020 using a temporary revised appraisal format, however the need to complete an appraisal was not mandated. The GMC also suspended for 12 months revalidation recommendations due between 17th March 2020 and 31st March 2021. The Committee noted an annual report wasn't produced this year because of the suspension, however this paper outlined the Trust's management of medical appraisal and revalidation. DB highlighted that appraisals did continue on a voluntary basis with 40 colleagues requesting an appraisal. Focus on health and wellbeing was included in the appraisal conversation. DB confirmed the appraisal process has now formally re-started.

KH asked about deferrals. DB advised deferrals are in relation to revalidation which due to the suspension were not relevant during that time.

OUTCOME: The Committee **NOTED** the report and had assurance that the agreed processes for GMC revalidation and appraisal including the temporary revisions in light of COVID-19, have been adhered to.

74/21

BUSINESS BETTER THAN USUAL (BBTU)

AB presented an update on the progress made against the BBTU engagement themes from April 2021 to June 2021. Of the 12 engagement themes 5 are amber and 7 green.

KH asked about the amber rated themes. AB highlighted the positive actions around theatre productivity acknowledging there was more work to do. WOD are supporting engagement and improvement work. AB confirmed digital visiting is a massive success story, work is progressing to ensure we have the right workforce resources to continue. HS raised a concern regarding the impact on pathology laboratory services as phlebotomy capacity increases. AB took this board and thanked HS for raising the implication.

DS asked if working from home principles had been agreed. AB confirmed currently the message in the Trust is to continue working as you are and to complete risk assessments. AB outlined the work undertaken so far and prior to formulating principles next steps include mapping accommodation, colleague survey, drop-ins and 1:1s.

OUTCOME: The Committee **NOTED** the progress in the Business Better than Usual programme of work.

75/21

FREEDOM TO SPEAK UP (FTSU) BOARD SELF ASSESSMENT

- NH presented a report that provided a summary of the responses submitted by individual members of the Board of Directors to a questionnaire based on an NHS England/NHS Improvement (NHSE/I) Freedom to Speak Up (FTSU) self-assessment tool designed specifically for NHS Boards to use to assess progress in the development of a positive freedom to speak up culture. A full report with recommendations for action will be presented at the Board of Directors public meeting on 4 November 2021. Engagement with colleagues through our equality network groups and beyond will take place from November 2021.

KH felt some of the questions were not easy to answer however the report was a good summary with points to take forward. NH suggested a piece on the national FTSU Guardian could be included into annual reports.

76/21

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

PROGRESS UPDATE ON WORKFORCE STRATEGIES

Equality, Diversity & Inclusion

NH updated the Committee on the progress of the ED&I strategy, the highlights included a significant growth in the number of networks, which now totalled 8 with a further 2 in the pipeline. NH described activity with a Community focus included the new BAME Community Engagement Advisor, establishment of a Widening Participation Team, a Conscious Youth Partnership, EDS2, Windrush Day, Pride Month and Happy Valley Pride. Tailored wellbeing packages to support individual colleagues were put in place along with support for colleagues affected by the Covid pandemic in India. Leadership development and talent succession focusses around inclusive, equality discussions with one culture of care and health and wellbeing at the heart of the conversation. An enhanced talent development programme is underway and 25 colleagues to graduate from the Empower Programme.

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

Leadership Development

NH shared the outcome of a review of the Leadership Development platform. 1301 colleagues had enrolled onto the programme. Pandemic impact on workload hugely affected colleagues' opportunity for development. Along with the review results NH detailed proposed enhancements to complement the current digital learning. A blended approach will be introduced to include action learning groups, workshops, reflective practice, coaching and mentoring. It is anticipated the refreshed programme would commence at the end of September with a range comms and engagement starting mid-August.

DS asked if colleagues would have support of managers to get involved in project work. NH is optimistic that managers will embrace the benefits of an inclusive leadership focus to the benefit of improving our leaders.

OUTCOME: The Committee **NOTED** the progress update.

Apprenticeships

The presentation had been shared with the Committee ahead of the meeting. The pandemic had a significant impact on new apprentice starts, timely completions and levy utilisation. A number of challenges remain for 2021/2022 and the Committee is asked to support the targets to tackle barriers as outlined in the presentation.

PW is delighted the team achieved an overall effectiveness of 'Good' in the July 2021 Ofsted inspection of the Trust's in-house deliver of Healthcare Support Worker level 2 apprenticeship. Four of the 5 elements were graded 'Good' with the fifth, Behaviour and Attitudes graded 'Outstanding'. KH congratulated PW and her team and SD added this is a testament to their hard work.

OUTCOME: The Committee **NOTED** the update presentation and **SUPPORTED** the 2021/2022 targets.

77/21 **PROGRESS ON STAFF SURVEY ACTION PLANS**

SD confirmed the Board of Directors received an update at it July meeting and divisional progress is monitored at performance review meetings. The Trust-wide action plan is overseen by WOD. SD acknowledged the tough time colleagues are facing and stressed the importance of the wellbeing agenda. The Committee noted the Community Division is utilising the wellbeing hour, other progress has been made with targeted support. Increased visibility and walkarounds to include weekends are taking place. SD stated the Health and Wellbeing Strategy and One Culture of Care being the crux of everything we do. SD would circulate the updated action plans.

SD commented the next Staff Survey would likely be a challenge given the recent pressures. KH noted the Pulse Surveys too.

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

78/21 **BOARD ASSURANCE FRAMEWORK – DEEP DIVE MEDICAL WORKFORCE RISK**

DB presented a paper providing a deep dive into BAF risk10a/19 – Medical staffing

The Trust response to the pandemic has impacted on the pace of progression of some of the risk mitigation and the current risk score has been amended to reflect this. Despite the pandemic the Trust has been able to maintain recruitment and safe medical staffing levels in response to the Covid peaks. The Workforce Programme Steering Group will continue to monitor this.

The paper identified gaps in controls which included risk of pensions issue impacting on discretionary activity, national shortage in certain medical specialties, regional re-organisation that could potentially de-stabilise the workforce, E-rostering partially implemented for doctors, measure to quantify how staffing gaps increase clinical risk for patients and impact of Covid pandemic.

DB highlighted the work and activities to mitigate these risks:-

- Progress of key work streams – Flexible workforce, ACDP Bank and Agency, Recruitment and retention
- Alternative workforce models / roles
- Succession planning
- E job planning and e-roster paused but now re-started

KH and DS agreed the paper provided a comprehensive deep dive and acknowledged the enormous amount of work and progress in the last 12 months. DB commended Pauline North (Medical HR Manager) and Sree Tumula (Associate Medical Director) for their leadership and involvement in the medical workforce agenda.

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

79/21 **NON-EXECUTIVE DIRECTOR MATTERS**

KH presented a report that noted the decision regarding use of Non-Executive time and plans to pilot the role of an Associate Non-Executive Director. On completing an exercise earlier in the year, it was identified that Non-Executive Director (NED) workload significantly exceeded time available. The Chair and NEDs reviewed this position and proposed that NEDs should cease their involvement in chairing Consultant appointment panels. As a Foundation Trust, CHFT is not obliged to abide by the Consultant Appointment Regulations, however to date CHFT has broadly maintained the approach set out in the guidance described in the report. The Chair discussed the time pressures with the Director of Workforce and Organisational

Development and it was agreed NEDs can be released from the commitment to Chair and attend AAC panels. This will be effective from September 2021 once the Workforce Committee and Board have been notified of this change.

NHS England / Improvement has carried out a review of NED roles and it is expected that national guidance will be issued in 2022 when engagement work and sampling of the new approach has been completed.

The report also described the role of an Associate Non-Executive Director. The Trust is planning to advertise for an Associate NED in the autumn, to focus on supporting the quality governance agenda. This will initially be a 12 month role. A CHS Associate NED to strengthen the CHS Board will also be recruited. The proposed recruitment process for the Associate Non-Executive Director roles will be presented to the Nominations and Remuneration Committee of the Council of Governors on 9 August for review and approval in line with the Trust's Constitution.

OUTCOME: The Committee **NOTED** the decision for Non-Executive Directors to no longer chair and attend AAC panels from 3 September 2021 and **NOTED** plans to pilot an Associate Non-Executive Director role.

80/21 **WORKFORCE COMMITTEE WORKPLAN**

The workplan was received and reviewed.

81/21 **ANY OTHER BUSINESS**

No other business was discussed.

82/21 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

Assurance provided to Committee by way of deep dives
Apprenticeships success story
FTSU Self-Assessment
EDI and Leadership Development Programme

83/21 **EVALUATION OF MEETING**

KH thanked authors/presenters for high quality deep dive reports.
Good attendance - powerful to hear from divisional colleagues

84/21 **DATE AND TIME OF NEXT MEETING:**

30 September 2021:
1.00pm – 3.00pm - Hot House Inclusion and Health Inequalities
3.15pm – 4.15pm, Review Quality & Performance Report (Workforce)



**Minutes of the Charitable Funds Committee meeting held on
Monday 23 August 2021, 9.00am – 10.30am
via Microsoft Teams**

PRESENT

Gary Boothby (GB)	Director of Finance
David Birkenhead (DB)	Medical Director
Ellen Armistead (EA)	Director of Nursing/Deputy Chief Executive
Richard Hopkin (RH)	Acting Chair/Non-Executive Director
Adele Roach (AR)	BAME Representative
Kirsty Archer (KA)	Deputy Director of Finance

IN ATTENDANCE

Emma Kovalski (EK)	Fundraising Manager/Ops Sub Committee Rep
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Zoe Quarmby (ZQ)	ADF Financial Control
Clare Partridge (CP)	KPMG

1. DECLARATION OF INDEPENDENCE

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

2. APOLOGIES FOR ABSENCE

Apologies were received from Philip Lewer, Peter Wilkinson and Lyn Walsh.

3. MINUTES OF MEETING HELD ON 24 MAY 2021

The minutes of the meeting held on 24 May 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.

CH clarified that Action 24.05.21-10 should be closed rather than showing as on the agenda as it referred to the previous meeting's bids.

RH would like all Due Dates to be shown for the next meeting.

ACTION: EK to confirm dates on Action Log for next meeting. **23.08.21 – 1.**

5. RISK REGISTER - REVIEW

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

RH asked that, moving forward, the Risk Matrix be amended slightly and attached to the Risk Register.

EK mentioned the possibility of including a risk around Gift Aid and claiming it in error and also RH mentioned the possibility of including one around Donor Vetting; EK would investigate further..

ACTION: EK to attach Risk Matrix to the Risk Register from now on. **23.08.21 – 2.**

ACTION: EK to look at including risks for Gift Aid and Donor Vetting. **23.08.21 – 3.**

6. DRAFT AUDIT HIGHLIGHTS MEMORANDUM 2021, DRAFT LETTER OF REPRESENTATION and DRAFT REPORT & ACCOUNTS 2020/21

GB gave a brief summary of the Report & Accounts 2020/21 and thanked EK and the team for 'bringing the Report to life'.

CP is happy for the Committee to approve these accounts for sign off and confirms a clean audit opinion. There was a small discussion around the Reserves policy and RH asked that we look at the presentation of the table in Note 18.

The Committee was happy to approve the Report & Accounts and CP agreed to wait for PL to sign when he returns, which will enable KPMG to complete its file documentation.

ACTION: CH/ZQ/EK to arrange for all documentation to be completed and signed off in due course. **23.08.21 – 4.**

7. TERMS OF REFERENCE – ANNUAL REVIEW

GB presented this paper on behalf of the Chair. The contents were reviewed and it was agreed that no amendments were necessary.

8. INCOME, EXPENDITURE and KPI UPDATE

EK presented this and its contents were NOTED. Updates were also given around delays re recruitment and the Imagination Appeal.

9. Q1 GENERAL PURPOSE FUNDING BIDS TO REVIEW

Bid 8 – Clinical Psychologists' resources – approved.

Bid 9 – Bereavement Support Service – approved in principle but needs to go to CISG first to ascertain if this is a recurrent model that the Trust would want to fund. If it is, then the Charity will fund for the first 12 months, with no commitment beyond that point. In the meantime, the recruitment process can begin.

Bid 12 – Training mannequins – approved subject to a check that an alternative budget does not exist.

Bid 13 – T-shirts for Patient Experience volunteers – approved.

ACTION: EK to liaise with G Sykes and J Wood re above actions and feedback to all the bidders. **23.08.21 – 5.**

10. MINUTES OF STAFF LOTTERY COMMITTEE MEETING 17 JUNE 2021

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

11. ANY OTHER BUSINESS

EK gave an update on the CRM situation and the Rainbow Child Development Unit move to Elland, with possible funding opportunities.

AR asked about possible funding for another BAME position and EK suggested that she speak to the Inclusion & OD Manager, Paula Gladwell, in the first instance to do a scoping exercise around our networks and then, after that, put in a funding application if it was still needed.

DATE AND TIME OF NEXT MEETING:

Monday, 22 November 2021, 9 – 10.30am, via Microsoft Teams

**Draft Minutes of the Audit and Risk Committee Meeting held on Wednesday 21 July 2021
commencing at 10:00 am via Microsoft Teams**

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Gary Boothby	Director of Finance
Kirsty Archer	Deputy Director of Finance
Helen Kemp-Taylor	Head of Internal Audit, Audit Yorkshire
Shaun Fleming	Local Counter Fraud Specialist, Audit Yorkshire
Jenny Langdon	Assistant Manager, KPMG
Mandy Griffin	Managing Director, Digital Health
Jacqueline Ryden	Reconfiguration Programme Governance Lead (minutes)
Richard Hill	Head of Health and Safety (for item 34/21)
John Gledhill	Public Elected Governor – Lindley and the Valleys

48/21 APOLOGIES FOR ABSENCE

Apologies were received from Clare Partridge, Salma Younis, Leanne Sobratee and Amber Fox.

The Chair welcomed everyone to the Audit and Risk Committee meeting, in particular Jenny Langdon from KPMG, John Gledhill as a governor representative and Richard Hill, Head of Health and Safety who was in attendance to present a Health and Safety Deep Dive.

49/21 DECLARATIONS OF INTEREST

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

50/21 MINUTES OF THE EXTRA-ORDINARY MEETING HELD ON 10 JUNE 2021

The minutes of the extra-ordinary meeting held on 10 June 2021 to sign off the annual report and accounts 2020/21 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous extra-ordinary meeting held on 10 June 2021.

51/21 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.

52/21 HEALTH AND SAFETY DEEP DIVE

Richard Hill, Head of Health and Safety presented a health and safety deep dive highlighting the work that has been undertaken during the past 12 months. He reported that colleagues are showing a genuine interest and are engaged and that the Trust is

on track to develop and implement the NHS Workplace Health and Safety Standards by the end of 2021. Areas for development are focussing on improving the content of training for new starters, accident reporting and assurance that due diligence is in place around slips, trips and falls.

The key points to note in the presentation were:

- There are 7 major priorities for the Trust to focus on in order to keep the base safe. These are: Quadriga Recommendations; Dangerous Goods Safety Advisor (DGSA) Audit Recommendations; NHS Workplace Health and Safety Standards Implementation; Community Compliance Improvements; Improvements in Huddersfield Pharmacy Specials (HPS), Keeping the Base Covid Safe; Keeping a firm hold on the more frequent occurring accidents. The Head of Health and Safety gave an update on the progress made in each of these areas and what remains to be done.
- All Quadriga outstanding actions should be completed by January 2022; outstanding actions following the Dangerous Goods Safety Advisor audit should be completed by the end of August 2021.

RH noted that it was reassuring to see how much progress has been made and that the health and safety profile has increased. Following a query from RH regarding the progress made to date in Huddersfield Pharmacy Specials (HPS), the Head of Health and Safety advised that engagement from colleagues in this area has been excellent. A lot of gaps had been identified initially but he believed that HPS is now at 95% of where they need to be. The next stage will be to implement the policies and provide training, and that some more work on the risk register is required.

In response to a query from DS regarding incident reporting, the Head of Health and Safety explained that the Health and Safety NHS Group are trying to develop some benchmarking which could enable comparisons on Datix incident reporting levels.

The Chair asked if the Risk Policy referred to in the presentation was the overall Trust policy or a separate Health and Safety Policy. The Head of Health and Safety advised that he was referring to the overarching Health and Safety Policy which contained within it individual policies and a statement of intent by the Chief Executive. It is anticipated that this statement of intent will be shared with colleagues to raise awareness.

The Chair asked if the Trust is in good shape against the national standards and the Head of Health and Safety reported that the Trust is around 70% of where we need to be and is on track to meet the standards.

OUTCOME: The Committee **NOTED** the details provided in the Health and Safety Deep Dive presentation.

53/21 REVIEW OF COMMITTEE ANNUAL REPORTS

1. Audit and Risk Committee Annual Report 2020/21

The Company Secretary presented the annual report for 2020/21.

RH noted that there was some confusion in the years reported in section 2.2 and that 2020/2021 should also be included. The Company Secretary agreed to make the necessary amendments regarding consistency.

Action: AM to make the required amendments to the Audit and Risk Committee Annual Report 2020/21 and circulate to the Group.

The Chair pointed out that section 2.6 did not include any information regarding the Data Quality Board and that he has asked the Company Secretary to add some wording in this section. He has also asked that Committee attendance is included in the report, in line with the reports from the other committees.

Action: AM to make the add wording on data quality and Committee attendance to the Audit and Risk Committee Annual Report 2020/21 and circulate to the Group.

2. Finance and Performance Committee Annual Report 2020/21

The Company Secretary reported the annual report for the Finance and Performance Committee is attached for assurance which was approved by the Board of Directors on 1 July 2021.

3. Workforce Committee Annual Report 2020/21

The Company Secretary reported the annual report for the Workforce Committee is attached for assurance which was approved by the Board of Directors on 1 July 2021.

DS advised that the Annual Report 2020/21 for the Quality Committee will be presented at the next meeting of the Audit and Risk Committee in October 2021.

The Chair asked if it would be appropriate to receive an annual report for the Transformation Programme Board. JR advised that this was currently being developed with the intention to share at the Transformation Programme Board meeting in August and subsequently at the Private Trust Board meeting in September. AN confirmed that this route would provide sufficient assurance without the need to share at the Audit and Risk Committee.

OUTCOME: The Committee **APPROVED** the Audit and Risk Committee Annual Report for 2020/21 subject to the amendments outlined above and **RECEIVED** the Annual Reports for 2020/21 for the Finance and Performance Committee and the Workforce Committee.

54/21 REVIEW OF TERMS OF REFERENCE

Audit and Risk Committee Terms of Reference

The Chair reported the Audit and Risk Committee terms of reference have recently been reviewed and are here for approval with changes highlighted in red.

RH pointed out two clarifications that were required in section 8.1 regarding the highlight reports and 8.2 regarding removing the word annually. The Company Secretary will clarify and update the Terms of Reference.

Action: AM to make the required amendments to the Audit and Risk Committee Terms of Reference and circulate to the Group.

OUTCOME: The Committee **APPROVED** the revised terms of reference for the Audit and Risk Committee subject to the above amendments.

55/21 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 points to note were that there has been a slight increase in the quarterly value compared to the previous year, although there are always variations from quarter to quarter. There was a loss of £48k consisting of expired critical medicines that are required to be stocked which relates to a range of drugs across both sites.

DS asked if this increase in quarter 1 could be attributed to any particular cause and the Deputy Director of Finance speculated that it had been an unusual year due to the pandemic and that it would seem logical that this was the explanation, but she agreed to confirm this with the Pharmacy Department.

Action: KA to confirm with Pharmacy if the pandemic is the driver for the increase in stocks of critical medicines.

The Chair asked RH if HPS were satisfied with the controls and procedures in place and RH confirmed this to be the case. The Director of Finance added that certain products have to be held in case of urgent treatment needed and that a robust system is in place amongst pharmacists across West Yorkshire.

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

2. Review of Waiving of Standard Orders

The Deputy Director of Finance presented the quarter report showing a total of 11 during this quarter period at a total cost of £247,171.46 from 1st April 2021 to 30th June 2021. The themes mainly related to continued maintenance and licencing. It was noted that compared to the previous year there has been a significant drop-off in relation to Covid expenditure, reflective of the fact that the majority of (Personal Protective Equipment) PPE is now sourced from Central Supply through NHS supply routes with very few exceptions. The Director of Finance added that one item has been added for completeness but is not truly a waiver – Calderdale CCG wish to use the improvement methodology Working Together to Get Results which is a unique product with only one supplier.

Following a query from RH, the Director of Finance confirmed that Calderdale and Huddersfield Solutions Ltd (CHS) are subject to the same processes and that Procurement Department put in extra challenge. The Deputy Director of Finance added that CHS now hold the maintenance budgets so that waivers are cohorted in one place.

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

3. Bad Debt Write-Off

The Deputy Director of Finance presented the bad debt write-off report which contains debts which are proposed for write-off. In line with the delegated limits established by the Board of Directors, the write-off of any debt with a value of more than £1,000 is delegated to the Audit & Risk Committee for approval.

Having fully exhausted all options around debt recovery, the debt identified in the paper of £231k was recommended for write-off, all of which have been provided for in the Trust's financial statements. It was noted that there were no bad debt write offs in the previous financial year.

The debt recommended for write-off primarily relates to overseas visitors. Within this, there is one unusual debt of circa £100k which relates to an individual who was in the ICU for a significant period but was discharged well. A payment plan was agreed and a partial payment received but the patient is now sadly deceased and no estate was left, therefore no further route to pursue. As with all of the debts, this was chased through a number of methods then passed for debt collection, being mindful of the balance between chasing the debt and the Trust ethos of compassionate care.

RH asked if a more regular review should be undertaken. The Deputy Director of Finance advised that this would ordinarily be completed annually but it was not carried out last year due to the ongoing work through the Business Better than Usual route. AN agreed that the bad debts should be reviewed once a year as a minimum.

RH asked if the Trust was doing everything possible to minimise the write-offs, particularly in relation to overseas visitors. The Deputy Director of Finance advised that all possible means to chase bad debts were used but that the process of routine letters being sent out had lapsed for a period of time due to the change-over of financial system. The Trust was proactive in rectifying this with the system supplier.

DS asked if the refreshed process would address the issue relating to the Spire Hospital invoices. The Deputy Director of Finance advised that the contracts with private hospitals prove challenging due to contractual expectations and that the Trust processes have not been completely successful in assuring agreements are in place as an end to end process. Local private providers are still being pursued but the position is slightly different now due to the difference in pathways for recovery work.

OUTCOME: The Committee considered the debts identified in this paper and **APPROVED** their proposed write-off.

56/21 INTERNAL AUDIT

1. Internal Audit Follow Up Report

The Head of Internal Audit presented the follow up report which sets out the Trust-wide position on the implementation of Internal Audit recommendations which have fallen due during Q1 2021/22.

Good progress has been made on the implementation of internal audit recommendations which have fallen due during Q1. The final open 2016/17 recommendation has been actioned in the last quarter which has resulted in all actions for 2016/17 now either being implemented or closed as no longer applicable. Good progress has been made on the completion of both 2018/19 and 2019/20 recommendations with only 16 recommendations still outstanding in comparison to 77 in April 2021.

At the time of reporting 41 or 63% of the 65 open recommendations are overdue. However, it is noted that 17 or 26% of the open recommendations, including 14 that are overdue, relate to three audits reports where it was identified during the July follow up process that the responsible officer has left the Trust. We are liaising with the Trust to establish who will be responsible for ensuring these recommendations are actioned going forwards.

The Director of Finance expressed frustration at the number of overdue recommendations and advised that he has been raising this in a number of forums, outlining his concern that the actions have not been completed. Although it was

discussed at the Weekly Executive Board and led by the Chief Executive, it did not gain the traction expected. A discussion took place regarding the suggestion that sponsors/leads should be invited to an Audit and Risk Committee in order that the Committee can understand why actions are not being addressed. RH and DS both supported this suggestion. Another option would be for the Chair to write to the individual sponsors/leads. The Head of Internal Audit advised that in some organisations the Executive Directors/audit sponsors are routinely invited to the Audit and Risk Committee to talk about controls in their areas and their attendance leads to a better understanding of assurance required.

The Chair pointed out that it is not always easy to identify which recommendations relate to which year in the report and the Head of Internal Audit noted this comment.

The Chair suggested that a two step process is adopted, a letter to the sponsors/leads of the actions will be sent jointly from the Chair and the Director of Finance in the next few weeks and if no progress is achieved, the Medical Director and Director of Nursing will be invited to the next Audit and Risk Committee meeting.

Action: AN/Director of Finance to follow up with and where necessary write to the sponsors/leads of the outstanding internal audit recommendations. Should this action not prove successful then the relevant sponsors/leads will be invited to the next committee meeting

2.

Internal Audit Progress Report

The Head of Internal Audit presented the progress report which details the progress made by Internal Audit in completing the Internal Audit Plan since the last meeting in April 2021. Ten audit reports have been agreed with management

Copies of all high and significant assurance reports have been provided for information. Copies of the two limited assurance reports are contained within the progress report. Limited assurance reports have been finalised for HPS and Portable Medicines Trolley. RH advised that the HPS audit report will be reviewed at the next HPS Board meeting. He pointed out that this is the first occasion this has been undertaken and although there is a lot of work to be done, both he and the Director of Finance are confident that the actions will be completed and closed.

The Chair was encouraged to see how much progress has been made given the challenges of completing the 2020/21 audit plan.

OUTCOME: The Committee **APPROVED** the Internal Audit Follow Up Report and Progress Report and **RECEIVED** the significant and high assurance reports, the Insight reports for April – June 2021 and the Audit Yorkshire Internal Audit Charter.

57/21 LOCAL COUNTER FRAUD PROGRESS REPORT

Shaun Fleming, Local Counter Fraud Specialist presented the Local Counter Fraud progress report, annual report, and risk assessment. The key points to note were as follows.

1. Local Counter Fraud Progress Report

Presentations to colleagues are continuing to be delivered via Microsoft Teams and the Local Counter Fraud Specialist will be contacting managers to do tailored fraud presentations at department/team level concentrating on specific local fraud risks.

Audit Yorkshire are also running a series of fraud prevention masterclasses covering three key areas of recruitment, payroll and creditor payment frauds.

The Government has begun a post event assurance (PEA) exercise on centralised spending for the pandemic response. The NHS Counter Fraud Authority (NHSCFA) has been tasked by the Cabinet Office with conducting a PEA exercise focussing on NHS healthcare spend at a local level. Following the exercise, the NHSCFA will provide guidance based on lessons learned and outline any fraud vulnerabilities identified during the pandemic. THE NHSCFA's PEA will commence in late June 2021 and is applicable to NHS providers. Submissions are to be made by 23rd August 2021 and the Counter Fraud Team will be collating and submitting data to NHSCFA on behalf of the Trust.

2. Local Counter Fraud Annual Report

The NHSCFA has published guidance on how NHS organisations should aim to achieve compliance with the Government Functional Standard GovS 013: Counter Fraud CFFSR. All NHS organisations have been asked to provide a self-assessment to reflect performance against these requirements during the 2020/21 financial year. The NHSCFA has openly confirmed that it is expected that health bodies will record non-compliance against a number of components, and they have acknowledged that the provision of returns for 2020/21 will represent a baseline measurement that will enable organisations to identify work required to progress towards compliance by March 2022.

The LCFS has completed the CFFSR on behalf of the Trust. The proposed submission was then reviewed and signed off by the Director of Finance and Audit and Risk Committee Chair. The organisation has an overall rating of amber for 2020/21. The programme of works outlined in the Annual Counter Fraud Work Plan for 2021/22 will look to address the areas where amber or red ratings have been applied. A copy of the complete CFFSR submission summary for the Trust was attached to the report.

3. LCFS Risk Assessment

The Counter Fraud Risk assessment was provided for information. The paper considers current and emerging fraud risks for the Trust for 2021/22 and determines the direction anti-fraud work will take during the forthcoming financial year. The document seeks to identify high risk areas for the Trust and the identified risks feed into the 2021/22 Counter Fraud work plan.

The Chair asked if there were any specific risk areas for the Trust and the Local Counter Fraud Specialist confirmed there were no specific risks and no current fraud cases. In general, the main risks currently focus on cyber fraud and its prevention. The key preventative action being training and awareness. Take up for the classes is good for CHFT colleagues. The Deputy Director of Finance added that these masterclasses were well promoted within the Trust.

OUTCOME: The Committee **RECEIVED** the Local Counter Fraud Progress Report and **APPROVED** the Local Counter Fraud Annual Report and LCFS Risk Assessment.

58/21 BOARD ASSURANCE FRAMEWORK

The Company Secretary presented the first update of the Board Assurance Framework (BAF) for 2021/22 which has been approved by the Board on 1 July 2021. Specific risks are reviewed by Board Committees at agreed timeframes. Sequencing for the rest of the year will give the Committee opportunity to review prior to Board.

There are currently 22 risks, with no new risks added since the last report presented; a number of risks have been reduced due to actions taken and one has increased – risk 7/19 compliance with NHS England/Improvement. This has been increased reflecting the financial challenge for the second half of the year.

RH advised that following discussion at the HPS Board on 19 July, it was clear that they are behind plan and the impact this might have on the commercial growth risk is therefore being assessed and might lead to reconsideration of the reduction of the risk that was made previously. The BAF risk had been reduced as a lower financial target had been set but there is a further gap emerging. The HPS Board have been tasked to produce a recovery plan which will be discussed at the next HPS Board meeting.

RH asked if the risk appetite assessment is reviewed annually or less frequently. The Company Secretary advised that this is generally reviewed in August. Last year this was done through dialogue with the Executive Directors, but she would welcome thoughts on how to undertake this review this year to widen participation. The Chair had made a suggestion which the Company Secretary will discuss with OW.

The Chair believes there is still more to do in terms of the gaps in control and gaps in assurance and there are some inconsistencies, but he will take this through the bi-weekly meeting with NEDs.

OUTCOME: The Committee **NOTED** the updated Board Assurance Framework as at 22 June 2021, noting the movement in risk scores and areas of risk exposure.

59/21 COMPANY SECRETARY'S BUSINESS

1. Reporting of conflicts of interest and standards of business conduct

The Company Secretary presented the report which details the current position on compliance with declarations of interest in line with the Trust's Conflicts of Interest and Standards of Business Conduct Policy. Work is taking place to develop individual reports by the current financial year, e.g. gifts declared in 2020/21, current outside employment with a proposed six months report to be presented to the next meeting on 13 October 2021. This was agreed and fits in with the end of the appraisal season. The Director of Finance asked if it is possible to benchmark the compliance rating for nil declarations. The Company Secretary advised that good progress had been made with nil declarations by March 2021 and this report would be circulated to members. **Action: AM to share report on nil declarations showing improved compliance position.**

OUTCOME: The Committee **NOTED** the declarations made and agreed the advice on the frequency of such reports.

2. Proposal of future Audit and Risk Committee dates 2022

The Company Secretary explained the proposal of future dates of the Audit and Risk Committee for 2022 were attached for approval. The Company Secretary asked that if there any issues with the dates, members should inform her.

OUTCOME: The Committee **APPROVED** the future Committee meeting dates for 2022.

3. Review Audit and Risk Committee Workplan

The Company Secretary stated the Committee workplan was attached for approval and any changes are to be notified to the Company Secretary or Corporate Governance Manager.

OUTCOME: The Committee **APPROVED** the annual workplan for 2021.

4. External Audit Appointment Process – Andrea to complete from here

Jenny Langdon, KPMG, declared an interest in this item and left the meeting.

The Company Secretary shared the report which outlines the process and timeline for the appointment of an external auditor given the expiry of the contract with the current audit provider, KPMG on 31st October this year. The audit scope will include CHFT annual accounts, CHS annual accounts and the accounts for the Trust's charity, as now.

It was confirmed that the appointment is made by governors and currently expressions of interest had been requested for two governors to be involved in the procurement. AN as Chair of this Committee and finance and procurement colleagues will also be involved. RH advised that he was happy to be involved in the process as required.

It was noted that a procurement framework agreement is in place for external and internal audit and this would be used. There are five providers on this framework.

The fragile external audit market for the public sector was noted. The next steps in terms of an external audit specification review and sign off with governors, consideration of expressions of interest from providers and a recommendation to the Council of Governors in October 2021 were noted.

OUTCOME: The Committee **NOTED** the requirement for the appointment of an external auditor and the process and timeline detailed in this paper.

60/21 SUMMARY REPORTS AND MINUTES TO RECEIVE

A summary report of work undertaken since April 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 – MG highlighted the need to achieve 95% compliance with the IG training target, noting compliance is around 93-94%. The Data Security and Protection Toolkit was submitted on 30 June 2021 as 'standards met' as the Trust has been given grace on reaching the 95% target. Focus is on achieving the target in the next few weeks and once 95% compliance is achieved, a snapshot report can be taken and submitted. RH noted the ICO data breach incidents referenced in the highlight report and queried how frequent these were. MG advised these do not happen regularly but do happen and that serious incident investigations were underway for these incidents.
- Health and Safety Committee – AN noted the report was brief.
- Data Quality Board – no questions were raised.
- CQC and Compliance Group – AN noted the content was mixed in terms of level of detail by division and asked DS if this was the same at the Quality Committee, which receives the minutes regarding the CQC work of the group. DS noted only one report had been received by the Quality Committee to date since the revised

reporting arrangements were agreed and advised she will review what's coming through and ensure information is received in a way that gives assurance.

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

61/21 ANY OTHER BUSINESS

There was no other business.

62/21 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- Health and Safety Deep Dive
- Bad debt write off
- Internal Audit and further action required on overdue recommendations, encouraging progress with audits this year
- Board Assurance Framework – further work to do on gaps in controls and actions
- Data Security Protection Toolkit and importance of achieving 95% Information Governance training compliance

63/21 DATE AND TIME OF THE NEXT MEETING

Wednesday 13 October 2021
10:00 – 12:15 pm
Microsoft Teams

64/21 REVIEW OF MEETING

The meeting closed at approximately 12:17 pm.

**DRAFT Minutes of the Finance & Performance Committee held on
Tuesday 31 August 2021, 11.00am – 13.00pm
Via Microsoft Teams**

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Jim Rea	Managing Director – Digital Health
Peter Keogh	Assistant Director of Performance
Rhianna Lomas	PA to Director of Finance (Minutes)
Suzanne Dunkley	Director of Workforce & Organisational Development (Item 137/21)
Stephen Baines	Governor Representative

ITEM

128/21

WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

129/21

APOLOGIES FOR ABSENCE

Apologies were received from Gary Boothby, Stuart Baron and Anna Basford.

130/21

DECLARATIONS OF INTEREST

There were no declarations of interest to note.

131/21

MINUTES OF THE MEETING HELD 02 AUGUST 2021

The Minutes of the meeting held 02 August were **APPROVED** as an accurate record.

131/21

ACTION LOG AND MATTERS ARISING

The Action Log was reviewed as follows:

125/20: Outcome Based Indicators – It was noted that the information has not yet been finalised therefore a future date will be planned. This work will be taken on by the Chief Operating Officers successor alongside the Assistant Director of Performance. **Action remains open.**

069/21:H2 Financial Plan – The ICS is running an information gathering exercise regarding exit run rates and pressures. The Acting Director of Finance will share this information once available. However, there is still no confirmed guidance for H2. **Action remains open.**

122/21: Efficiency Engagement Project – An update regarding this is planned for next month. The Acting Director of Finance and the Director of

Transformation and Partnerships will work towards this date. **Action remains open.**

116/21: High Level Risks – Covered within item 132/21. **Action closed.**

117/21: Neck of Femur Performance – Deterioration has been ongoing, and mortality is worse than the national average. The 3 Rs process identified that CHFT aim to be above 70% on patients going to theatres within 36 hours and to be better than the national average on mortality. Covid has made progress harder however the service struggled prior to this and therefore the pandemic is not the main driving factor. It was noted that neck of femur should be first on the list followed by the specialty however this is not being seen. It has been identified that some clinicians have been focused on elective work and not the trauma lists therefore these have been covered by the registrar which presents an opportunity for improvement. Investigations also highlighted some data quality issues between the weekly performance report and the IPR.

Process mapping of the pathway will be done. The lead anaesthetist and surgeon are looking to gain clear consultant leadership and a deep dive will be done regarding the mortality rate. The National Hip Fracture Data Base has a national improvement initiative that CHFT are submitting a business case for. Work is also being done to create a business case for a Trauma Consultant. In the long term, CHFT wish to re-establish the conversation with elderly care regarding them being responsible for fractured neck of femur and an Orthopaedic Surgeon assisting. It was noted that Trusts that have implemented this way of working have good mortality rates. The Director of Operations is attending theatres regularly and working with clinical colleagues on list composition and efficiency (the trauma list is part of this process.) An audit of the improvements will be done in Q4 and an update will be provided to the Committee in February 2022. The Chief Operating Officer proposed that the clinical team provide this update rather than her successor.

The Chief Executive expressed that February is too late when higher mortality is concerned. It was suggested that a go see to NHS Trusts with good performance and low mortality rates be done. It was agreed that the clinical team/Clinical Director will update the Committee in November as well February.

ACTION: For the Clinical Director and team to provide an update on neck of femur performance in November 2021 and February 2022 – **HB, 01/11/21**

Non-Executive Director, Peter Wilkinson, questioned why as documented in the report “a fractured hip is the commonest cause of injury related death in the UK.” It was noted that it is mainly caused by frailty as when some frail patients who live alone fall, they can be on the floor for several hours. This is particularly a post covid risk as frailty has increased and may impact the future position.

The Chair agreed that the data is concerning and questioned whether the GIRFT process had covered this area It was understood that the service was one of the first assessed however a follow up was not completed. It was also elective focused when done. The Committee noted that the outcome based IPR

is proving useful for flagging these issues and it was agreed that neck of femur performance should be discussed at Quality Committee also.

118/21: Recovery Trajectory – Covered within item 135/21. **Action remains open.**

FINANCE & PERFORMANCE

132/21 MONTH 4, FINANCE REPORT (INCLUDING HIGH LEVEL RISKS & EFFICIENCY PERFORMANCE)

The Acting Director of Finance highlighted the key points reported at Month 4:

- CHFT continue to report a year to date surplus. This has been driven by Q1 as the Trust received ERF. The thresholds were lower and easier to achieve at that time. In Q2, the surplus has decreased due to recovery costs and non-elective pressures/staffing issues, as well as no ERF.
- The forecast for H1 is a breakeven position. Breakeven at M6 is realistic.
- During M4 the threshold for ERF was increased from 85% of the 2019/20 elective activity to 95%. CHFT are therefore no longer forecasting receiving any ERF in M4, M5 or M6. This is an ICS wide trend.
- The agency position has gone from amber to green however this is because the threshold has been set by NHS improvement meaning CHFT is no longer measuring against the internal agency plan. Therefore, spend has not actually gone down.
- Pay enhancement has been agreed for bank colleagues in order to help with staffing pressures. This will impact in August and is anticipated to cost approximately £0.5m. It is contained within the breakeven forecast and based on four weeks. It has been extended beyond this time for a further review therefore causing a further pressure.
- The capital forecast shows a reduced spend of £14.6m against a plan of £18.99m. This reduction is based on a change in the profiling of the reconfiguration capital draw down and a reduction in critical infrastructure funding linked to timings on the cladding and the learning centre. There has been a £2.5m net reduction due to this. The change does not impact cash as the schemes were based on external funding. CHFT's forecast underspend will enable Bradford to have a forecast over spend. This has been agreed with a caveat for CHFT to draw on the resource next year.

It was questioned how other West Yorkshire Trusts are fairing as a result of the NHSE agency adjustment. The Acting Director of Finance agreed to investigate this. It was clarified that no capital plans have been stopped instead the underspend relates to timing changes. The Chair questioned the extension implications of the enhancement of pay rates. It was noted that the Executive Board have agreed to discuss it again next week. The increase has not had the desired impact at scale however withdrawing it without fair warning would have an adverse effect. Therefore, it will most likely be extended in order to give notice of its withdrawal. It may create a c. £0.5m added pressure depending upon the length of the extension.

High level risks: The risks have been reviewed; the narrative has been updated however no scores have been adjusted. The H1 financial plan is scored at 8 and the bank payments been included within the narrative. The H2 financial plan is scored at 20 and capital at 6. Cash is scored at 4 as CHFT are receiving block payments and continues to have substantial cash balances.

The Committee **RECEIVED** and **NOTED** the Month 4 finance report.

133/21

TREASURY MANAGEMENT

The Acting Director of Finance highlighted that the Trust has a high cash balance but nevertheless there is a continued focus on managing cash. The Cash Committee have set a trajectory for aged debt reduction to measure against internally. A large invoice was settled in July and some debt was written off at the Audit & Risk Committee therefore the trajectory progress is on track. From an Accounts Payable point of view CHFT are achieving the Better Payment Practice Code which is based on paying suppliers within 30 days. As discussed, the updated capital forecast does not impact cash. The Chair noted the requirement to monitor the aged debt position of HPS.

The Committee **RECEIVED** and **NOTED** the treasury management report.

134/21

INTEGRATED PERFORMANCE REVIEW – JULY 2021

The Chief Operating Officer reported that the Trust's performance for July 2021 was 73.4%. The following key points were highlighted:

- The overall percentage has increased this month. Four domains are in green and four are improving. Workforce is deteriorating and this will be covered within item 137/21. The responsive domain is slightly improving.
- Complaints performance remains good however this is in arrears and will likely dip next month. There have been staffing changes within the Quality Directorate. The team have temporarily stepped away from improvement collaborative work to focus on sending responses on time.
- Emergency care remains a challenge. Attendance levels have returned to normal winter attendance numbers however there are no summer and winter staffing models in ED therefore the department should cope. Twilight and overnight shifts are an issue. It was noted that the Liverpool system was served with an enforcement notice from the CQC due to overcrowding in ED, a pattern CHFT does not want to follow. The local community has a high Covid prevalence which provides another reason to avoid crowding.
- Bed occupancy remains high at 96-98% every day. Staffing issues are making it hard to open up more beds. The conversion rate of in patient admissions is down however length of stay is up and the average Healthcare Resource Group (HRG) cost has increased. Transfer of care numbers are high, there were over 80 last week while the plan assumes only 30. Social care also have staffing challenges. Care homes have vacancies and outbreaks, and the homecare position has been impacted therefore the rise is understandable There are gold meetings three times a week involving the local authority and CCG partners.
- There has been an increase in stroke admissions. A business case is being created and the team are looking at increasing beds. The service

has been knocked by staffing challenges and the clinical staffing model will be assessed. The stroke team will meet with the Committee in October.

- Cancer performance is positive. Referral volumes are high and face to face appointment issues are aiding this. CHFT will measure itself nationally to check whether the numbers align. Regarding day 28 faster diagnosis the Trust has a set of actions agreed to become positive again. The screening teams are being met with as they have struggled for the last three years. A tracking colleague has been employed as this proved a good idea nationally. They started this month, therefore an improvement should be seen soon.
- Planned care will be covered within item 135/21.

The Chair questioned the current Covid position to which it was noted that the overall inpatient number had risen to 74 and three patients had sadly died that morning. Bradford Teaching Hospital believe their numbers have peaked however CHFT feel that numbers are still rising. Non-Executive Director, Peter Wilkinson queried whether those dying had been vaccinated. It was understood that it has been a mixture; 2/3 in critical care had not been and one patient had received one vaccine. It was noted that younger age groups are presenting currently. The Chief Executive highlighted that CHFT must be alert not to focus too much on Covid as other services are now running again and there are staffing pressures.

The A&E attendances show that CHFT has the highest type one attendances to bed ratio. The Chief Operating Officer noted that the Trust is in a locality where there are no other provisions. CHFT also has a continued focus and drive on length of stay and being efficient with the bed base and this creates a challenge. It was noted that the Trust works the bed base well and remains flexible however even if more wards were to open there would not be enough staff to manage them safely. The Chief Operating Officer therefore asked the Committee to acknowledge the amazing work colleagues do despite the capacity challenge.

The Chief Executive expressed a concern that the IPR is perhaps being looked at too superficially as issues noted within the report like deep tissue, bed sores, dementia screening and still births to name a few have not been discussed despite poor performance data being shown. The Chair noted this view and the Company Secretary agreed that CHFT need assurance that the Committees are looking at the key data. This will be discussed further in the fortnightly meeting with Non-Executives. It was noted that assurance could be incorporated into the highlight reports. The Chief Operating Officer echoed this view and noted that Weekly Executive Board members have been asked how the IPR narrative triangulation can be improved. The Non Executives and Committee chairs will address this issue however Executive colleagues must also understand their responsibilities in this respect.

ACTION: To raise the concern at the upcoming Non-Executive meeting that the IPR is not appropriately discussed in order to gain assurance – RH, 04/10/21

The Committee **NOTED** and **RECEIVED** the IPR.

135/21

RECOVERY UPDATE

The Chief Operating Officer informed the Committee that good progress is being made with average wait times of the P2 and P3 patients, although total numbers are adrift of the trajectory. More patients are being added to the list and through August there have been capacity issues due to annual leave. CHFT remain confident that the P2 target for waiting times will be met by the end of September. A high volume of patients relate to trauma and orthopaedics. Patients will not be added to the list until they receive CCG authorisation. Work is being done to increase independent sector capacity and insourcing. The wellbeing hour will continue in a way that will not affect services. P4 progress is static, there are three cohorts of patients. Some have been offered dates and have chosen to defer, CHFT are working with WYAAT to return those patients back to the GP to be re-referred when they choose to accept. There is a complex cohort and an independent sector cohort. The new clinical director for trauma and orthopaedics is reallocating people into outpatients to free up theatre capacity. Some patient led validation is taking place by writing out to see if patients wish to proceed. Endoscopy insourcing is going well. Risks relating to recovery are staffing availability, deciding how to deal with additionality and finances. Nuffield's have said they can take some cases and they will be contracted with the CCGs.

The Chair questioned whether the trajectories had been reassessed as requested in action 118/21 - "To provide an update on the recovery trajectory at the next Committee meeting." It was understood that this has not yet been done as formal governance is required in order to re-set them. The Chief Operating Officer agreed to investigate this. Non-Executive Director, Peter Wilkinson, questioned how many patients are on the overall waiting list. It was understood that there are 35,000 patients on that list, and they continue to be added. The Chief Operating Officer agreed to create and circulate a slide showing waiting lists at a glance.

ACTION: To create and circulate a slide showing waiting lists at a glance – **HB**, **04/10/21**

It was agreed to make the recovery update a monthly item on the workplan.

The Committee **RECEIVED** and **NOTED** the recovery update.

136/21

BOARD ASSURANCE FRAMEWORK (BAF)

The Company Secretary updated the Committee regarding the six BAF risks that the Committee have oversight on. It was noted that the Director of Finance and the Chief Operating Officer have updated them. The two performance risk scores have remained at 16. It was noted that the scores may need amending if services are stopped due to Covid. The NHSI compliance risk and the finance and commercial growth risk have all maintained their scores. Updates to the BAF are shown in red.

The Chair questioned whether the commercial strategy risk score of 6 is appropriate when the HPS financial position is challenging. The Acting Director of Finance agreed to review the score after the financial recovery plan has been reviewed at HPS Board. The Managing Director of Digital Health noted that THIS have a surplus currently and are forecasting to breakeven. There are also some upcoming opportunities. The Chair reminded the Committee that Andy Nelson, Chair of the Audit & Risk Committee requires the gaps in controls within the BAF to be completed. The Company Secretary reminded all to keep their risks updated.

The Committee **RECEIVED** and **APPROVED** the board assurance framework.

137/21

AVAILABILITY DEEP DIVE

The Director of Workforce & Organisational Development informed the Committee that staff wellbeing and patient care are hard to balance. It was noted that other regional and national Trusts are also struggling with staff availability and this is driven by staff isolation. 20% of the workforce is unavailable due to sickness absence, isolation, annual leave, study leave and other reasons. Non-Covid absence is up (by c 1.5% year on year) however not by enough to be the main cause; instead 25% of the unavailability is due to self-isolation. Annual leave has not been planned as well as usual and this has had an adverse effect however it is important that staff take it. 83% of the absence relates to clinical areas. Departments where they rely on flow have more than 20% unavailability which is not ideal. Rosters are being reviewed and training/guidance is being provided. Wellbeing initiatives will continue and Halsa are helping with this. Colleagues are struggling to self-identify what help they need. Wraparound care is being provided to the top 50 absentees and manager guides regarding 1:1s and supervisory support are being created. Work is also being done to investigate postponing mandatory and non-mandatory managerial tasks to free up time.

The Chief Executive highlighted that staff not knowing the answer is okay. It was agreed to continue to underpin what is on offer to ensure there is a bed rock of understanding. The WOD team must also manage their expectations of the impact these initiatives will have. Research into what other Trusts are doing will be done. The value of asking colleagues what they need and saying thank you to them was noted.

The Director of Workforce noted that colleagues are also fearful of what winter may hold and the cohort of staff that were redeployed in wave one are scared of being redeployed again. There are a cohort of volunteers being explored at St James Ambulance who could help as they are clinically trained.

The Committee **RECEIVED** and **NOTED** the availability deep dive update.

138/21

DRAFT MINUTES FROM SUB-COMMITTEES

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

- Urgent & Emergency Care Board held 13 July 2021
- Cash Committee held 27 July 2021

- THIS Executive Board held 28 July 2021
- Commercial Investment & Strategy Committee held 29 July 2021

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

139/21

WORKPLAN - 2021/22

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

140/21

MATTERS TO CASCADE TO BOARD

This will be covered within the Chairs highlight report to the Board.

141/21

REVIEW OF MEETING

This item was not discussed by the Committee.

142/21

ANY OTHER BUSINESS

It was noted that this was the PA to the Director of Finance' last Committee meeting before moving to a new role outside of the Trust. She was thanked for her service to the Committee. This Committee meeting was also the last one that the Chief Operating Officer would attend before departing her role. She was thanked for her long term service to the Committee and the significant contribution that she had provided.

DATE AND TIME OF NEXT MEETING:

Monday 4th October, 11:00 – 13:00, Microsoft Teams

20. INFORMATION TO RECEIVE

- a. Council of Governors Workplan 2022
- b. Council of Governors Calendar 2022
- c. Updated Register of Council of Governor

To Receive

Presented by Andrea McCourt

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2022

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

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	
Declaration of Interests		✓ Receive updated Register of Declarations of Interest			✓ Receive updated Register of Declarations of Interest with new governors	
Minutes of previous meeting	✓	✓	✓		✓ Inc. AGM	Upload approved minutes to public website
Matters arising	✓	✓	✓		✓	

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
Chair's Report	✓	✓	✓		✓	
Lead Governor Update	✓	✓	✓	✓ (Annual update)	✓	
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register		✓ Receive Register	✓ Receive updated Register of CoG with new governors	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - – Audit & Risk Committee – Finance & Performance Committee – Quality Committee – Workforce Committee – Nomination & Remuneration Committee – Charitable Funds Committee – Organ Donation Committee	✓ Receive update – as appropriate	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update – as appropriate	Private meetings: <ul style="list-style-type: none"> • Feedback from Divisional Reference Group (DRG) meetings • Feedback from private Board meetings • Feedback from questions
Finance Summary Report	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive and approve Annual Accounts	✓ Receive an update from DOF	
Integrated Performance Report (Quality)	✓ Receive an update from COO	✓ Receive an update from COO	✓ Receive an update from COO		✓ Receive an update from COO	
Quality Report	✓	✓ Including confirmation of new 22/23 QA detail	✓ including quarterly update 3 QA priorities 22/23		✓ including quarterly update 3 QA priorities 22/23	

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
		Year end 21/22 quality accounts - Q4				
Updated Council of Governors Calendar	✓ Receive	✓ Receive	✓ Receive		✓ Receive	
REGULAR ITEMS						
Election Process	✓ Agree proposed timetable for election	✓ Progress on elections report		✓ Ratify appointment of newly elected members		
Nominations and Remuneration of Chair and Non-Executive Directors	✓ Receive update on tenures	✓ Ratify decisions of Nom & Rem Committee Meeting	✓ Ratify decisions of Nom & Rem Committee Meeting		✓ Ratify decisions of Nom & Rem Committee Meeting	
Appointment of Chair		✓				
Strategic Plan & Quality Priorities	Receive update: • Notes from BOD/COG Workshop • Quality Accounts	✓ Receive update on progress		✓ Receive updated plan and priorities	✓ Workshop	Review as required
ANNUAL ITEMS						
Annual Plan Submission		✓ Receive Annual Plan				Details of annual plan review and sign off to be planned once guidance for 2022/23 received – may require extra-ordinary COG meeting or COG workshop)

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
Appointment of Lead Governor		✓ Paper to be presented to discuss election process		✓ Appointment confirmed		
Chair/Non-Executive Director Appraisal	✓ Approve Chair appraisal process	✓ Approve Chair process	✓ Receive informal report			April – Approve process July – Receive report
Constitutional Amendments		✓ Review amendments				Review as required
External Auditors to attend AGM to present findings from External Audit and Quality Accounts				✓ Receive presentation from audit on Accounts and Quality Accounts		
Future Council of Governors Meeting Dates			✓ Draft – meeting dates agreed		✓ Venues confirmed	
Council of Governors Sub Committees					✓ Review allocation of members on all groups following elections NB – Chairs to be reviewed annually	
Council of Governors Self Appraisal of Effectiveness			✓ Self-Appraisal feedback / outcome			✓ Self-Appraisal process to commence May / June 2022
Review Annual Council of Governors Meetings Workplan (this document)		✓ Review			✓ Review any amendments / additions	Review as required
Review of Council of Governors Formal Meeting Attendance Register		✓ Receive register prior to insertion in Annual Report				

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
Quality Accounts	✓ Receive update on Quality Account Priorities					Approval of local indicator for QA agreed at December COG Workshop
Review details of 2021 Annual General Meeting		✓ Review April				
ONE OFF ITEMS						
Review Tender arrangements for Administration of Election Service						As required
Appointment of Auditors						Re-tendering of external auditors to be reviewed in 3 years
Review progress with annual plan for Membership Strategy		✓			✓ Review	Review as required and no less than every 3 years
Review of Standing Orders – Council of Governors		✓ Review				Annually
Risk Register	✓					

CALENDAR OF MEETINGS FOR GOVERNORS
For the period November 2021 – December 2022

Meeting Type	Date	Time	Venue
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 and Anaesthetics Divisional Reference Group Meeting Attend: Stephen Baines, Peter Bell, Sandeep Goyal, Christine Mills, Brian Moore, Jason Sykes	Monday 1 November 2021	10:30 am – 12:00 pm	Via Microsoft Teams
Medical Divisional Reference Group Meeting Attend: Peter Bell, John Gledhill, Jo Kitchen, Chris Matejak, Alison Schofield, Liam Stout, Nicola Whitworth	Monday 1 November 2021	1:30 pm – 3:00 pm	Via Microsoft Teams
Community Divisional Reference Group Meeting Attend: Stephen Baines, Gina Choy, Emma Kovaleski, Robert Markless Alison Schofield	Tuesday 2 November 2021	10:30 am – 12 noon	Via Microsoft Teams
Estates and Facilities Services Group Meeting Attend: Peter Bamber, Isaac Dziya, John Gledhill, Brian Moore, Nicola Whitworth	Wednesday 3 November 2021	1:30 pm – 3:00 pm	Via Microsoft Teams
Families and Specialist Services (FSS) Divisional Reference Group Meeting Attend: Peter Bamber, Peter Bell, Gina Choy, Robert Markless, Sally Robertshaw, Veronica Woollin	Thursday 4 November 2021	10:30 am – 12 noon	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

CALENDAR OF MEETINGS FOR GOVERNORS
For the period November 2021 – December 2022

Governors / Non-Executive Directors Informal Workshop Attend: All	Tuesday 14 December 2021	12:30pm – 4:30pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 27 January 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 10 February 2022	2:00 – 4:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 21 April 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Joint Board of Directors / Council of Governors Workshop Attend: All	Tuesday 10 May 2022	1:00 – 4:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 14 July 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 15 September 2022	2:00 – 4:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 20 October 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Joint Board of Directors / Council of Governors Workshop Attend: All	Tuesday 15 November 2022	1:00 – 4:00 pm	Via Microsoft Teams

CALENDAR OF MEETINGS FOR GOVERNORS
For the period November 2021 – December 2022

Governors / Non-Executive Directors Informal Workshop Attend: All	Tuesday 13 December 2022	12:30 – 4:00 pm	Via Microsoft Teams
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The dates of the DRG for February and June 2022 will be confirmed in due course.

Bank Holidays 2022

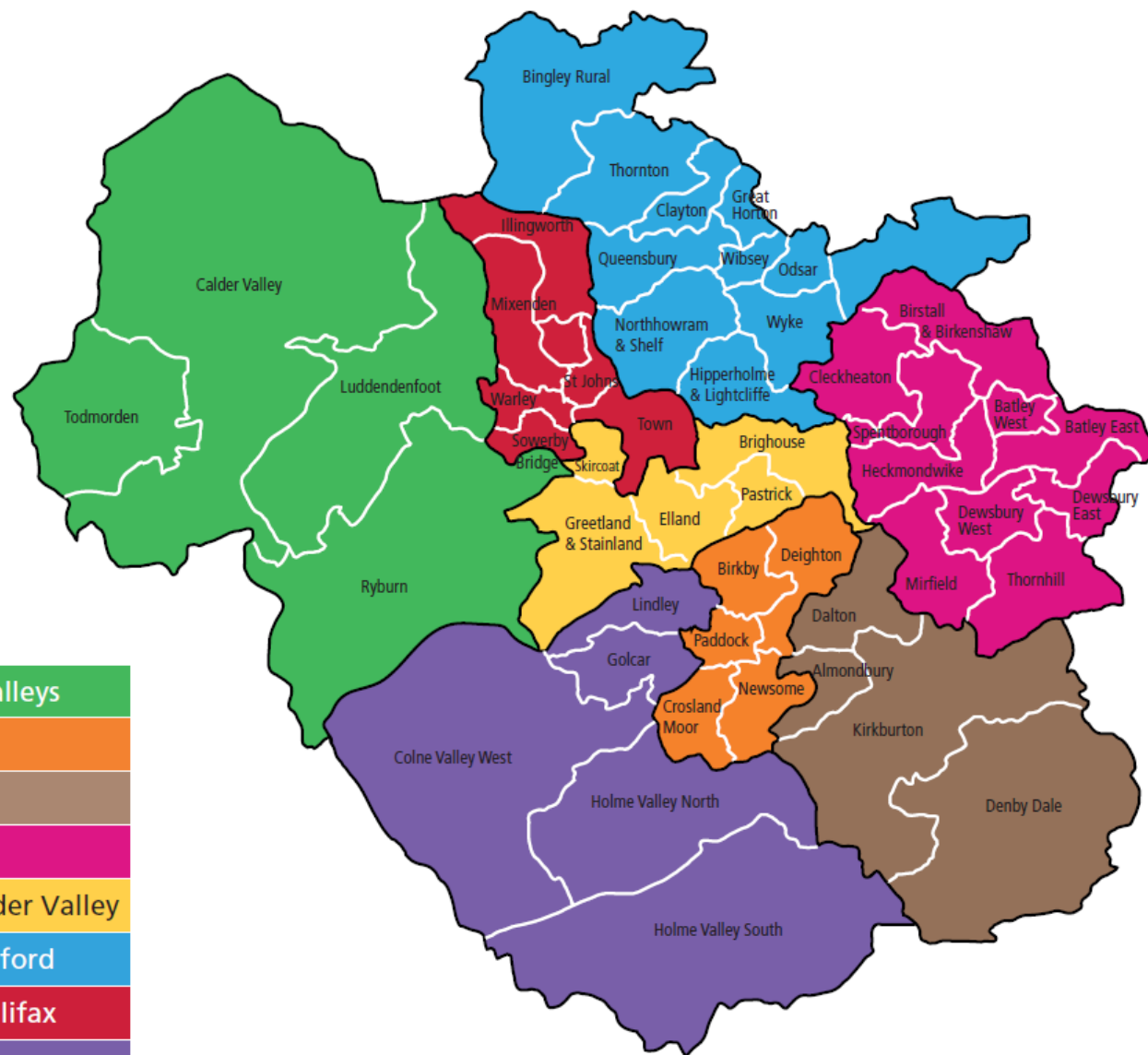
Friday 15 April 2022 (Good Friday)
Monday 18 April 2022 (Easter Monday)
Monday 2 May 2022
Thursday 2 June 2022
Friday 3 June 2022 (Platinum Jubilee)
Monday 29 August 2022

COUNCIL OF GOVERNORS REGISTER AS AT 29 JULY 2021

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

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

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



21. Any Other Business

To Note

22. DATE AND TIME OF NEXT MEETING:

Date: Thursday 27 January 2022

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

Venue: Microsoft Teams

To Note

Presented by Philip Lewer