








Council of Governors

Schedule	Thursday 22 April 2021, 15:30 — 17:30 BST
Venue	Microsoft Teams
Organiser	Jacqueline Ryden

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Council of Governors Meeting

Date: Thursday 15 July 2021

Time: 3:30 – 5:30 pm (Private meeting 2:30 – 3:15 pm)

Venue: Microsoft Teams

Joint Board / Council of Governors Annual General Meeting

Date: Wednesday 28th July 2021

Time: 5:00 – 6:30 pm

Venue: Virtual via Microsoft Teams

To Note - Presented by Philip Lewer

1. Welcome and Introductions: Peter Keogh, Doriann Bailey

To Note

Presented by Philip Lewer

2. Apologies for absence: Helen Barker, Sally Robertshaw, Ellen Armistead, Suzanne Dunkley

To Note

Presented by Philip Lewer

3. Declaration of Interests

To Note

4. Minutes of the last meeting held on 28 January 2021

To Approve

Presented by Philip Lewer

PRESENT:

Chair

John Gledhill

Public Elected – Lindley and the Valleys

Public Elected - Huddersfield Central

Public Elected – East Halifax and Bradford

Public Elected – Skircoat and Lower Calder Valley - Lead Governor

Public Elected – North and Central Halifax

Public Elected – Calder and Ryburn Valleys

Public Elected - North Kirklees

Public Elected – Huddersfield Central

Public Elected - North and Central Halifax

Linzi Smith

Staff Elected – Management / Admin / Clerical

Staff Elected – AHPs

Staff Elected – Doctors/Dentists

Cllr Lesley Warner

Kirklees Metropolitan Council

University of Huddersfield

Locala

Calderdale Metropolitan Council

Alastair Graham

Non-Executive Director

Non-Executive Director

Director of Finance

Chief Operating Officer

Assistant Director of Patient Safety

Senior Manager, Quality and Safety

Senior Manager
Chief Executive

Medical Director

Medical Director
Company Secretary

Corporate Governance Manager (minutes)

Salma Yasmeen - South West Yorkshire Partnership Foundation Trust

Ellen Armistead - Director of Nursing

Helen Hunter - Healthwatch – Kirklees and Calderdale

02/21 WELCOME & INTRODUCTIONS

The Chair welcomed governors, colleagues from the Board of Directors and staff presenting papers to the meeting.

03/21 DECLARATIONS OF INTEREST

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

04/21 MINUTES OF THE LAST MEETING HELD ON 22 OCTOBER 2020

The minutes of the previous meeting held on 22 October 2020 were approved as a correct record.

The Chair highlighted Jude Goddard and Alastair Graham have recently featured as guest editor in the Trust weekly newsletter to express thanks to staff. If any governor is interested in participating and featuring in the newsletter to please let us know by emailing councilofgovernors@cht.nhs.uk.

OUTCOME: The minutes of the previous meeting held on 22 October 2020 were **APPROVED** as a correct record.

05/21 MATTERS ARISING / ACTION LOG

The action log was reviewed and updated.

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

06/21 FEEDBACK FROM NON-EXECUTIVE DIRECTORS IN ATTENDANCE – KAREN HEATON AND ALASTAIR GRAHAM

The Chair invited Karen Heaton and Alastair Graham to share their background and an update of what they have been involved in with the Trust.

Karen Heaton, Non-Executive Director provided an update on all the work she has been involved with in the Trust. KH is Chair of the Workforce Committee and has been on the Board for five years. By background, KH is the Director of Human Resources for the University of Manchester.

KH provided an update on the Workforce Committee agenda which has seen a focus on Health and Wellbeing, a deep dive into workforce data which identifies concern regarding the increasing level of staff sickness absence which remains under scrutiny. There have been deep dives into the recruitment process, which has seen some improvements, and the board assurance framework areas, largely around staffing. KH also attends AAC (Consultant) recruitment panels and explained a recent panel was successful in recruiting. She explained the competency framework for Non-Executive Directors is being reviewed with Peter Wilkinson to look at any improvements. KH is also a member of the Covid Oversight Group which is Chaired by Denise Sterling. KH also advised that she has volunteered to be the nominated Non-Executive Director for the Ockenden review about maternity services.

Linzi Smith asked if the Trust still offer a retire to return option for colleagues or if colleagues can re-join on a Bank or zero-hour contract. KH explained she would look into this; however, staff who had retired were approached to assist the Trust with the Covid pressures and vaccination programme. **Action: Chair to check this with**

Suzanne re: retired staff and zero hours contract and respond to Linzi outside of the meeting.

Alison Schofield raised a concern arising from the Disability Action Group to ensure that reasonable adjustments are made for staff working from home who are high risk. KH explained this should be addressed with their Human Resources partner and any reasonable adjustment should be the same to ensure staff have a safe as possible working environment from home.

Chris Reeve asked what opportunities the Trust have around the workforce agenda. KH highlighted there are great opportunities for hybrid working and explained how quickly staff have adapted in the use of technology. She added there may also be an impact on the estate, such as how much of it is needed if staff are working from home and the impact on the carbon footprint with less work-related travel.

Annette Bell asked for a definition of hybrid working. KH explained hybrid working is a mix of working from home and working in the workplace, a form of flexible working.

Cllr Lesley Warner asked if there is a national view to lead a campaign in response to increased staffing absence and ongoing demanding work, such as bursaries. KH explained this is a national advert and would like to think the bursaries would be re-introduced. The government are trying to progress apprentices and careers inside the NHS.

Peter Bamber felt that staff who are working from home due to Covid should be able to make claims for keeping their house warm in winter. KH responded to explain such staff have reduced travel costs and confirmed home working staff can claim tax relief from HMRC for heating and lighting expenses.

Alastair Graham, Non-Executive Director has been on the Board for just over three years. AG was previously Managing Director for the National Housing Association and prior to this he ran a major Regeneration Programme across parts of Greater Manchester. Alastair's background is in local government and housing estate matters. AG is the Chair of Calderdale and Huddersfield Solutions Limited (CHS) which provides estate and facilities, particularly to Huddersfield Royal Infirmary. CHS also provides procurement services across the whole Trust, portering services, cleaning services and materials management. The role of CHS during the pandemic has been important in making sure there is enough PPE, medical equipment, refrigerators for vaccines and isolation facilities. A new isolation facility was created in record time by CHS and handed over to the hospital in December 2020. AG also has the privilege of being a member of the Research and Innovation Committee and explained the research team played an important role on the recovery trial which is a national trial looking at treatments for Covid. He explained more patients were recruited into this trial than almost any other Trust regionally and nationally. The Trust were involved in helping discover a drug called Dexamethasone and saving lives nationally and internationally. This research work has attracted interest nationally and internationally which is very positive. AG also attends the Transformation Programme Board, Chaired by Peter Wilkinson. The plans for reconfiguration are continuing to progress at pace in terms of the reconfiguration of the two hospitals, following approval of the £196b subject to an outline business case, detailed business case and planning permission. The Trust are very shortly going out to consultation with plans for Calderdale, which will then go for planning

permission in May 2021. The HRI works is also progressing for a new Emergency Department towards the back end of the current year and work is starting at CRH next year which includes a new multi-story car park. AG also attends AAC panels for recruitment and explained it is heartening to see individuals that really want to join the Trust.

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

07/21 Quality Report Presentation

Doriann Bailey, Assistant Director for Patient Safety shared a presentation which focused on quality priorities for 2020/21, complaints, governance and the Ockenden maternity review.

Doriann updated the governors on the progress that has been made on the three quality account priorities selected by the Council of Governors last year which were included in the presentation.

Doriann presented an update on the quality governance agenda during the Covid pandemic. The Quality Committee meetings continue to take place; however, one meeting was stood down due to the pressures within the clinical workforce and these agenda items were addressed in subsequent meetings. Lots of work has taken place to streamline the agendas and the Divisional Patient Safety Quality Board meetings have all continued. The high-level risk register is received and reviewed at each meeting and key risks have undergone deep dives to provide greater assurance. The governance structure has been revised under the Trust Patient Safety Quality Board and Quality Committee to ensure robust reporting is taking place. The Risk Register and the Risk Management Strategy has been reviewed.

Doriann provided an overview of complaints and explained the Director for Patient Experience has reviewed the complaints process against the PHSO standards. Work has also taken place to develop an approach to learning from complaints and incidents utilising an online portal; however, there are financial challenges of taking this forward which is under review. Work is taking place to develop the Datix dashboard for reporting of complaints. Divisional level support has been offered for the management of complaints and work has taken place to fill vacancies in the complaints team and there is now a full complement of staff. Doriann reported there was a national pause of complaints during the Covid-19 pandemic and shared a chart detailing the number of complaints received during the pause period and after. The Trust are seeing a reduction in re-opened complaints.

The Ockenden review was published on 10th December 2020 which presents the findings on an independent review of Maternity Services at Shrewsbury and Telford Hospital NHS Trust between the period of 2000 and 2019. The Trust have been asked to submit a position statement against 7 key actions and 12 safety priorities. CHFT's response demonstrates compliance in all these areas. The key actions will be monitored through the Quality Committee. Karen Heaton, Non-Executive Director is the Maternity Safety Champion.

Linzi Smith asked if staffing comes up on the Ockenden review under safety due to the lack of midwives. Doriann responded to confirm assurances on all actions were

provided to the LMS, Local Maternity Services and she is not confident whether staffing was one of the key actions.

Peter Bamber asked if the governors can see a copy of the report which shows the Trust's compliance with the Ockenden report. Doriann will discuss this with Karen Spencer and provide a response to the Chair. **Action: Doriann to discuss sharing the Ockenden report with Karen Spencer and confirm the outcome with the Chair**

Christine Mills explained a lesson learned from a previous Quality Committee meeting was she didn't receive the papers for the Quality Committee with the Trust using an electronic system for papers for meetings. Michelle Augustine will ensure Christine receives the papers.

The Chair thanked Doriann Bailey for her update and presentation.

OUTCOME: The Council of Governors **NOTED** the Quality Report.

08/21 Selection of 2021/22 Quality Priorities

The Company Secretary explained the Trust are in the process of selecting next year's quality account priorities. The shortlist of six was agreed at the workshop in December 2020 and the governors are now asked to vote for one per category by 19th February 2021 which is the final stage of selection. This will be detailed in the Foundation Newsletter next week. Historically there has been a low response; therefore, the governors are asked to raise awareness with members of the process of selection and encourage response. The final selection will be confirmed at the Council of Governors meeting on 22 April 2021 and the priorities selected will be progressed throughout the year.

Chris Reeve asked if there are any metrics, for example, how much the Trust are looking to reduce these or if it is a general direction of travel. The Company Secretary confirmed the newsletter will include more information on each priority and once the final three topics are confirmed the metrics will then be worked through as a measurable improvement.

OUTCOME: The Council of Governors **NOTED** voting on the quality priorities for 2021/22 is to be submitted online by 19th February 2021 and are asked to encourage members to respond.

09/21 Risk Management Update Presentation

Gareth Webb, Senior Manager for Quality and Safety shared a presentation which focused on the Risk Management Strategy and Policy, risk governance and Covid-19 risk management.

The Risk Management Policy and Strategy has undergone a review and combined into one document. This was approved at the Audit and Risk Committee and will be presented to the Board for approval on 4 March 2021.

Gareth explained there is a Covid risk management team that meet daily. The current Covid-19 risk themes are described below:

- Isolation / Social Distancing – Isolating Covid wards from non-Covid wards and maintaining social distancing

- Delays – Non-Covid services, wards and theatres are being used for Covid or to isolate from Covid wards
- Capacity – Relating to staffing, Covid involves intense staffing 24/7 and individuals may be isolating or Covid positive which leaves a pressure on Covid clinical staff, health and wellbeing and support is being provided

Jude Goddard asked Gareth what the biggest impact has been in pulling the report together. Gareth explained he attends the Incident Management Team meetings from a risk perspective and noticed how professional staff continue to work under such difficult circumstances.

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

PERFORMANCE AND STRATEGY

Covid-19 Vaccine Uptake by Trust, Division and Ethnicity

The Chief Executive presented an update on vaccinations by Trust which was requested by the Chair following a question from a governor via the informal meeting of the Council of Governors.

The Chief Executive reported the Trust have acted as a Community Hub and have vaccinated just under 15,000 people which ranges from CHFT staff, other healthcare workers and is in line with the prioritisation set out nationally. He added the Trust have had more focus on care home workers, health care workers and the Primary Care Network Partners have had a broader focus on community.

A total number of 4,137 Trust staff have been vaccinated to date which equates to 68.4%. The Chief Executive reported no second doses have been given out to date which falls in line with the guidance provided, which has moved from a 21 day to a 12-week window. This change has caused some concern amongst some colleagues and beyond CHFT, who were expecting a second dose within the original timeline. The Trust are ensuring no vaccine goes to waste which has taken a role in vaccinating as many staff as possible.

There is focus on increasing staff vaccinations for staff in the Health Informatics Service, particularly staff who are still required to provide desk support.

Details of vaccinations given by ethnicity and Division were shared in the meeting.

Peter Bamber thanked the Chief Executive for his presentation and is delighted with the achievement on each site. Peter raised concern in poor uptake in certain ethnic groups mainly for medical reasons and asked how the Trust are reaching out to the groups who are more reluctant. The Chief Executive explained the Trust are using a modelling approach to advocate take up of the vaccine and are working hard to recognise any cultural concerns. Any concerns in having the vaccine will have a wider impact in the community.

Annette Bell asked if the Trust are approaching younger people. The Chief Executive responded to confirm the criteria set out is to prioritise the elderly following national guidance; however, the younger groups are still being targeted.

The Chair explained he is very impressed with the Covid-19 Vaccination Programme. The Chair thanked the Chief Executive, Medical Director and Mel Addy who is

operationally managing the vaccination programme for their hard work and professionalism running this service 7-days a week. The Medical Director is also involved in the work at John Smiths Stadium.

10/21 Operational Update

The Chief Operating Officer provided an update on the current Covid-19 position as at 28th January 2021.

The key updates were:

- 45,044 patients were tested with 1,173 testing positive
- 141 current inpatients with a positive Covid test
- Small number with a negative test who are showing clinical signs of Covid and are treated as though they have Covid
- 453 patients have died, 29 in the last week
- Important to note lots of patients do get well post Covid
- Staff absence is increasing
- Wave 3 is showing more of a peak than wave 1 and 2

The Chief Operating Officer shared some national key messages which were included in the presentation.

The Chief Operating Officer confirmed plans are in place for Covid changes and a new isolation facility has been opened at Ward 18, Huddersfield Royal Infirmary. She thanked CHS colleagues for opening this facility in record time. Patient flow has improved, and A&E waiting times have reduced. She explained all diagnostics except Endoscopy will be at 6 weeks maximum by the end of March 2021. The Chief Operating Officer shared a positive message in that cancer pathways have been maintained at pre-Covid timelines.

The Chief Operating Officer explained backlogs and prioritisation is a focus at the next Board Development Session on 4 February 2021.

11/21 Performance Update

The Chief Operating Officer provided an update on current performance. There has been a slight dip in the overall performance percentage which relates to Trust backlogs; however, generally the Trust are holding a good position. There has been an improvement in the number of patients that arrive at A&E with a query stroke. There is some concern regarding long-term sickness which has started to increase slightly which is being monitored by the Director of Workforce and Organisational Development.

The Chief Operating Officer explained there was an investment into the frailty service two years ago which has continued for this year. Last year, just short of 950 patients attended A&E who were classed as frail patients with 46% (433) admitted. This December, 904 patients attended A&E with only 28% (256) admitted. This is a big improvement saving over 1,300 bed days in the month with no increase in re-admission rates.

The Chair thanked the Chief Operating Officer for her presentations which will be shared with the governors following the meeting.

OUTCOME: The Council of Governors **NOTED** the Covid-19 vaccination update and uptake by division and ethnicity, the Operational Update and Performance Update.

12/21 Financial Position and Forecast – Month 8

The Director of Finance summarised the key points in the finance report for the period ending November 2020.

The Trust were in a position up to the end of September 2020 where all reasonable costs were being re-imbursed; however, the Trust has submitted a plan identifying performance for the last six months of the year which shows the Trust ahead of plan and underspent by £1.1m at month 8. This underspend is predominately due to difficulties recruiting staff. The plan had set strict criteria with a requirement to assume certain levels of additional activity e.g. elective; however, due to the high level of Covid activity, the Trust have not been able to do this. The underspend is being driven by consumables (theatres) and staffing not required to deliver more elective activity.

The report highlights a potential risk at month 8 in relation to the elective incentive scheme. This is where funding provided would be reduced based on the level of elective activity the Trust can undertake. The Trust have been unable to achieve the level of elective activity set out this year; however, since the publication of the report the rules have changed and there will be no penalty incurred if the level of Covid activity exceeded 15% of bed base which it has.

Year to date the Trust has spent nearly £21M related to Covid, for example on PPE and additional staffing.

The Trust are forecasting to deliver the plan; however, it is still a deficit plan with a plan to be overspent by £1.9M as agreed with West Yorkshire Integrated Care System (ICS).

In terms of forecast for the year, by year end the Trust are forecasting to spend an additional £37m over and above the plan at the start of the year. This additional funding of £37m has been provided from NHS England/Improvement recognising the challenges of Covid.

OUTCOME: The Council of Governors **NOTED** the Month 8 Financial Summary for 2020/21.

13/21 Planning Overview 2021/22

The Director of Finance reported the Trust are not in a position at the current time to bring a proposed financial plan for governors' support. This is due to the challenges of Covid waves and uncertainty of what elective recovery activity is required. There has been a change to the position this year and the national planning guidance will now not be issued until April 2021 and Trust will have to submit plans by June 2021. The funding given for the latter half of this year will be rolled over for the first quarter of next year. This will provide more time to understand the position for next year and the government more time to agree the funding envelope with Treasury.

The Director of Finance explained that internally, the Trust still aim to create an internal plan ready for 1 April 2021 which will maintain budget holder accountability. The capital plan for this year has been agreed with a plan to spend £4.7M of internally generated funds. This has been agreed through the Board and a Dragon's Den process, where colleagues are asked to bid on capital allocation by considering bids and risk register ratings.

The Director of Finance explained there will be additional external capital funding this year for example digital, scan for safety and supported radiology and pathology programmes.

The Director of Finance reported the Trust will still be working within the Integrated Care System financial framework in the next quarter, with an allocation of funding.

There is some recognition that the Trust hasn't been able to deliver the efficiencies of the Cost Improvement Programme (CIP) this year which are recurrent efficiencies. There is also recognition the Trust have not been able to engage to understand the cost improvements for next year. Within the funding allocation nationally, this will be taken into consideration. The Director of Finance and Chief Executive have been discussing the efficiency challenge with the clinical teams, for example using opportunities such as 'Business Better than Usual', the opportunity to recover activity, eliminate waste and improve care.

The Director of Finance report a financial plan for next year will be brought back in another quarter.

OUTCOME: The Council of Governors **NOTED** the update on financial planning and a financial plan for next year will be brought back to a future meeting.

14/21 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE
Nominations and Remuneration Committee held on 18 January 2021

The Chair left the meeting at this point due to a conflict of interest relating to the re-appointment of Chair.

The Company Secretary reported the Chairs first term of office ends in March 2021. A Nominations and Remuneration Committee of the Council of Governors considered the Chair's re-appointment which reviewed several documents including the satisfactory outcome of the Chair's appraisal. The governors unanimously supported the Chair for re-appointment.

The Council of Governors were asked to ratify the decision made by the Nominations and Remuneration Committee held on 18 January 2021 which will be confirmed at the Board on 4 March 2021.

Stephen Baines as Lead Governor added he feels that Philip has been an excellent Chair of the Trust and is hopeful the governors will accept the recommendations from Nominations and Remuneration Committee which decision was unanimous.

The Council of Governors were unanimously in support of this decision for re-appointment of the Chair for a further term.

OUTCOME: The Council of Governors **SUPPORTED** the recommendation from the Nominations and Remuneration Committee meeting held on 18 January 2021 to support the re-appointment of the Trust Chair for a further term.

15/21 CHAIR'S REPORT

The Chair reminded governors if they are unable to attend meetings that they are allocated to if they could ask their deputy governor to attend. These meetings are where the governors can hold the Non-Executive Directors to account.

The Chair reminded governors of the informal Non-Executive Director and Governor workshop taking place on Thursday 11 February between 3:00 – 5:00 pm which will focus on the reconfiguration and the Integrated Care System (ICS).

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

GOVERNANCE

16/21 UPDATE FROM LEAD GOVERNOR/CHAIR

No further update.

17/21 COMPANY SECRETARY'S REPORT

a. Review of Election Arrangements 2021

The Company Secretary presented the paper which describes several governor vacancies for 2021 and the proposals for the elections this year. There are twelve public vacancies this year, three of which are governors coming to the end of their term and are eligible for a further three-year term. There are two governors who are eligible to stand for a further two-year term which leaves seven true vacancies to fill. There are four staff vacancies this year with one eligible to re-stand for a further term.

The Trust are now unable to use the reserve register following advice from NHS Providers that this is not an appropriate arrangement. The Trust will plan virtual engagement events and look to broaden diversity among groups in an effort to leave no vacant seats.

The full election timetable will be brought back to the meeting on 22nd April 2021.

Cllr Lesley Warner stated she feels the public don't understand that they can choose to become a member and asked if communication can be put out in the public domain about what becoming a member involves and asked for a copy of this to share. The Company Secretary confirmed there will be a communication strategy and acknowledged it is not a well-known role.

Lynn Moore suggested the invite to become a member or governor is advertised on the televisions around the hospitals. The Company Secretary will pick this up with the Membership Engagement Manager and Communications team.

b. Update of Tenures of Non-Executive Directors

The Company Secretary presented the paper describing the tenures of the Non-Executive Directors, for information. The Non-Executive Directors can serve two tenures for three years each.

Alastair Graham declared an interest in this agenda item.

OUTCOME: The Council of Governors **NOTED** the upcoming elections arrangements for 2021 and the update of tenures of Non-Executive Directors.

18/21 RECEIPT OF MINUTES FROM SUB-COMMITTEES

Minutes of the following meetings were received:

- Quality Committee meetings held on 28.9.20, 26.10.20, 30.12.20
- Workforce Committee meeting held on 19.10.20, 16.11.20, 9.12.20
- Charitable Funds Committee meetings held on 25.11.20
- Audit & Risk Committee meetings held on 21.10.20
- Finance & Performance Committee Meetings held on 2.11.20, 30.11.20
- Organ Donation Committee meeting held on 13.1.21

No questions were raised.

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

19/21 INFORMATION TO RECEIVE

a. Council of Governors Calendar 2021

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

b. Updated Register of Council of Governors

The updated Register of Council of Governors as at January 2021 was circulated for information.

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

20/21 ANY OTHER BUSINESS

There was no other business.

DATE AND TIME OF NEXT MEETING

The Chair thanked the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting. The Chair formally closed the meeting at 17:32pm and invited governors to the next meeting.

Council of Governors Meeting

Date: Thursday 22 April 2021

Time: 3:30 – 5:30 pm (private meeting 2:00 – 3:15 pm)

Venue: Microsoft Teams

5. Matters Arising / Action Log

- 2021/22 Quality Account Priorities

To Note

Presented by Philip Lewer and Andrea McCourt

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
28.01.21	Quality Report Peter Bamber asked if the governors can see a copy of the report which shows the Trust's compliance with the Ockenden report. Doriann will discuss this with Karen Spencer and provide a response to the Chair	Doriann Bailey	Action plan against the 12 clinical priorities shared with the governors with the minutes. The Ockenden review will be presented to the public Board on 4 March 2021.	22.4.21		08.02.21
28.01.21	Update from Non-Executive Directors Chair to ask Suzanne if there is a retire to return option or if retired staff can re-join on a zero hours contract or Bank and respond to Linzi Smith outside of the meeting.	PL/SD	Response from Suzanne received on 09.02.21 and shared with Linzi Smith.	22.4.21		09.02.21
09.07.20	CHFT Covid-19 Response PL/SD to send a letter of thanks on behalf of the governors to the retired staff who have returned to CHFT	PL/SD	PL discussed with Suzanne Dunkley, Director of Workforce & Organisational Development who suggested that a letter is sent to all colleagues on behalf of the Governors, the Chair and the Chief Executive. It was subsequently agreed that thank you letters/cards would be issued during the Trust's celebration/thank you period which will run November to March. The programme of events is currently being drawn up and will include the thank you letters.	22.10.20		

NON-EXECUTIVE DIRECTORS

6. Feedback from Non-Executive Directors in attendance

To Note

Presented by Denise Sterling and Andy Nelson

QUALITY

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

Presented by Doriann Bailey, Assistant
Director of Patient Safety

To Note

PERFORMANCE AND STRATEGY

8. Operational Covid Update and Recovery Plans - Peter Keogh









To Note

CHFT Recovery Framework

Council of Governors

22 April 2021

Current Position

- 57262 (+1086) Tested 
- 2253 (+15) Positive 
- 22 (+5) Current Inpatients + 6 (+5) query 
- 1 (-) CC 
- 539 (+1) Died 
- 2007* (+15) Discharged well 
- 36 (-39) Staff absence [32 clinical (-30)] 
- 14 (-4) have a positive Covid-19 test 

Context

Well performing organisation & system

Pandemic response and recovery framework reflective of core values

Backlogs across all planned care

A 12 – 24month framework

In parallel with Reconfiguration planning

Assumptions

- Covid prevalence remains low
- Vaccine programme continues at pace
- Health inequalities prioritisation
- System approach to capacity & demand

Foundations

Principles

- Patient & colleague safety & wellbeing
- Resilience
- Needs based
- Ensure learning reviewed & embedded
- Understand interdependencies including financial implications
- Ensure a positive training environment
- Incorporate our agreed Must Do's

Priorities

- Priority 1 & 2 patients
- People with a learning disability
- Waiting time equity for BAME & non BAME
- Appropriate waiting time equity across services
- Patients with a harm or independence risk
- Robust administrative support
- Services where increased risk of harm
- Services where no alternative provision
- All additionality will be voluntary
- Widen access to recruitment
- Compassionate leadership

Health Inequalities

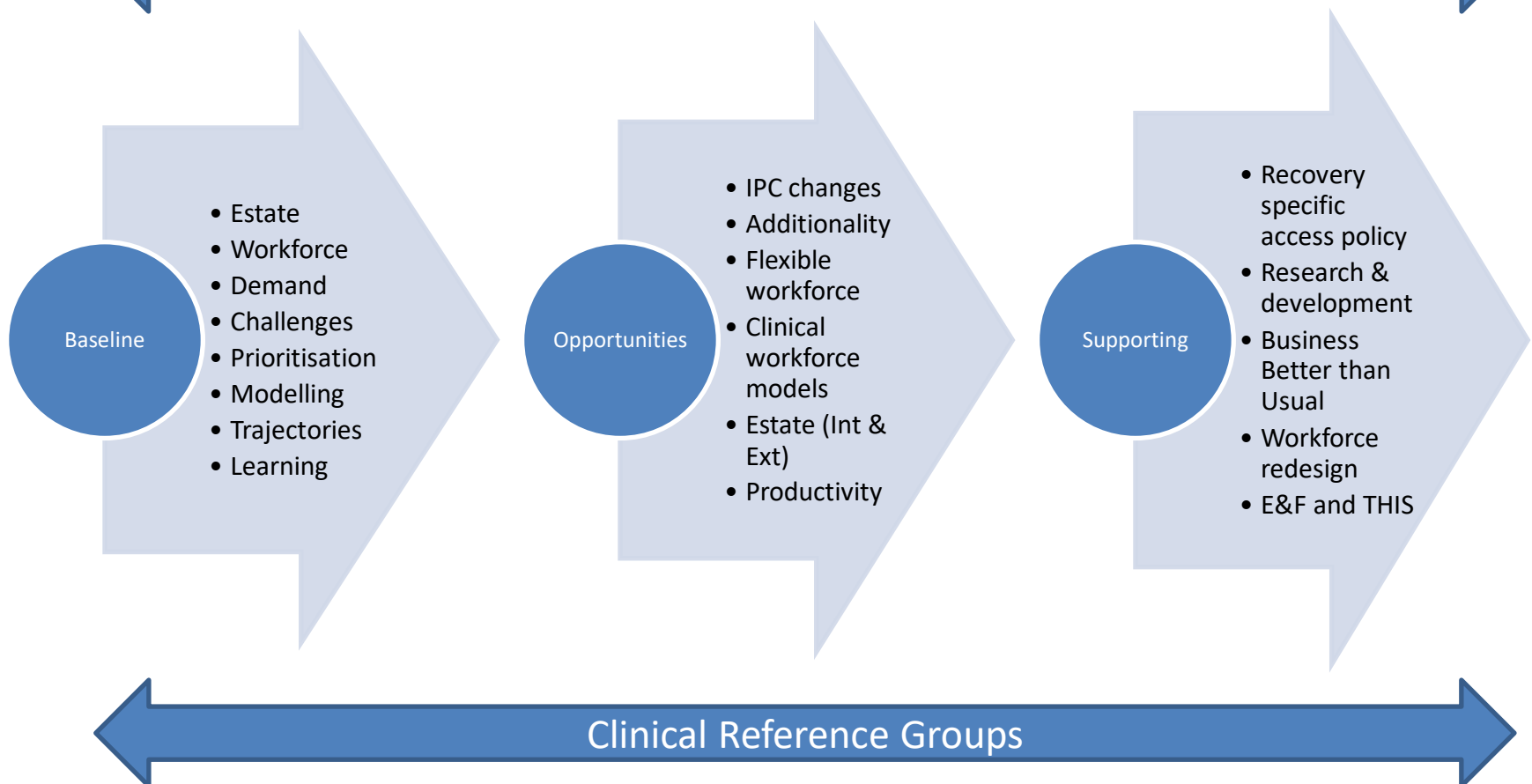
- Compliance with the 8 urgent actions
- Connection with communities used to inform including digital inclusion
- The lived experience with initial focus on families accessing maternity services
- Overlay clinical prioritisation to ensure recovery reduces health inequalities and ensure those most likely to benefit are prioritised
- Ensure a diverse and inclusive workforce with equal access to opportunities

Modelling

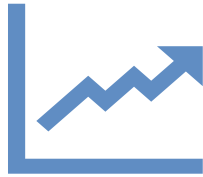
- Clinical reference group in place
- Sept & March Milestones
- Based on priorities & current level of demand
- New outpatients, inpatient/daycase & Endoscopy completed
- Follow up outpatients, other diagnostics & therapies to be completed

Approach

Health Inequalities







Challenges

Workforce

Pace

Covid & non elective demand

Reversal of some efficiency improvements

Estate

Increased acuity and dependency

Demands/expectations inconsistent with
the priorities

Lack of access to external capacity

Surge in demand for planned care



Opportunities

Shielding staff returning

Virtual clinics

IPC changes

Increased day case rates

All day operating

Flexible job plans

Independent sector

GP practice clinic space

Governance

Finance & contracting

Planning & budgets set in 2 x 6month blocks
Clear covid & non covid expenditure
Reviewing retention of loan equipment
Working through new budget control arrangements

Performance

New Performance & Accountability Framework
Modelling translated to Trajectories
Dedicated IPR section for recovery monitoring including outcome metrics

Governance

Incident Management Team (IMT) disbanded & replaced with Recovery Steering Group
EQIA & QIA of the framework
Ongoing monitoring of incidents & complaints related to backlogs
Each Division developing 10yr strategy & 1 year plan on a page

Communications & Engagement

Weekly forums with all professional groups
System discussions inc LMCs
Specialty meetings
Additional CRGs for modelling and Health Inequalities planning
Ongoing development of 'Managers guides'

9. Performance Update - Peter Keogh

To Note

Council of Governors 22nd April 2021

February 2021

Trust performance for February 2021 was 68.0% which was an improvement on the previous 3 months.

Cancer performance has remained strong throughout the last 12 months.

SHMI is above 100 however is below 100 for in-hospital deaths with further work continuing to analyse out of hospital deaths.

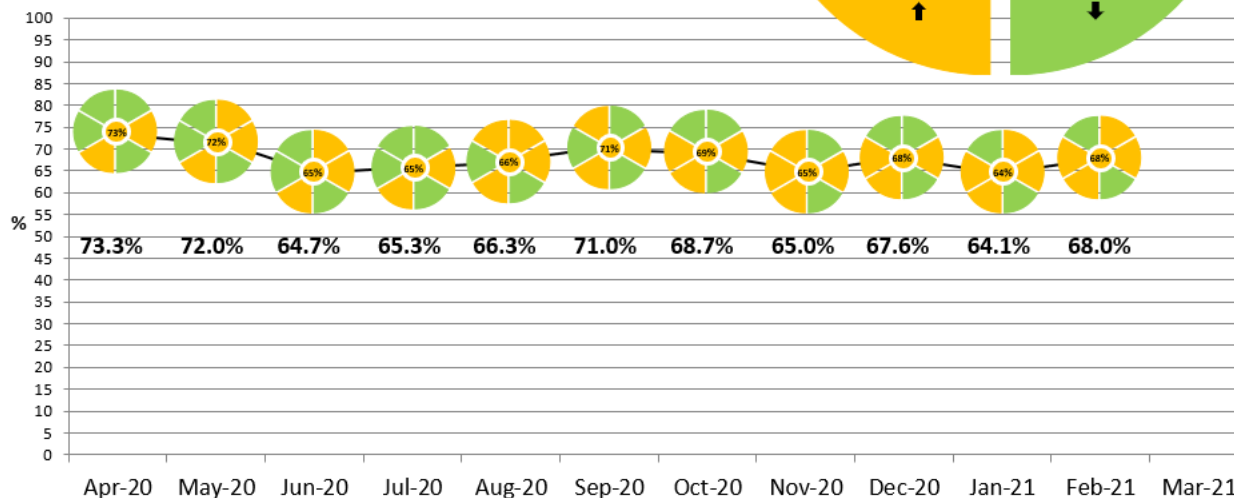
3 out of 4 stroke targets have been missed following a COVID outbreak on the Stroke unit in February.

Overall sickness is now Red with a rolling 12-month peak in Long-term sickness.

A number of access indicators continue to be affected adversely by the COVID situation although Diagnostics 6-week waits has improved to its best position since March 2020. ASIs (9,519) and 52 week waits (3,526) continue to increase. Moving forward there will be a Recovery section in the IPR.

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	
EFFECTIVE		Variance from Plan	Use of Resources
MRSA	Preventable Cdiff	WORKFORCE	
HSMR	SHMI	Proportion of Temporary Staff	Sickness
		Staff turnover	Executive Turnover

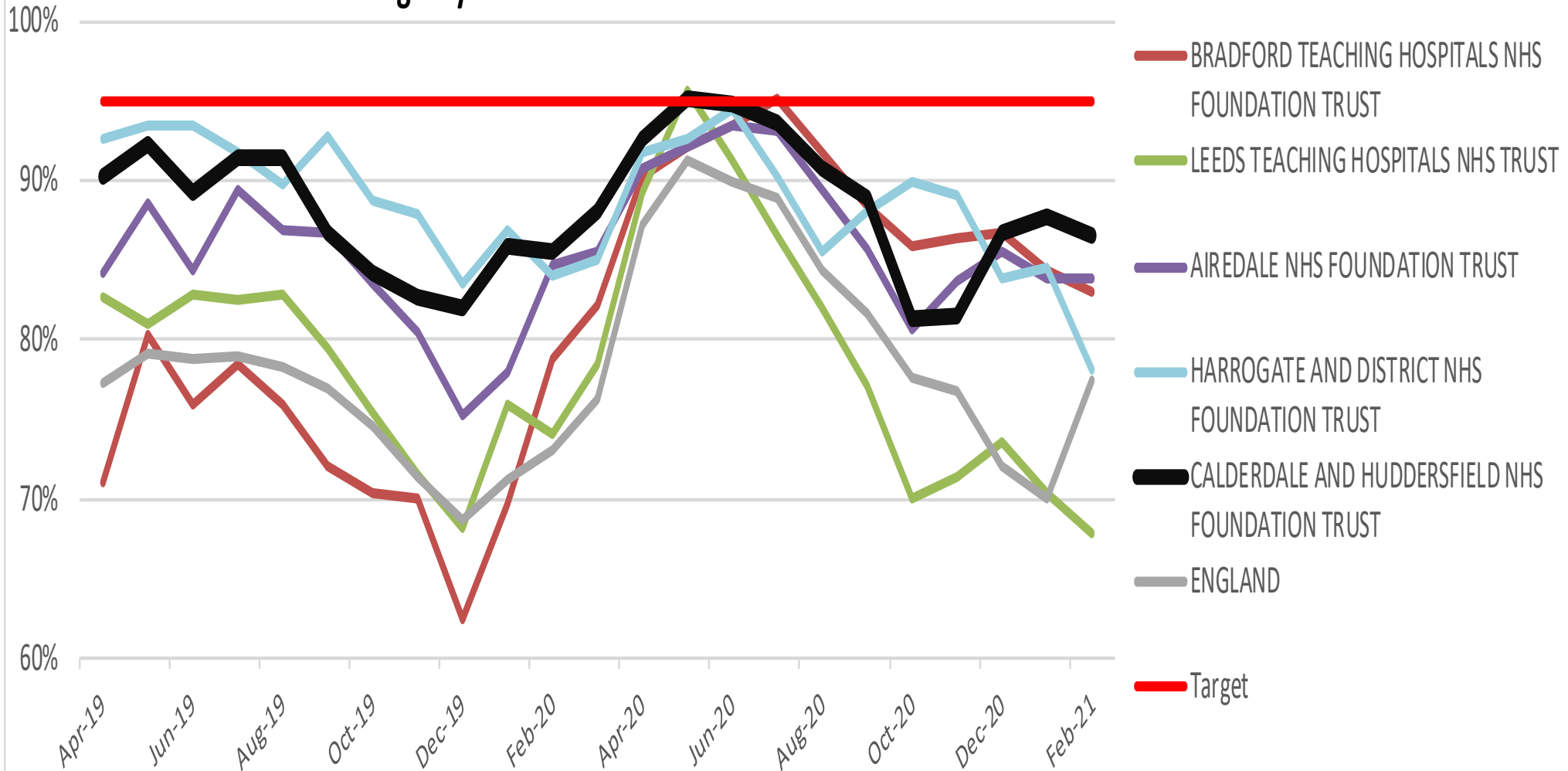


PERFORMANCE

LATEST February 2021

Appendix C

Emergency Care Standard Performance

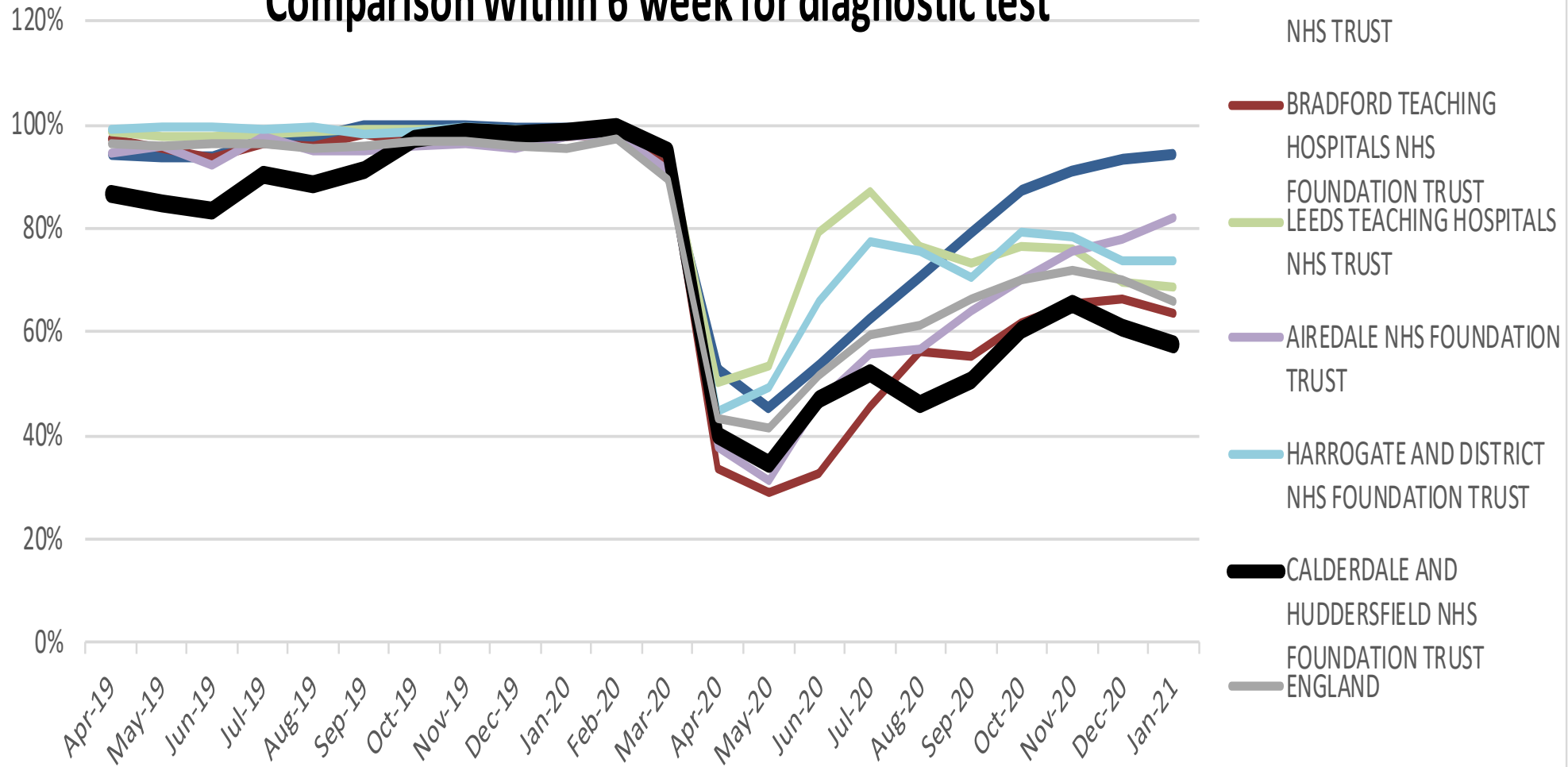


PERFORMANCE

LATEST January 2021

Appendix C

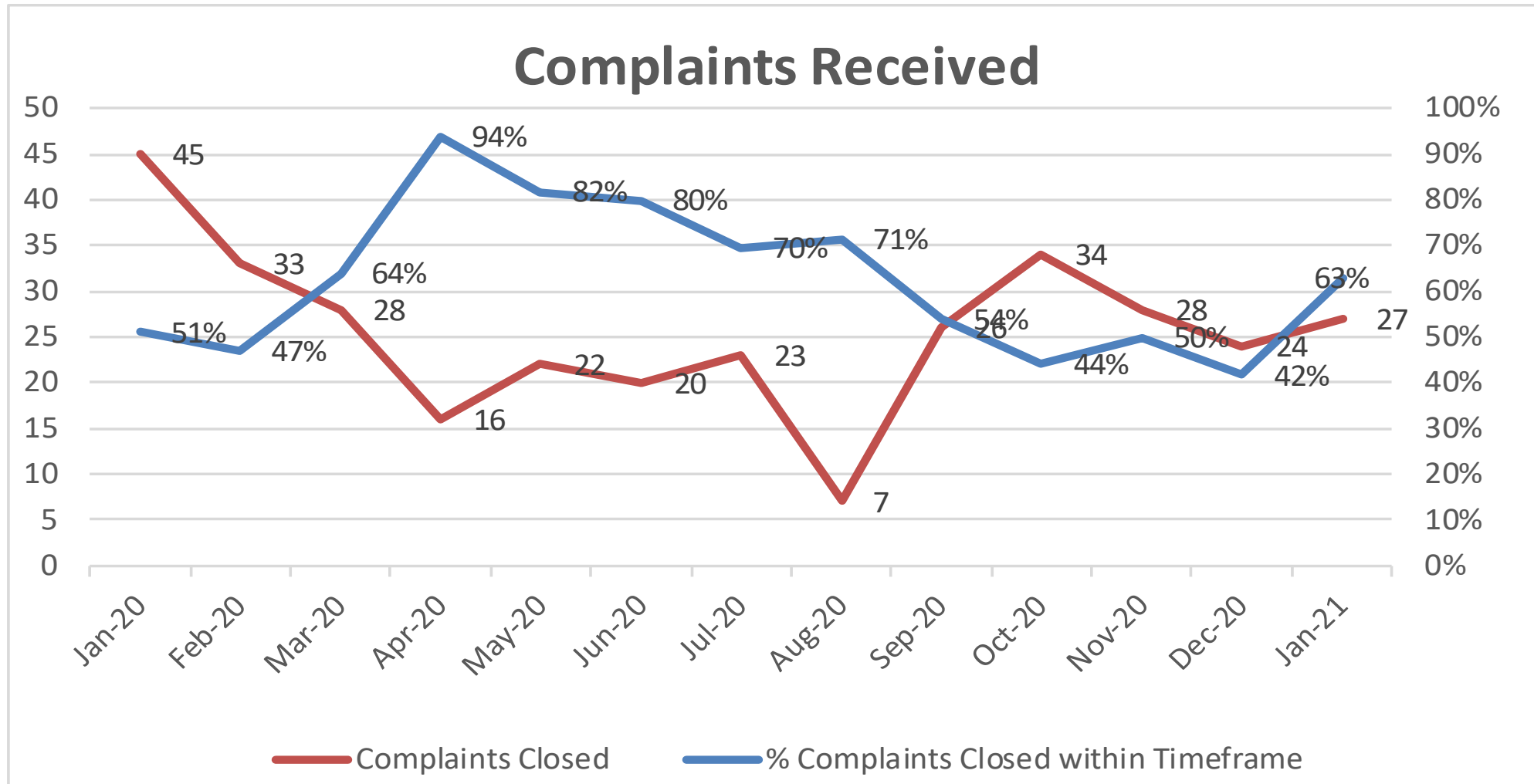
Comparison Within 6 week for diagnostic test



PERFORMANCE

LATEST January 2021

Appendix C



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.

10. Finance Report - Month 11

To Note

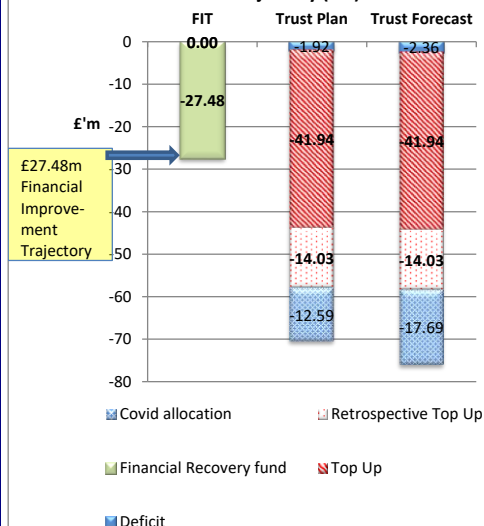
Presented by Gary Boothby

EXECUTIVE SUMMARY: Total Group Financial Overview as at 28th Feb 2021 - Month 11

KEY METRICS

	M11				YTD (FEB 2021)				Forecast 20/21			
	Plan £m	Actual £m	Var £m		Plan £m	Actual £m	Var £m		Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£0.14)	£0.44	£0.58	●	(£0.96)	£0.14	£1.10	●	(£1.92)	(£2.36)	(£0.45)	●
Agency Expenditure	(£0.47)	(£0.43)	£0.04	●	1 (£4.31)	(£4.04)	£0.27	●	(£4.78)	(£4.46)	£0.32	●
Capital	£1.69	£1.73	(£0.04)	●	1 £17.19	£14.92	£2.27	●	£20.85	£24.55	(£3.70)	●
Cash	£56.06	£68.41	£12.35	●	1 £56.06	£68.41	£12.35	●	£28.04	£40.34	£12.31	●
Invoices paid within 30 days (%) (Better Payment Practice Code)	95%	92%	-3%	●	95%	88%	-7%	●				
CIP	£1.23	£0.67	(£0.56)	●	1 £13.54	£5.19	(£8.35)	●	£14.77	£5.84	(£8.93)	●
Use of Resource Metric	2	2		●	1 2	2		●	2	3		●

Trust Deficit vs Financial Improvement Trajectory (FIT)



Year to Date Summary

For the second half of the financial year, the Trust has submitted a revised plan to NHS Improvement (NHSI) that reflects the Phase 3 activity plan. Income flows remain largely on a block basis and system funding has been allocated to cover the majority of Covid-19 costs. Year to date the position is a surplus of £0.14m, a favourable variance of £1.10m compared to plan. The M1-6 plan has now been reset to actual expenditure, so the YTD variance represents only 5 months.

- £9.06m of system Covid funding has been allocated for M7-11, with additional cash allocations of £1.03m to cover lost non-NHS income and £0.14m for Lateral Flow Testing. The Trust has requested a further £2.49m to Covid cover costs outside of the system envelope for testing, vaccinations and research costs.
- Year to date the Trust has incurred costs relating to Covid-19 of £30.03m. M11 costs incurred were £3.33m driven by: Covid-19 virus testing, vaccinations (on hospital site and for local vaccination centre), the expansion of the workforce, staff working additional shifts, the segregation of patient pathways, remote management of patients and backfill for increased sickness absence.
- The underlying position excluding Covid-19 costs is a year to date favourable variance of £4.59m, including £1.03m additional cash support in recognition of lost non-NHS income with the remainder driven by the impact of lower levels of other activity on non-pay costs and staffing vacancies.
- The reported position does not include any penalties as a result of the Elective Incentive Scheme and the Trust is no longer expecting any adverse impact as a result of this scheme.
- The Trust continues to deliver some efficiency savings. CIP achieved year to date is £5.19m, £8.35m below the original Trust plan. Compared to the Phase 3 Plan, the Trust has delivered £3.23m of savings in 5 months, slightly below the £3.95m described in the revised plan. This is not a target being monitored by NHS Improvement in 2020/21.
- Agency expenditure year to date is £4.04m, £0.27m below the revised planned level.

Key Variances (compared to Phase 3 plan submission)

- Whilst the majority of the Trust's Clinical Contract income is now largely fixed due to block and top up arrangements including a fixed monthly allocation to cover Covid-19 expenditure, there remain some variable elements. Additional income of £2.49m has been assumed to cover 'outside of envelope' Covid costs incurred for Covid testing costs, the vaccination programme and the R&D SIREN (SARS-COV2 Immunity & Reinfection Evaluation) project. The Trust has also received additional system support of £0.81m and a £1.03m cash allocation to compensate for lost non-NHS income. In overall terms income is above plan by £5.00m.
- Pay costs are £1.39m above the planned level year to date. Year to date Pay costs include an Annual Leave Accrual of £4.1m across all staff groups, an increase of £2.7m in month, reflecting the impact of the Covid-19 second wave on our staff's ability to take their allocated leave. This pressure has been offset by slippage in recruitment to the additional posts required to deliver Phase 3 activity plans.
- Non-pay operating expenditure is higher than planned by £2.53m. This is due to higher than planned Covid-19 related expenditure, an increase in provisions and some non recurrent legal costs.

Forecast

The Trust is now forecasting a £2.36m deficit which is £0.45m more than planned but an improvement compared to Month 10 and reflects an increase in the required Annual Leave accrual of £4.59m, offset by £1.23m of additional cash support for lost non-NHS income. Any increase to the Annual leave accrual is an 'allowable' overspend from an NHS Improvement perspective.

The forecast currently excludes any potential benefit if additional funding is released nationally to cover the Annual Leave accrual. Some funding is now expected, but the value will not be confirmed until April 21.

Total Group Financial Overview as at 28th Feb 2021 - Month 11

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M11

CLINICAL ACTIVITY

	M11 Plan	M11 Actual	Var	
Elective	1,966	1,527	(439)	●
Non-Elective	49,263	43,026	(6,237)	●
Daycase	25,010	23,504	(1,506)	●
Outpatient	268,686	277,998	9,312	●
A&E	121,782	113,015	(8,767)	●
Other NHS Non-Tariff	1,069,357	1,069,067	(290)	●
Other NHS Tariff	45,279	61,311	16,032	●
Total	1,581,344	1,589,448	8,104	

TOTAL GROUP: INCOME AND EXPENDITURE

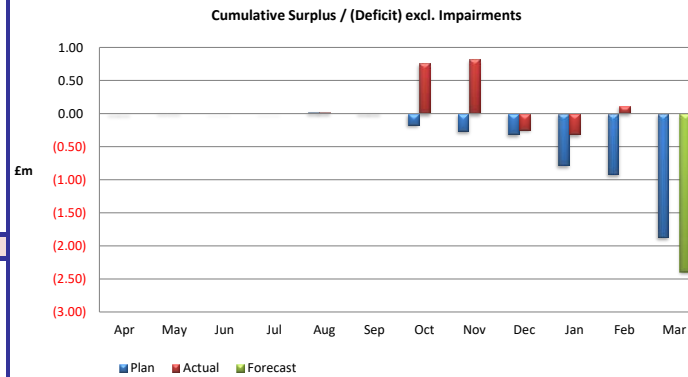
	M11 Plan	M11 Actual	Var	
	£m	£m	£m	
Elective	£16.27	£16.27	£0.00	●
Non Elective	£104.99	£104.99	£0.00	●
Daycase	£27.89	£27.89	£0.00	●
Outpatients	£41.90	£41.90	£0.00	●
A & E	£21.21	£21.21	(£0.00)	●
Other-NHS Clinical	£97.97	£97.20	(£0.77)	●
CQUIN	£3.46	£3.46	£0.00	●
Other Income	£43.07	£46.77	£3.70	●
Total Income	£356.76	£359.69	£2.93	●
Pay	(£261.66)	(£263.05)	(£1.39)	●
Drug Costs	(£38.35)	(£37.39)	£0.96	●
Clinical Support	(£27.76)	(£27.10)	£0.66	●
Other Costs	(£59.58)	(£63.73)	(£4.15)	●
PFI Costs	(£12.32)	(£12.32)	£0.00	●
Total Expenditure	(£399.67)	(£403.58)	(£3.92)	●
EBITDA	(£42.91)	(£43.89)	(£0.99)	●
Non Operating Expenditure	(£22.05)	(£22.09)	(£0.04)	●
Surplus / (Deficit) Adjusted*	(£64.96)	(£65.99)	(£1.03)	●
Conditional Funding (MRET/FRF/Top Up)	£64.00	£66.12	£2.13	●
Surplus / Deficit*	(£0.96)	£0.14	£1.10	●

* Adjusted to exclude items excluded for Financial Improvement Trajectory purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

	M11 Plan	M11 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£15.79	£18.52	£2.73	●
Medical	£28.78	£28.94	£0.16	●
Families & Specialist Services	(£6.78)	(£5.25)	£1.53	●
Community	(£3.47)	(£2.11)	£1.36	●
Estates & Facilities	£0.00	(£0.00)	(£0.00)	●
Corporate	(£42.10)	(£43.18)	(£1.08)	●
THIS	£1.37	£1.66	£0.29	●
PMU	£2.77	£3.19	£0.43	●
CHS LTD	£0.65	£0.53	(£0.11)	●
Central Inc/Technical Accounts	£1.17	(£2.12)	(£3.29)	●
Reserves	£0.86	(£0.05)	(£0.91)	●
Unallocated CIP	£0.00	£0.00	£0.00	●
Surplus / (Deficit)	(£0.96)	£0.14	£1.10	●

TOTAL GROUP SURPLUS / (DEFICIT)

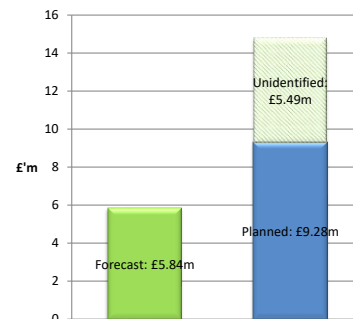


KEY METRICS

	Year To Date			Year End: Forecast			
	M11 Plan	M11 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£0.96)	£0.14	£1.10	(£1.92)	(£2.36)	(£0.45)	●
Capital	£17.19	£14.92	£2.27	£20.85	£24.55	(£3.70)	●
Cash	£56.06	£68.41	£12.35	£28.04	£40.34	£12.31	●
Invoices Paid within 30 days (BPPC)	95%	88%	-7%				●
CIP	£13.54	£5.19	(£8.35)	£14.77	£5.84	(£8.93)	●
Use of Resource Metric	2	2		2	3		●

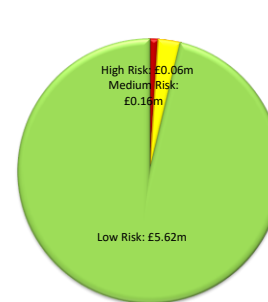
COST IMPROVEMENT PROGRAMME (CIP)

CIP - Forecast Position



Total Planned: £14.77m

CIP - Risk



Total Forecast

£5.84m

YEAR END 20/21

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	2,245	1,678	(567)	●
Non-Elective	53,875	46,577	(7,298)	●
Daycase	28,176	26,230	(1,946)	●
Outpatient	298,401	309,495	11,094	●
A&E	133,952	123,368	(10,584)	●
Other NHS Non- Tariff	1,190,677	1,175,548	(15,129)	●
Other NHS Tariff	49,737	67,361	17,624	●
Total	1,757,064	1,750,257	(6,806)	

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£18.01	£18.01	£0.00	●
Non Elective	£114.89	£114.89	£0.00	●
Daycase	£30.72	£30.72	£0.00	●
Outpatients	£46.12	£46.12	£0.00	●
A & E	£23.16	£23.16	(£0.00)	●
Other-NHS Clinical	£105.17	£105.00	(£0.17)	●
CQUIN	£3.79	£3.79	£0.00	●
Other Income	£47.57	£51.49	£3.91	●
Total Income	£389.43	£393.18	£3.75	●
Pay	(£286.54)	(£288.93)	(£2.39)	●
Drug Costs	(£41.90)	(£41.03)	£0.86	●
Clinical Support	(£31.01)	(£30.28)	£0.72	●
Other Costs	(£64.57)	(£71.47)	(£6.90)	●
PFI Costs	(£13.44)	(£13.42)	£0.02	●
Total Expenditure	(£437.46)	(£445.12)	(£7.66)	●
EBITDA	(£48.03)	(£51.94)	(£3.92)	●
Non Operating Expenditure	(£24.06)	(£24.09)	(£0.04)	●
Surplus / (Deficit) Adjusted*	(£72.08)	(£76.03)	(£3.95)	●
Conditional Funding (MRET/FRF/Top Up)	£70.17	£73.67	£3.50	●
Surplus / Deficit*	(£1.92)	(£2.36)	(£0.45)	●

* Adjusted to exclude items excluded for Financial Improvement Trajectory: Donated Asset Income, Donated Asset Depreciation and Impairments.

DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£17.51	£20.47	£2.96	●
Medical	£31.43	£31.21	(£0.23)	●
Families & Specialist Services	(£7.45)	(£5.72)	£1.73	●
Community	(£3.90)	(£2.43)	£1.47	●
Estates & Facilities	£0.00	(£0.00)	(£0.00)	●
Corporate	(£46.03)	(£47.20)	(£1.17)	●
THIS	£1.49	£1.50	£0.02	●
PMU	£3.00	£3.35	£0.35	●
CHS LTD	£0.71	£0.61	(£0.10)	●
Central Inc/Technical Accounts	£0.38	(£4.57)	(£4.95)	●
Reserves	£0.94	£0.42	(£0.52)	●
Unallocated CIP	£0.00	£0.00	£0.00	●
Surplus / (Deficit)	(£1.92)	(£2.36)	(£0.45)	●

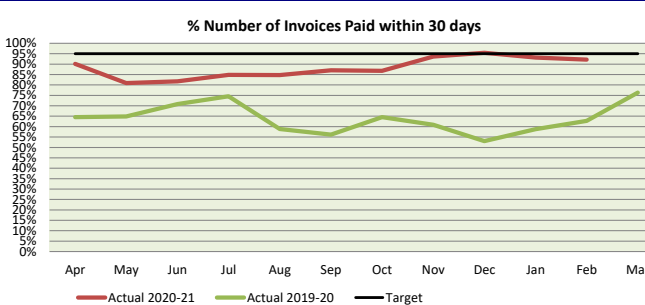
Total Group Financial Overview as at 28th Feb 2021 - Month 11

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

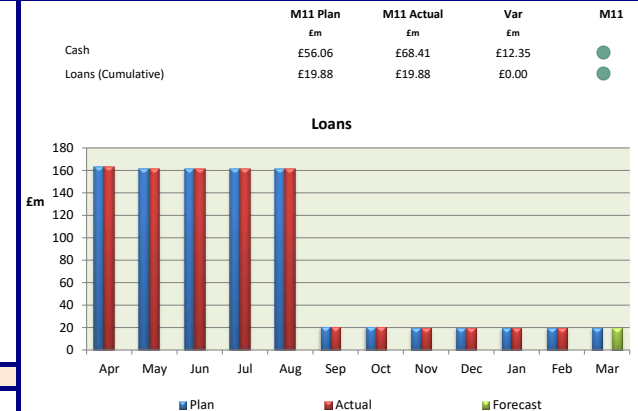
WORKING CAPITAL



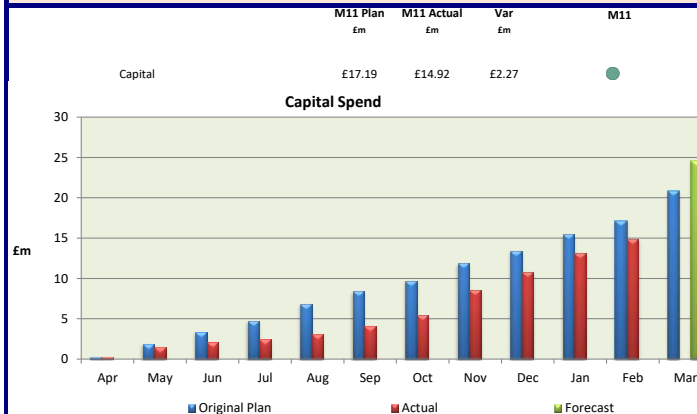
BETTER PAYMENT PRACTICE CODE



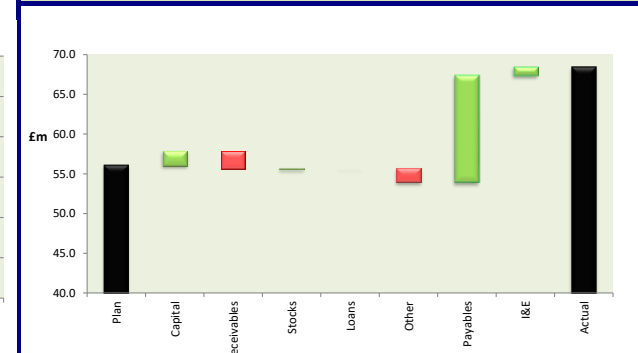
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The Trust is now working to the revised plan for Phase 3 (M7-12). Income flows remain largely on a block basis and system funding has been allocated to cover the majority of Covid-19 costs. Year to date the position is a surplus of £0.14m, a favourable variance of £1.10m compared to plan. The M11-6 plan has now been reset to actual expenditure, so the YTD variance represents only 5 months.
- The Trust's Clinical Contract income is now largely fixed due to block and top up arrangements including a fixed monthly allocation to cover Covid-19 costs, but there remain some variable elements. Additional income of £2.49m has been assumed to cover 'outside of envelope' Covid costs. The Trust has also received additional system support of £0.81m and a £1.03m cash allocation to compensate for lost non-NHS income.
- Whilst Outpatient activity remains above the Phase 3 plan Year to date, all other areas of activity are below plan due to increased Covid-19 admissions.
- Year to date the Trust has incurred costs relating to Covid-19 of £30.03m. M11 costs incurred were £3.33m.
- Year to date Capital expenditure is lower than planned at £14.92m against a planned £17.19m.
- Cash balance is £68.41m, £12.35m above the Phase 3 plan: the Trust continues to receive Block and Top Up income one month in advance.
- Year to date CIP schemes have delivered £5.19m of savings, £8.35m lower than the Trust's original 20/21 Target.
- NHS Improvement performance metric Use of Resources (UOR) stands at 2 against a planned level of 2. This excludes the exceptional adverse impact on the Capital Service Cover Metric of the repayment of Interim revenue and capital support loans, due to changes in the NHS cash regime.

NOTES

- For Month 7-12 (Phase 3), the Trust will be required to manage within the ICS agreed financial envelope. The Trust has been allocated Covid funding on a fair shares basis to cover the remainder of the year and can request access to additional central funding to cover costs excluded from the system envelope such as Covid Testing and Vaccinations.
- The Trust is now forecasting a £2.36m deficit which is £0.45m more than planned but an improvement compared to Month 10 and reflects an increase in the required Annual Leave accrual of £4.59m, offset by £1.23m of additional cash support for lost non-NHS income. Any increase to the Annual leave accrual is an 'allowable' overspend from an NHS Improvement perspective.
- The Trust is forecasting delivery of £5.84m savings against a Trust CIP Target for 20/21 of £14.77m.
- The reported position does not include any penalties as a result of the Elective Incentive Scheme and the Trust is no longer expecting any adverse impact as a result of this scheme.
- The total loan balance at year end is forecast to be £19.88m as planned. All Revenue and Interim Capital Loans (totalling £140.72m) were repaid and replaced by PDC funding during September.
- Capital expenditure is forecast at £24.55m, £3.70m more than the resubmitted 20/21 Capital Plan, due to confirmation of further additional external funding for: Adopt & Adapt, Cyber Security Yorkshire & Humber Care Records and Medical E-Rostering / Job Planning.
- UOR is forecast at 3 against a planned level of 2. This is due to the forecast adverse variance and deficit position.

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. Annual Plan 2021/2022 - Verbal Update

To Note

Presented by Gary Boothby

12. Membership Strategy and Update

To Note

Presented by Andrea McCourt

Date of Meeting:	Thursday 22 April 2021
Meeting:	Council of Governors
Title of report:	Membership Strategy: Update on Year 1 Action Plan
Author:	Andrea McCourt, Company Secretary Vanessa Henderson, Membership and Engagement Manager
Previous Forums:	N/A
Purpose of the Report	
This report brings presents a progress update as at 22 April 2021 against the year 1 action plan of the Membership and Engagement Strategy 2020-2023.	
Key Points to Note	
<p>The Council of Governors agreed a three year Membership Strategy at its meeting on 23 January 2020 and confirmed actions for the first year of the strategy.</p> <p>The three goals in the Membership Strategy are:</p> <ul 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 goal are given in the enclosed paper. A number of anticipated actions relating to goals 2 and 3 have not been possible due to the Covid-19 pandemic.</p>	
Recommendation	
The Council of Governors is asked to NOTE the update on progress against the Year 1 action plan of the Membership and Engagement Strategy and propose any further suggestions to achieve the goals of the strategy.	

Membership and Engagement Strategy 2020-2023

Progress against Year 1 action plan

Goal	Year 1 – actions to achieve goal	Progress as at April 2021
1: A membership community that is active and engaged, is representative of our local communities and increases year on year	1.1: Analyse membership and recruit members from under-represented groups	Analysis of our membership community continues to show under-representation within BAME groups, males and younger people. We have established links with a variety of organisations in an effort to increase awareness and recruit members from areas where we are under-represented, but have been unable to undertake any direct recruitment activities throughout the year due to the pandemic.
	1.2: <i>Introduce a youth membership constituency</i>	<i>This action is no longer required as the Council of Governors did not approve the introduction of a youth membership constituency. Discussions have taken place between the Chair and a Kirklees youth group Conscious Youth on engaging with younger people.</i>
	1.3: Ensure database is up-to-date	The membership database is monitored for data quality and updated regularly. In March 2021 we commissioned an external company to undertake a full cleanse of the data. This identified any members on the database who had died or left the area. This has resulted in the loss of a high number of public members but has significantly improved the quality of the data.
	1.4: Increase incentives to attract new members	We already have an arrangement with a company that offers discounts on retail, holidays, insurance etc to our members, Health Service Benefits, and we are in discussions with Health Service Discounts to set up a similar arrangement with them.
	1.5: Establish links with local organisations to recruit members	We met (virtually) with the Engagement Officer from Locala, as the organisation has a similar membership/governor set up to a NHS Foundation Trust. We discussed ways of utilising each other's' membership communities including asking guest clinicians and governors to speak at Locala's meetings. Through the link with Locala, we are also exploring whether we could become involved in a project between Global Diversity Positive Action (GDPA) and the University of Huddersfield looking at health/economic outcomes. <i>[Unable to progress this work further currently due to COVID-19.]</i>

Goal	Year 1 – actions to achieve goal	Progress as at April 2021
		<p>We have established contact with the Ahmadiyya Muslim Association and are currently exploring methods for recruiting members from their local branches in Huddersfield and Halifax and developing engagement opportunities with them. This will also help to achieve action 1.1 as 99% of the members of the association are from a BAME background. See 1.1 above.</p> <p>As noted above the Chair has had discussions with Conscious Youth to help with our aim of broadening the diversity of membership to reflect the communities we serve as well as with the lead of a disability organisation.</p>
<p>2: Regular, meaningful, two-way engagement between Trust staff, governors, our members and members of the public</p>	<p>2.1: Promote membership and raise governor and Council of Governors profile</p>	<p>The original purpose of the governor/member videos that we introduced in September 2020 was to give governors the opportunity to engage virtually with members and keep them aware of issues facing the Trust during the pandemic. However, the videos have been well received and we intend to continue to produce them, with three videos per year, going forward.</p> <p>The next video, to be produced in April/May 2021 will feature governors, plus a member of staff from the Community Division who has been working closely with COVID patients following their discharge.</p> <p>Earlier videos can be viewed here:</p> <p>https://www.youtube.com/watch?v=xn-n4ljyC2g&feature=youtu.be</p> <p>https://www.youtube.com/watch?v=IW22dD03w6o&feature=youtu.be</p> <p>Members are asked to submit any questions they may have in advance which our Lead Governor then responds to as part of the video production.</p> <p>We have increased the number of editions of our members' newsletter from two to three per annum, which allows us to share developments and feed back on changes to our members more frequently.</p>

Goal	Year 1 – actions to achieve goal	Progress as at April 2021
		<p>As part of our preparations for our governor elections in 2021, we have produced and distributed publicity material promoting the governor role and sign-posting members and members of the public to the membership and Council of Governors pages on our website.</p> <p>The “pop-up” message on the front page of the CHFT website promoting membership and signposting visitors to the relevant pages on the Trust’s website continues to attract new members, with over 50 recruited so far.</p>
	2.2: Give governors opportunities and skills to seek out views on changes being discussed	<p><i>We had plans in place to offer training to governors in face-to-face engagement, with pilot sessions to be facilitated by Jude Goddard and Vanessa Henderson scheduled for March 2020. The sessions were put on hold due to COVID-19 as face-to-face training (and engagement with members) was not possible.</i></p> <p><i>We agreed with Healthwatch in February 2020 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 are now on hold due to COVID-19.</i></p>
	2.3: Give governors opportunities to feed back to members/public information about strategic proposals made by the trust board	
	2.4: Create new channels to communicate/engage with members	We are making more use of social media to publicise membership and other topics of interest for members, eg Foundation News, the governor videos and our governor elections.
3: Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our plans for the future	3.1: Introduce series of member events	<i>No action possible to date due to COVID-19. Review in year.</i>
	3.2: Increase opportunities for members to be involved with the Trust	<p>We have reinstated user panel interviews which take place when we are recruiting to senior medical and nursing staff posts. Members, along with our governors, are invited to sit on these panels to bring a lay person’s perspective to the interview process. The interviews were put on hold due to the pandemic, but we are now able to conduct them using Microsoft Teams, which means that members can continue to have an input into the process.</p> <p>The Trust has signed up to “Observe and Act”, which is a national model used to examine a person’s total experience of a service from the service user/carer perspective (non-clinical), learn from it, share good practice and where necessary act to make improvements. We have invited members to take part in</p>

Goal	Year 1 – actions to achieve goal	Progress as at April 2021
		this process which is currently in its pilot phase.
	3.3: Set up focus groups and member surveys	We have asked our members to complete three surveys over the year via e-mail, covering our plans for reconfiguration, our plans to reintroduce visiting arrangements during the pandemic and the CLIMB study which asked for views on the sharing of patient-identifiable data. Members were also asked to feed back on our quality priorities for our Quality Accounts and there was a higher response this year than in previous years.
	3.4: Increase opportunities for members to get involved in service changes	<i>No action possible to date due to COVID-19.</i>
	3.5: Set up Patient Panel	The task and finish group set up to take the work around the Patient Panel forward concluded that before a panel could be introduced, discussion was needed about embedding the current patient leaflet process at a more appropriate time and a clear identification of a resource for the work was required. The task and finish group therefore ceased. Focus currently is in piloting the Observe and Act patient experience tool with a view to involving members and governors more extensively after the pilot stages.

UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

13. CoG Nominations and Remuneration Committee held Monday 19 April - Verbal Update

To Note

Presented by Andrea McCourt and Philip Lewer

CHAIR'S REPORT

Presented by Philip Lewer

14. Update from Chair

To Note

Presented by Philip Lewer

GOVERNANCE

15. Update from Lead Governor

To Note

16. Constitutional and Standing Orders of the Council of Governors Updates

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 22 April 2021
Meeting:	Council of Governors
Title of report:	Trust Constitution and Standing Orders for the Council of Governors
Author:	Andrea McCourt, Company Secretary
Previous Forums:	N/A
Purpose of the Report	
This report presents for approval revisions to the Trust Constitution and Standing Orders of the Council of Governors.	
Key Points to Note	
<p>Review of Constitution</p> <p>The Trust Constitution sets out regulations for how we operate as a Foundation Trust. It provides authority and guidance for the composition of the Board and the Council of Governors and includes Standing Orders for both the Council of Governors and the Board of Directors.</p> <p>A review of the constitution has taken place following the last review during 2019 to ensure the Constitution is current and reflects any changes across the NHS and advice received regarding any issues that have arisen. All changes are highlighted in red text. Following approval by the Council of Governors, the Constitution will then be presented to the Board of Directors for approval on 6 May 2021.</p> <p>Material changes to the Constitution proposed include:</p> <ul style="list-style-type: none"> • <i>Section 14.3</i> - removal of the reserve register for governors - during the Covid pandemic the Trust sought advice on use of the register and was advised by NHS Providers that the Trust should not be operating a reserve register arrangement. The option for using a reserve register to fill vacant governor posts after election is therefore being removed, subject to approval. • <i>Annexe 1 - Introduction of a Rest of England constituency</i> with 2 publicly elected governor posts - with an increasing focus on local health care organisations and partners working together in an integrated system, and proposed Health Bill to legislate for this in 2022, an update to guidance on Foundation Trust Council of Governors duties is due to be issued later this year. This will advise that NHS Trusts often care for people outside of their immediate population, particularly for specialised services. Many Foundation Trusts already have a “rest of England” constituency which allows out of area members to join the membership and be elected as a governor. Within our area, the Trust is an active member of the West Yorkshire and Harrogate Integrated Care System (ICS) which brings together local organisations, to provide high quality care, financial management and deliver wider NHS objectives, such as population health. Given the need to form a rounded view of the population of the local system the Trust is therefore proposing to introduce a new constituency for the rest of England. Whilst this will be written into the 	

constitution now, work will take place to recruit members from this constituency during 2021 and elections for these 2 governor posts will not take place until 2022.

- *14.1.5 - Governor tenure* - the Trust has been reviewing the position on whether governors who have served their maximum tenure period of 6 years are eligible to re-stand for election after a gap through discussion with other Trusts and NHS Providers. There is some variation in practice amongst Trusts and, having considered the options it is proposed that publicly elected governors are able to re-stand for election after a 2 year gap.

Standing Orders of the Council of Governors

The following changes to the Standing Orders of the Council of Governors are proposed:

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

To note, the Standing Orders of the Board of Directors have been reviewed and approved by the Audit and Risk Committee on 26 January 2021 and will also be presented for approval by the Board of Directors on 6 May 2021.

Recommendation

The Council of Governors is asked to **APPROVE** the changes to the Trust Constitution and Standing Orders of the Council of Governors.

17. COMPANY SECRETARY REPORT

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

b. Timeline and preparation for 2021
Governor Elections

c. Date of the Annual General Meeting 2021

d. Updated Register of Council of Governors

e. Chair and Non-Executive Director

Appraisal Process

f. Council of Governors Attendance Register
for Annual Report

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

h. Proposal for timings of future meetings

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 22 April 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	
<p>This report brings together the following items for receipt, noting and approval by the Council of Governors.</p> <ul style="list-style-type: none"> • Process for Appointment of Lead Governor 2021/22 • Timeline and Preparation for the 2021 Council of Governors Elections • Review details for Joint Board/Council of Governors' Annual General Meeting 2021 • Register of Council of Governors • Chair and Non-Executive Director Appraisal Process • Review of Council of Governors' formal meeting attendance • Council of Governors Declaration of Interest Register • Proposal for timings of future meetings 	
Key Points to Note	
<p>a. Process for Appointment of Lead Governor 2021/22 The Council of Governors' are asked to approve the process for the election of the Lead Governor.</p> <p>The papers attached include:</p> <ul style="list-style-type: none"> • Procedure for the appointment of Lead Governor • Proposed timeline for 2021 • Role of lead governor with NHS Improvement <p>Subject to approval, the process will begin after the Council of Governors' meeting on 22 April 2021. The voting process closes on 28 June 2021 and a formal announcement will be made at the Joint Annual General Meeting to be held on 28 July 2021. The appointment will become effective from the Annual General Meeting on 28 July 2021. This process is detailed at Appendix F1.</p> <p>b. Timeline and Preparation for the 2021 Council of Governors Elections The process for elections to the Council of Governors is underway in line with the attached timetable (Appendix F2). Nomination forms have been issued to members in all the public constituencies as this year there are 12 vacancies for public governors across all the constituencies, and to staff where there are vacancies in staff groups (four vacancies).</p> <p>A comprehensive communications strategy has been developed to generate interest in the vacancies and this includes four briefing sessions for prospective governors to be hosted by the Chair during April 2021.</p>	

The deadline for receipt of nominations is 14 May 2021, including those from existing governors who wish to re-stand for a second term.

The Council of Governors is asked to **NOTE** the progress update for elections.

c. Review details for Joint Board/Council of Governors' Annual General Meeting 2021

The Council of Governors is advised that the Joint Board/Council of Governors' Annual General Meeting will be held on Wednesday 28 July 2021. The meeting will be held virtually by Microsoft teams from 5:00 pm - 6:30 pm.

d. Updated Register of Council of Governors

The Council of Governors' are asked to **NOTE** and receive the updated Council of Governors register attached at Appendix F3.

e. Chair and Non-Executive Director Appraisal Process

The Nominations and Remuneration Committee of the Council of Governors is responsible for overseeing the appraisal process on behalf of the Council of Governors. The draft Chair and Non-Executive Director Appraisal process relating to the financial period 2020/21 is being agreed by the Nominations and Remuneration Committee on 19 April 2021. The Committee will report the outcome of these appraisals to the Council of Governors in line with the terms of reference.

In brief the Chair's appraisal, which will include stakeholders, as in 2020, will be completed by 30 June 2021. The Non-Executive Directors appraisal process will follow the Trust appraisal timeline which commences in July 2021, however, will be completed slightly earlier, by 30 September 2021 in line with national guidance.

f. Council of Governors Attendance Register for the Annual Report

The Council of Governors' are asked to check the record of attendance at Council of Governor meetings and advise of any discrepancies before 30 April 2021, following which they will be published in the Annual Report in June 2021. This is detailed at Appendix F4.

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

The Council of Governors' are asked to check the record of declarations of interest register and advise of any discrepancies before 30 April 2021. Please can governors notify Jackie Ryden of any changes. The Council of Governors Declarations of Interest Register will be published in the Annual Report in June 2021. This is detailed at Appendix F5.

h. Proposal for timings of future Council of Governor meetings

The timing of the Council of Governors meetings are currently as follows:

Private session – 2:30 – 3:15 pm

Public meeting – 3:30 – 5:30 pm

We would like to propose bringing the timing of all future meetings forward so they are earlier in the day as there is less need for evening meetings which can conflict with personal commitments. The following times are proposed for future meetings:

Private session – 1:00 – 1:45 pm

Public session – 2:00 – 4:00 pm

The Council of Governors are asked to **APPROVE** the proposal for timings of future Council of Governor meetings.

Recommendation

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

- Process for Appointment of Lead Governor 2021/22
- Council of Governors' formal meeting attendance
- Council of Governors Declaration of Interest Register
- Proposal for timings of future meetings

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

- Timeline and Preparation for the 2021 Council of Governors Elections
- Details for Joint Board/Council of Governors' Annual General Meeting on 28 July 2021
- Chair and Non-Executive Director Appraisal Process
- Register of Council of Governors

Appendix F1

PROCEDURE FOR THE APPOINTMENT OF LEAD GOVERNOR OF THE COUNCIL OF GOVERNORS' – 2021-22

1. Purpose

- 1.1 A new election for the role of Lead Governor is now due to take place which will be ratified at the Council of Governors meeting on 15 July 2021 and the new appointment will be announced at the Annual General Meeting on 28 July 2021.
- 1.2 To provide the Council of Governors' with the timetable (Appendix 1), appointment criteria and process for election to the post of lead governor which will be effective from the Annual General Meeting on 28 July 2021 for a period of 12 months.
- 1.3 The lead governor's current term expires when the governor elections for 2021 are concluded and an election process will take place as outlined below. The current lead governors' term was extended last year due to the Covid pandemic and the governor elections being deferred until 2021.
- 1.4 The current lead governor will be asked to attend the Annual General Meeting (AGM) of the Trust on 28 July 2021 and provide an annual account of governor activities during 2020-21.

2. Constitutional Context

- 2.1 Under the Constitution, the Council of Governors is required to nominate a lead governor to facilitate direct communication between NHS Improvement (formerly Monitor) and the Council of Governors in limited circumstances where it may not be appropriate to communicate through the normal channels. Further information on this is provided in Appendix 2.
- 2.2 In accordance with the Constitution, the lead governor will act as Deputy Chair of the Council of Governors' when the Chair and the Deputy Chair of the Board of Directors are not available or have a declaration of interest in an agenda item.
- 2.3 Section 18.3 of the Trust Constitution states that any of the governors are eligible to fill the lead governor role, this includes public, staff or appointed governors. This is in line with the NHS Foundation Trust Code of Governance which states:

"The lead governor may be any of the governors."
- 2.4 The new lead governor will start their office from the Annual General Meeting on 28 July 2021 for a period of 12 months, or until the expiry of

their Council of Governor tenure, whichever is the sooner. The usual length of tenure of a lead governor is 12 months.

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

3. Responsibilities of the Lead Governor

An indicative outline of the responsibilities of the lead governor is provided below.

- 3.1 To act as the point of contact with NHS Improvement and the Council of Governors where it is decided by the governors or NHS Improvement that the usual channel (through the Chair) is not warranted.
- 3.2 To act as a point of contact for the Governors with the Care Quality Commission (CQC).
- 3.3 To chair any parts of Council of Governors meetings in circumstances where it may not be considered appropriate for the Chair, Deputy Chair or another one of the Non-Executive Directors to lead (e.g. chairing a meeting to discuss the appointment of a new Chair or a conflict of interest in relation to the business being discussed).
- 3.4 To assist the Chair in facilitating the flow of information between the Trust Board and the Council of Governors.
- 3.5 To liaise with the Trust / Council of Governors Chair and/or the Senior Independent Non-Executive Director.
- 3.6 To provide support dealing with governor conduct issues.
- 3.7 To contribute to the agenda setting of the Council of Governors meetings.
- 3.8 To be a member of the Nomination and Remuneration Committee of the Council of Governors and involved in the process for appointing the Chair and Non-Executive Directors.
- 3.9 To attend the Annual General Meeting (AGM) of the Trust and provide an annual account of governor activities.

Time Commitment

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

- Attend one-to-one meetings with the Chair of the Trust
- Act as chair for items at Council of Governors meetings where the Chair of the Trust has a conflict of interest

- Attend Council of Governors agenda setting meetings with the Chair and Company Secretary
- Ask Governors for any additional items for the Council of Governors agenda
- Co-ordinate responses from Governors to questions from the Board
- Be a member of the Nomination and Remuneration Committee of the Council of Governors
- Take part in any Chair or Non-Executive Director recruitment processes
- Attend and represent the governors at the Annual General Meeting (AGM) held annually
- Be actively involved in governor engagement activities, e.g. Divisional Reference Groups (DRGs)

4. Criteria

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

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

4.2 Desirable personal qualities for a lead governor include:

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

5. Process for the appointment to the role of lead governor

5.1 An election for the role of Lead Governor is now due to take place which will be ratified at the Council of Governors meeting on 15 July 2021 announced at the Annual General Meeting on 28 July 2021.

- 5.2 Any governor will need to demonstrate, by way of written expression of interest, experience in all areas of the person specification. In the event that there is no evidence of experience in two or more categories, the expression of interest will not be able to proceed to voting stage. Letters of support from **four** existing governors will be required. Governors can nominate a governor to be the lead governor and should ideally discuss this with the proposed nominated governor before making a nomination.
- 5.3 Candidates or governors submitting a nomination will need to provide a paragraph by way of a supporting statement which can be circulated to the Council of Governors' as part of the lead governor voting paper.
- 5.4 Governors may **not** vote for more than one candidate.
- 5.5 In the event of a tie the Chair will have casting vote.
- 5.6 The timescale for the process is detailed in Appendix 1.
- 5.7 The appointment of the lead governor will take place at a meeting of the Council of Governors on 15 July 2021.

Recommendation:

The Council of Governors is asked to:

- **Approve** the process for the election of the lead governor which will be ratified at the Council of Governors meeting on 15 July 2021 and effective from the Annual General Meeting on 28 July 2021.

Enclosed Appendix 1 - Draft Timeline for the Appointment of Lead Governor'
Appendix 2 - 'The role of the nominated lead governor'

References:

Constitution of Calderdale and Huddersfield NHS Foundation Trust
Monitor – NHS Foundation Trust Code of Governance
Standing Orders – Council of Governors'

DRAFT TIMELINE FOR THE APPOINTMENT OF LEAD GOVERNOR 2021/22

DATE	ACTION
Thursday 22 April 2021	Procedure for appointment of lead governor approved at the Council of Governors meeting on 22 April 2021.
Friday 21 May 2021	Deadline for governors to email their expressions of interest or nominations for the role of lead governor to the Corporate Governance Manager (Amber.Fox@cht.nhs.uk).
Friday 4 June 2021	Deadline for receipt of Candidate Supporting Statements (no more than 250 words) to Amber Fox on their suitability for the post of lead governor with letters of support from four governors.
Monday 14 June 2021	Candidate Supporting Statements and voting papers for the lead governor role will be issued to all governors.
14 June – 27 June 2021	Voting OPEN for the lead governor appointment – only 1 vote per governor.
Monday 28 June 2021	Voting CLOSED for the lead governor appointment and votes are counted.
Thursday 8 July 2021	Declaration of Result shared with the Council of Governors papers for the meeting on 15 July 2021.
Thursday 15 July 2021	Council of Governors to ratify the results of the lead governor appointment which will be effective for a period of 12 months and announced at the Annual General Meeting on 28 July 2021.

Appendix 2

The role of the nominated lead governor with NHS Improvement

The lead governor has a role to play in facilitating direct communication between NHS Improvement (formerly Monitor) and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairperson or the trust secretary, if one is appointed.

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

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

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

Similarly, where individual governors wish to contact NHS Improvement, this would be expected to be through the lead governor.

The other circumstance where NHS Improvement may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chairperson or other members of the board, or elections for governors, or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, whilst complying with the trust's constitution, may be inappropriate.

In such circumstances, where the chairperson, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide a point of contact for NHS Improvement.

Accordingly, the NHS foundation trust should nominate a lead governor, and to continue to update NHS Improvement with their contact details as and when this change.

GOVERNOR ELECTION TIMETABLE - 2021

Action	Day	Date
Issue nomination forms (post and e-mail) to members	Monday	19 April 2021
Publication of Notice of Election	Monday	19 April 2021
Deadline for receipt of nominations	Friday	14 May 2021
Publication of Statement of Nominations	Monday	17 May 2021
Uncontested report provided to CHFT	Monday	17 May 2021
Deadline for candidate withdrawals	Wednesday	19 May 2021
Notice of Poll/Issue of ballot packs	Tuesday	1 June 2021
Close of Poll 5.00pm	Thursday	1 July 2021
Count and Declaration of Result	Friday	2 July 2021
Reporting of results at Council of Governors meeting	Thursday	15 July 2021
Formal election results announced at Trust and Members Annual General Meeting (AGM)	Wednesday	28 July 2021

COUNCIL OF GOVERNORS REGISTER

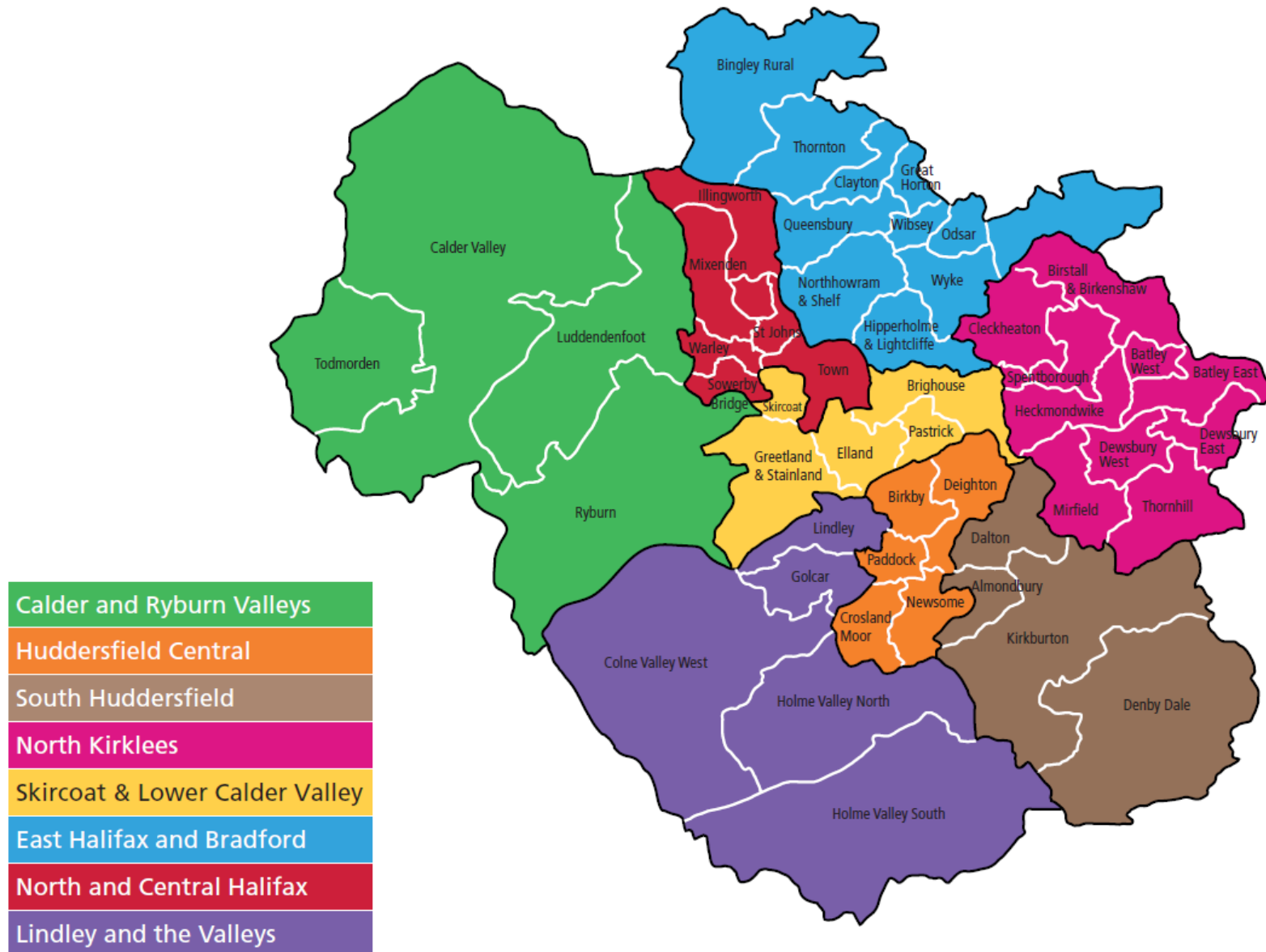
AS AT 9 APRIL 2021

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1 – Calder and Ryburn Valleys	Jude Goddard	19.7.18	3 years	2021
1 – Calder and Ryburn Valleys	VACANT SEAT			
2 – Huddersfield Central	Sheila Taylor	19.7.18	3 years	2021
2 – Huddersfield Central	Christine Mills	19.7.18	3 years	2021
3 – South Kirklees	Chris Owen	17.7.19	3 years	2022
3 – South Kirklees	VACANT SEAT			
4 – North Kirklees (Cons. 4 from 15.11.17)	Veronica Woollin	15.9.16 17.7.19	3 years 3 years	2019 2022
4 – North Kirklees	VACANT SEAT			
5 – Skircoat and Lower Calder Valley	Stephen Baines	15.9.16 17.7.19	3 years 3 years	2019 2022
5 – Skircoat and Lower Calder Valley	Brian Richardson	18.9.14 15.9.17 Extended 1 year	3 years 3 years 1 year	2017 2020 2021
6 – East Halifax and Bradford	Annette Bell	19.7.18	3 years 3 years	2018 2021
6 – East Halifax and Bradford	VACANT SEAT			
7 – North and Central Halifax	Lynn Moore	18.9.14 Extended 1 year	3 years 3 years 1 year	2017 2020 2021
7 – North and Central Halifax	Alison Schofield	15.9.17 Extended 1 year	3 years 1 year	2020 2021
8 – Lindley and the Valleys	VACANT SEAT			
8 - Lindley and the Valleys	John Gledhill	17.7.19	3 years	2022

APPENDIX F3

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
STAFF – ELECTED				
9 - Drs/Dentists	VACANT SEAT			
10 - AHPs/HCS/ Pharmacists	Sally Robertshaw	17.7.19	3 years	2022
11 - Mgmt/Admin/ Clerical	Linzi Jane Smith	15.9.17 Extended 1 year	3 years 1 year	2020 2021
12 – Ancillary	VACANT SEAT			
13 – Nurses/Midwives	VACANT SEAT			
13 – Nurses/Midwives	Rosemary Hoggart	17.7.19	3 years	2022
NOMINATED STAKEHOLDER				
University of Huddersfield	Prof Joanne Garside	01.01.21	3 years	2024
Calderdale Metropolitan Council	Cllr Megan Swift	3.10.17	3 years	2020
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	3 years	2020
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

APPENDIX F3



APPENDIX F4

Attendance	✓	Apologies	✗	Not elected/co-opted	
				Did not attend	
				Not a member of the Council	

**COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS ATTENDANCE
AT COUNCIL OF GOVERNOR MEETINGS – 1 APRIL 2020 – 31 MARCH 2021**

MEETING DATES		9.7.20	7.10.20 AGM	22.10.20	28.1.21	TOTAL
1 – Calder & Ryburn Valleys	Jude Goddard	✗	✓	✓	✓	3/4
	VACANT SEAT					
2 – Huddersfield Central	Sheila Taylor	✗		✗	✓	1/4
	Christine Mills	✓	✓	✓	✓	4/4
3 – South Kirklees	John Richardson (until 05.02.21)	✓	✓	✓		3/4
	Chris Owen	✓		✗		1/4
4 – North Kirklees	Veronica Woollin	✗	✓	✗	✓	2/4
	VACANT SEAT					
	Dianne Hughes (Reserve Register from 17.7.19 until 16.7.20)	✗				0/1
5 – Skircoat & Lower Calder Valley	Stephen Baines	✓	✓	✓	✓	4/4
	Brian Richardson	✗		✗		0/4
6 – East Halifax & Bradford	Annette Bell	✓	✓	✓	✓	4/4
	Paul Butterworth (until 21.10.20)	✗				0/2
7 – North and Central Halifax	Lynn Moore	✓		✗	✓	2/4
	Alison Schofield	✓		✓	✓	3/4
8 - Lindley & The Valleys	VACANT SEAT					

		John Gledhill	✓		✓	✓	3/4
9 – Staff – Drs/Dentists		Dr Peter Bamber (until 31.3.21)	✘	✓	✓	✓	3/4
10 – Staff - AHPs/HCS/Pharmacists		Sally Robertshaw		✓	✓	✓	3/4
11 – Staff – Management/ Admin		Linzi Jane Smith	✓		✓	✓	3/4
13 – Staff – Nurses / Midwives		Sian Grbin (until 7.8.20)	✓				1/2
		Rosemary Hoggart	✘		✘		0/4
Stakeholder Governors (Allocated)	University of Huddersfield	Prof Felicity Astin (until 13.11.20) Prof Joanne Garside (from 1.1.21)	✘		✓	✓	2/4
	Calderdale Metropolitan Council	Cllr Megan Swift	✓		✘	✓	2/4
	Calderdale and Huddersfield Solutions Ltd.	Jayne Taylor (until 28.2.21)	✓	✓	✘		2/4
	Kirklees Metropolitan Council	Cllr Lesley Warner	✓		✓	✓	3/4
	Healthwatch Kirklees / Calderdale	Helen Hunter	✓		✓	✘	2/4
	Locala	Chris Reeve	✘		✓	✓	2/4
	South West Yorkshire Partnership NHS Foundation Trust	Salma Yasmeen				✘	0/4

Note: In April 2020 in light of Government and NHS restrictions on groups of people meeting, the decision was made to cancel the Council of Governors meeting scheduled for 23 April 2020.

DIRECTORS / NON-EXECUTIVE DIRECTORS	9.7.20	7.10.20 AGM	22.10.20	28.1.21	TOTAL
Philip Lewer (Chair)	✓	✓	✓	✓	4/4
Alastair Graham, Non-Executive Director	✓	✓	Not allocated	✓	3/3
Andy Nelson, Non-Executive Director	✓	✓	Not allocated	Not allocated	2/2
Andrea McCourt, Company Secretary	✓	✓	✓	✓	4/4
Karen Heaton, Non-Executive Director	Not allocated	✓	Not allocated	✓	2/2
Richard Hopkin, Non-Executive Director	Not allocated	✓	✓	Not allocated	2/2
Denise Sterling, Non-Executive Director	✓	✓	Not allocated	Not allocated	2/2
Peter Wilkinson, Non-Executive Director	Not allocated	✓	✓	Not allocated	2/2
David Birkenhead, Medical Director	Not allocated	✓	Not allocated	✓	2/2
Gary Boothby, Director of Finance	✓	✓	✓	✓	4/4
Helen Barker, Chief Operating Officer	x	✓	✓	✓	3/4
Ellen Armistead, Director of Nursing	Not allocated	✓	✓	x	2/3
Owen Williams, Chief Executive	Not allocated	✓	Not allocated	✓	2/2
Suzanne Dunkley, Director of Workforce & OD	Not allocated	✓	Not allocated	Not allocated	1/1

DECLARATION OF INTERESTS – COUNCIL OF GOVERNORS
AS AT 15 APRIL 2021

The following is the current register of the Council of Governors of Calderdale & Huddersfield NHS Foundation Trust and their declared interests. The register is maintained by the Foundation Trust Office and holds 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								
25.3.21	Stephen BAINES	Public-elected Constituency 5 - Skircoat and Lower Calder Valley	-	-	-	Councillor Calderdale MBC Calderdale Health & Well-being Board member West Yorkshire Joint Health and Scrutiny Committee	-	Councillor Calderdale MBC
15.3.21	Annette BELL	Public-elected Constituency 6 - East Halifax and Bradford	-	-	-	-	-	-
	John B GLEDHILL	Public elected governor – Constituency – 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	-	-	-	-	

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
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15.3.21	Jude GODDARD	Public elected – Constituency 2 - Calder and Ryburn Valleys	Director Imagine Results Limited	Director of Imagine Results Limited	Director of Imagine Results Limited	-	Associate work for HealthSkills Associate NHS Elect	Member of the Q Community Health Foundation Director of Imagine Results that carried out work for and with NHS England
15.3.21	Christine MILLS	Public elected - Constituency 2 (Huddersfield Central	-	-	-	-	-	-
17.3.21	Lynn MOORE	Public-elected Constituency 7- North and Central Halifax	-	-	-	-	-	-
	Chris OWEN	Public elected – Constituency – South Huddersfield	-	-	-	-	-	-
	Brian RICHARDSON	Public-elected Constituency 5 - Skircoat and Lower Calder Valley	-	-	-	-	Locala Members' Council Healthwatch Calderdale Programme Board. Practice Health Champion PRG member at Beechwood Medical Centre	-
6.4.21	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		-

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
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17.3.21	Sheila TAYLOR	Public elected - Constituency 2 – Huddersfield Central	-	-	-	Secretary to Huddersfield NHSRF	-	Huddersfield NHSRF
15.3.21	Veronica WOOLLIN	Public-elected Constituency 4 from 15.11.17	-	-	-	-	-	-

STAFF GOVERNORS								
	Rosemary HOGGART	Staff Elected – Nurses / Midwives	-	-	-	-	-	Nursing and Midwifery Council Royal College of Midwives
26.3.21	Sally ROBERTSHAW	Staff elected – Admin/Clerical						Membership HCPC (professional registration) Member of the Chartered Society of Physiotherapy
15.3.21	Linzi SMITH	Staff elected – Admin/ Clerical	-	-	-	-	-	-

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

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
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	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
	Chris REEVE	Nominated Stakeholder, Locala	Company Secretary – Locala Community Partnerships CIC				Chair of Honley High School Cooperative Trust (school but school nursing service)	
	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
	Cllr Lesley WARNER	Nominated Stakeholder – Kirklees Council						Councillor – Kirklees Metropolitan Council

Please notify Jackie Ryden, Corporate Governance Manager of any changes to the above declaration: - 01484 355933 or Jacqueline.ryden@cht.nhs.uk or return the attached with amendments or confirmation that there is no change.

18. RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

- a. Quality Committee held 25.01.21,
22.02.21 and 22.03.21
- b. Workforce Committee held 08.02.21
and 08.03.21
- c. Charitable Funds Committee held
23.02.21
- d. Audit and Risk Committee held
23.01.21
- e. Finance & Performance Committee
held 11.01.21, 01.02.21 and 01.03.21

For Information

QUALITY COMMITTEE

Monday, 25 January 2021

Calderdale and Huddersfield
NHS Foundation Trust**STANDING ITEMS****1/21 WELCOME AND INTRODUCTIONS**Present

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

In attendance

Helen Barker (HB)	Chief Operating Officer (item 7/21 only)
Anna Basford (AB)	Director of Transformation and Partnerships (item 5/21 only)
Andrea Dauris (AD)	Associate Director of Nursing – Corporate (item 6/21 only)
Rebecca Sharpe (RS)	Project Management Office (PMO) Manager (item 5/21 only)
Lucy Walker (LW)	Quality Manager, NHS Calderdale / NHS Greater Huddersfield / NHS North Kirklees CCGs

This meeting has adopted the use of a 'reading room' approach for the first time, whereby any reports which are for information, are stored either in the review room on Convene, or in the files section on Microsoft Teams, and not presented during the meeting. It is expected that all meeting attendees read these papers beforehand and any questions or issues relating to the reports can be asked at the meeting.

2/21 APOLOGIES

Lindsay Rudge (LR)	Deputy Director of Nursing
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3/21 DECLARATIONS OF INTEREST

There were no declarations of interest.

4/21 MINUTES OF THE LAST MEETING, ACTION LOG AND MATTERS ARISING

The minutes of the last meeting held on Wednesday, 30 December 2020 were approved as a correct record.

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

QUALITY PRIORITY UPDATES**5/21 IMPACT OF BUSINESS BETTER THAN USUAL**

Anna Basford (Director of Transformation and Partnerships) and Rebecca Sharpe (Project Management Office (PMO) Manager) were in attendance to provide an update on the focussed quality priority for impact of business better than usual, as detailed at appendix B.

Through the involvement of colleagues, partner organisations and members of the public, 12 learning themes were identified during June and July 2020, where there was agreement by the Trust Board that the new ways of working implemented during the pandemic, have potential long-term benefit and should be sustained and amplified. Each theme has a lead, and a detailed 'blueprint' which sets out the vision and ambition of the theme.

This progress report, which has previously been discussed at the Transformation Programme Board, includes a blueprint for each theme and an aggregated report which shares the key benefits identified. The report was positively received at the Transformation Programme Board and noted that work is yet to be done between now and the end of March 2021 to fully clarify any enabling costs. The aim is that the programme will move forward into 2021-2022 around the delivery programme which will be monitored against those benefits identified in the blueprint.

The frequency of reporting into the Quality committee was discussed, and it was suggested that a quarterly update will be provided, as this is not just about the themes and what they deliver, but also includes the engagement of colleagues, and the way the Trust works with partners and the public, and doing that in a different way. EA stated that one of the reasons why this was included as a focussed quality priority was to ensure that the new ways of working were not having a negative impact on service users, and to ensure that the new ways of working do not have an adverse effect to either colleagues or patients.

The Chair thanked AB and RS for the comprehensive update.

OUTCOME: The Committee noted the report and agreed to the quarterly reporting.

AD HOC REPORTS**6/21 POSITION STATEMENT FROM PERSONAL AND PROTECTIVE EQUIPMENT (PPE) GROUP**

Andrea Dauris (Associate Director of Nursing – Corporate) was in attendance to provide an update on appendix C regarding the work undertaken by the PPE Strategic Group, which was established in response to the pandemic. It also forms an element of the focused quality priority on nosocomial infections.

At the start of the pandemic, there was an interrupted PPE supply chain and a rapid piece of work was undertaken to provide assurance and continued supply of PPE to clinical areas. Through the membership of the Group, a daily stock position of PPE was established across the organisation, as well as the development of an escalation plan which described what should be done in the event of a shortage of PPE supplies. It was noted that during the pandemic and continuing, these responses have not been mobilised.

The PPE Group also established a quality assurance process whereby any piece of PPE brought into the organisation, there was a team who would review the equipment to ensure it met with specifications and quality required.

FFP3 was another workstream that the Group had oversight of, which refreshed and approved a new strategy in response to the fluidity of the masks and moved to changing the supply of FFP3 masks in clinical areas. Investment was also made in the supply of positive pressure

hoods. At the beginning of the pandemic, there were approximately 15 hoods in the Trust as part of the response to aerosol generating procedures (AGPs), and this has now been increased to 82 hoods. This put the organisation in a good position regarding the number of hoods, a supply of reusable FFP3 masks and a supply of disposable FFP3 masks. The provision of training in clinical areas for those pieces of equipment was also reviewed.

The PPE Group also responded to rapid changes to national guidance, which led to the development of the 'Trust Greeter' service that was at the main entrances of the hospitals which directly responded to changes in national guidance, but it was also a meet and greet service that reminded people about PPE and responded to any concerns.

The report also describes the health and wellbeing taskforce that was established in response to anxiety in relation to PPE, which consisted of registered nurses who checked with staff regarding PPE supplies, reinforcing good practice, etc. It worked well and dispelled myths in clinical areas and fed back into the PPE Group of actions which were required next.

It was noted that the report links to the nosocomial quality priority, and the key point to make is that an interruption to the supply chain was not experienced and continued to deliver the correct PPE to the right places at the right time, and the work of the Group has now been stood down to a weekly meeting that is building further resilience to clinical areas.

The Chair commented on the excellent report outlining the amazing work done at pace by the Group which had to be extremely responsive as situations changed. The Chair also noted the engagement made with staff to seek their views and feedback and asked if there was a group of staff who struggled with wearing masks and how they were supported. AD stated that the wearing of the FFP3 masks did cause problems for staff particularly in the critical care areas where they wore the masks for a period of time, with noticeable markings across the skin areas of their faces, and part of that feedback from staff led to the development of the rapid pathway from the Tissue Viability team to support the skin damage and to support staff to keep them safe with wearing the devices and looked after their skin. A specific pathway was also developed for the dermatology service.

RW commented on the good report and alerted the Quality Committee to how the role of volunteers will be developed in the future. Following the 'Trust Greeter' service being stood down, and the receipt of concerns into the organisation from the public, this informed the application made to the Winter Volunteering Service for funding, and to look at moving that service forward and supported by volunteers.

EA thanked AD for her stewardship of the PPE Strategic Group.

DBY asked whether there is an improvement with the maintenance of the hoods as there were some previous challenges. AD stated that work is ongoing with the contracting process to ensure there is clear ongoing maintenance of hoods going forward. In addition, the Infection Prevention and Control (IPC) team now have additional resource looking at the FFP3 broad agenda, which includes the hoods and ongoing maintenance.

OUTCOME: The Committee noted the report.

7/21 12-HOUR TROLLEY BREACHES

Helen Barker (Chief Operating Officer) was in attendance to present appendix D, which provides highlights following the review of 12-hour breaches in the Emergency Departments (ED).

The paper describes the situation which arose in quarter 3, during wave 2 of Covid-19, where there was an increase in attendances from positive-Covid and non-Covid admissions, combined with a significant management change in the ED and nurse staffing gaps on the inpatient wards.

Patients were waiting longer for beds and there was discussion regarding the opening up of additional capacity, however, it was felt that this could not be done in relation to safe staffing and it would be safer for patients to be bedded and wait in the ED. There were concerns that this was rapidly becoming normalised, with a high volume of patients waiting longer than 12 hours from a decision to admit, in particular at HRI due to the majority of admissions with a dependency on elderly care facilities being on the HRI site.

A paper was provided for the outer core group that described the decision-making process, and the outcome of the review of those patients. The review has provided assurance in 49 of the 60 cases, that the extended wait in the ED did not appear to have impacted patient outcome. For the remaining 11 cases, a further clinical review was recommended, with three patients needing a more detailed investigation, which is currently ongoing. The actual outcome of those three investigations will need to return to the Quality Committee.

It was noted that the patients in ED were all placed on beds for comfort; where there should have been an intentional rounding and observation on the whole, these were undertaken, however, the Committee cannot be assured that every patient received every bit of intentional rounding and observation, and an action plan has been developed in the ED to ensure that policies are adhered to.

It was also noted that there was one patient who died in the ED who had exceeded the 12 hour wait, and it was suggested that the wait contributed to the patient's demise. EA stated that this case is being taken through as a separate serious incident investigation and is being progressed.

EA stated that the organisation has had a clear position to not move to a 'full capacity protocol' to avoid 12-hour breaches. The protocol would mean moving a patient out of the ED and they would be housed along the corridor in a ward area. It has been made clear that this is not safe or a good experience for the patients.

It was asked that the following elements from the Outer Core Group are incorporated in the paper:

- *an additional recommendation that going forward all patients experiencing a 12-hour delay to their treatment in ED will receive a timely written communication from the Trust apologising for this* - HB noted that the process for apology letters has been restarted via the PALS / Complaints team
- *An explanation / view of why the number of breaches experienced was significantly higher at HRI than CRH* – HB noted that a response to the HRI / CRH split has been provided and allocating timeline and leads for all actions and will be managed through the Performance Review Meeting (PRM) process.
- *For each recommendation a named lead / owner responsible for implementing the recommendation and a target timescale for completion of the action*
- *The report includes that an annual review will be undertaken by the Quality Committee to ensure the actions have been completed and embedded. The use of a 'BRAG' (i.e. blue, red, amber, green) scoring system should be utilised to indicate progress – with blue confirming actions related to each recommendation are fully embedded in practice* – HB suggested that the annual review is done at the end of quarter 4 so it covers the winter period.

Due to the Quality Committee now having responsibility for the overview and monitoring of this, further updates will not be required to be submitted to the Outer Core Group.

The Chair asked how frequently a report or update should be provided to the Quality Committee, and it was suggested that a verbal monthly update on any further 12-hour

breaches could be provided, with a quarterly paper against the KPIs and the annual formal report.

OUTCOME: The Committee noted and agreed the recommendations in the report and the quarterly reporting.

8/21 QUALITY AND SAFETY STRATEGY

Ellen Armistead (Executive Director of Nursing) briefly presented appendix E, which has previously been to the Quality Committee. EA reminded the Committee of the purpose of the Strategy, the links to the visions, values and pledges; the one- and ten-year strategy; the governance framework; the quality account priorities and focused priorities and next steps.

The Committee were asked to acknowledge the amendment of the sub-group reporting structure for the Quality Committee and to agree the next steps going forward.

KH commented on the good document and asked whether this strategy would be communicated to the Council of Governors for information. EA stated that the quality account priorities within the strategy will be discussed with the Governors.

OUTCOME: The Committee noted and approved the Strategy.

CARING

9/21 PATIENT EXPERIENCE REPORT

Rachel White (Assistant Director for Patient Experience) presented appendix F, highlighting ~~work ongoing with complaints service users to gather their feedback in relation to complaints, and work ongoing to recruit for the improvement collaborative~~ ongoing work to develop a survey aimed at gathering service users feedback in relation to the complaints service and to recruit members to an advisory group that will work alongside the improvement collaborative and on co-production projects.

Matters for escalation included:

- The Committee being asked to grant devolved responsibility to the Making Complaints Count Improvement Collaborative in order to sign off on the Service Survey to expedite its use by the Trust.
- The cancellation of the monthly Patient Experience and Caring Group with essential business being carried out via an interim arrangement of revised escalation / modified reporting directly into the Quality Committee.
- The trust being alerted to a risk in relation to commitment to carers. Work is ongoing within the Commitment to Carers workstream to mitigate the risk.

A query was raised on the attached project plan which related to restricted visiting and PPE supply. The key point was that certain groups within the Trust have an agreed approach to support carers being part of the care delivery team for people with particular needs, and there are clear guidelines and support in terms of PPE supply, and how it should be used. However, should the Trust move to a place where wider groups of carers are considered as part of the care delivery team (e.g. carers for people with learning disabilities, autism and dementia), then extra consideration is needed to ensure that PPE match will be available for them.

OUTCOME: The Committee noted the update and were in support of devolving responsibility Making Complaints Count Improvement Collaborative in order to sign off on the Service Survey.

SAFE**10/21 PATIENT SAFETY GROUP REPORT**

The Patient Safety Group report was available in the reading room at appendix G.

The Chair raised concerns regarding the lack of future improvement work listed in the report in relation to the Pressure Ulcer Collaborative, and the non-attendance of a representative from the collaborative at the Patient Safety Group. DBy stated that these observations have been noted, and EA noted that following the Board of Directors meeting, Judy Harker (Lead Tissue Viability Nurse) has been asked to undertake a deep dive into pressure ulcers, which will be presented at the next Quality Committee meeting, as there is a definitive link between the operational pressures and pressure ulcer development. Early feedback from the deep dive has shown that there are various pockets of good work being undertaken, however, a focused effort on action planning is now needed. It was also agreed that a dedicated monthly report is required from the Collaborative at the Quality Committee.

The Chair also noted from the report that the last update received from the Resuscitation Group into the Patient Safety Group was in October 2019. DBy stated that an update report was received in December 2020 with queries returned to the leads requesting reassurance on an action plan following an audit, however, representation from the Resuscitation Group has not been present at the Patient Safety Group due to one of the two Resuscitation Officers being off for a period of time. Pressures within the service are recognised, however reassurance is still required from the Resuscitation Group, which will hopefully be provided at the next Patient Safety Group meeting in February 2021.

OUTCOME: The Committee noted the report.

11/21 MEDICATION SAFETY AND COMPLIANCE GROUP REPORT

The Medication Safety and Compliance Group report was available in the reading room at appendix H.

In terms of medical gases, the Chair was pleased to see progress in terms of completing the occupational testing for staff and asked if a company has now been commissioned to carry this out. ES reported that the most cost-effective company was chosen, and checks are being made to ensure they meet the appropriate standards required.

The Chair also showed an interest in the development of the electronic controlled drugs (CD) registers and asked how long the development phase would take. ES stated that meetings are booked over the next three to four weeks with key members of the Trust to review the IT needed, and a product can potentially be ready in the next three months to trial.

ES reported on a noted improvement with the collection of oxygen cylinders, and also noted that following the work carried out with purchasing and installing an active temperature monitoring system in Trust fridges, there is still a concern on what the escalation process will be during out of hours if areas go out of range, and a safe method is still to be decided by the Trust.

DBy also thanked ES for the work done on getting the polymer gel patient safety alert signed off and systems in place to monitor these through pharmacy audits.

OUTCOME: The Committee received and noted the report.

12/21 INFECTION PREVENTION AND CONTROL BOARD REPORT

The Infection Prevention and Control report was available in the reading room at appendix I, highlighting the position of the Healthcare Associated Infections (HCAIs) during quarter 3 in 2020.

David Birkenhead (Medical Director) noted that the report focuses heavily on Covid, however, other infections are still occurring at CHFT. The increase in clostridium difficile cases needs to be monitored and MRSA screening needs to improve. Covid is currently the greatest challenge, particularly in relation to the new variants, the increase in hospital acquired Covid cases and outbreaks over the last few weeks.

There are also a number of challenges regarding the estate - ward designs and ventilation - which are being mitigated.

OUTCOME: The Committee received and noted the report.

WELL LED**13/21 BOARD ASSURANCE FRAMEWORK (BAF) RISK – 4/19: PATIENT AND PUBLIC INVOLVEMENT**

Ellen Armistead (Executive Director of Nursing) presented appendix J, providing the outcome of a review of the patient and public involvement BAF risk and a level of assurance in terms of mitigation.

The risk articulation and impact remain the same. The key controls have been reviewed and considered to be relevant and an accurate reflection, however, the BAF has been updated to state that the a Health Inequalities group has been set up to add challenge around the extent to which health inequalities drive service planning. In relation to the gaps in control, and while some activity has been progressed, understandably divisions and teams have had a number of competing priorities to manage against a backdrop of Covid-related staff shortages, and the BAF has been updated to reflect this. Another significant challenge to mitigating the risk is a result of relative visiting restrictions. This has resulted in missed opportunities to gain the views of patients' family and friends in assessing how well the Trust is delivering patient centred care. The BAF has also been amended to reflect this.

The risk rating has been reviewed and given the impact of managing the current phase of the pandemic, the current score has been increased to 16.

The Chair noted that this has been a comprehensive review and noted that the risk score has increased to 16, as well as the list of ongoing positive assurances, in spite of all the challenges.

OUTCOME: The Committee noted and approved the recommendations and updated BAF.

14/21 BOARD ASSURANCE FRAMEWORK (BAF) RISK – 6/19: COMPLIANCE WITH QUALITY AND SAFETY STANDARDS

Ellen Armistead (Executive Director of Nursing) presented appendix K, providing the outcome of a review of the compliance with quality and safety standards risk.

There has been very little in the way of external reviews during the pandemic, which was a deliberate strategy of the arms-length bodies to reduce the burden on organisations, however, making a judgment on the overall effectiveness of mitigating actions becomes more challenging to assess. The CQC and Compliance Group has continued to meet and the should and must do's following the last CQC visit have been resolved and are due to be closed.

Internal monitoring has continued throughout the pandemic and ward / service level assessments have been further developed.

The risk articulation and impact remain the same. Key controls have been updated to reflect a refresh of the risk management strategy, a review of the Quality Governance structure and the agreement of the Learning and Improving: Quality and Safety Strategy. The positive assurances remain relevant, however, with no new external reports, the external validation becomes difficult. The gaps in controls remain a risk, in relation to the capacity of serious incident investigators to undertake a review in a timely manner. Work to develop a strategy to resolve this is underway. The risk rating has been reviewed and remains the same, and the gaps in assurance reflects the move away from non-essential activity by regulators.

The Chair asked how the further work which needs to be developed to understand the impact on care standards as a result of the pandemic response, clinical prioritisation and staff shortages will be done and taken forward. EA reported that clinical prioritisation is now a focused quality priority and a key issue in assessing whether there have been any deficits in care as a result of how the Trust has had to operate throughout the pandemic, so this is ongoing. In relation to the staff shortages, there are several good systems and processes in place which have been better utilised to respond to staff shortages as a result of the pandemic, however, nationally, it is not known how long it will be before this is resolved.

OUTCOME: The Committee noted and approved the recommendations and updated BAF.

15/21 **QUALITY COMMITTEE TERMS OF REFERENCE**

The Committee's terms of reference have now been updated to includes the Assistant Director of Patient Experience to the membership, and were available in the reading room at appendix L.

OUTCOME: The Committee noted and approved the change to the terms of reference.

RESPONSIVE

16/21 **ANNUAL LEGAL SERVICES REPORT**

The annual legal services report was available in the reading room at appendix M, highlighting the claims and inquests during 2020.

OUTCOME: The Committee noted the report.

POST MEETING REVIEW

17/21 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

The Quality Committee received:

- The final quality and safety strategy
- The 12-hour trolley breaches report and noted that the Committee is taking over the responsibility for the monitoring of progress in regard to the recommendations
- The deep dive into the Board Assurance Framework risk for Patient & Public Involvement (4/19), which has been increased to a score of 16
- The deep dive into the Board Assurance Framework risk for Compliance with quality and safety standards (6/19)

18/21 REVIEW OF MEETING

What went well...

- The revised way of separating the reports for background reading, which allows members to have pre-formed questions and contributions ready for those reading materials and not spending unnecessary attention where not needed.

19/21 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

20/21 CQC AND COMPLIANCE GROUP TERMS OF REFERENCE

The CQC and Compliance Group terms of reference were available in the reading room at appendix N.

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

21/21 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix O for information, and the Chair noted that the workplan is due to change once the revised sub-committee reporting as noted at item 8/21 is in place.

NEXT MEETING

Monday, 22 February 2021 at 3:00 – 4:30 pm on Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 25 JANUARY 2021

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
OPEN ACTIONS				
30.12.20 (205/20)	BAF Risk 3/19: seven-day services	David Birkenhead / Cornelle Parker	DB stated that every effort will be made to complete the audit to provide the Quality Committee with a level of assurance in relation to compliance. Action 30.12.20: DB to follow this up with CP, DBy and RW regarding resources needed to complete the audit Update: Completion of audit to be confirmed	
26.10.20 (184/20)	Bi-monthly report	Gill Harries, Louise Croxall, Julie Mellor	Action 26.10.20: Gill Harries and Louise Croxall to be invited to a future Quality Committee to discuss their plans to manage the risk of a split-site paediatric service. Update: see agenda item 26/21	See agenda item 26/21
FORTHCOMING ACTIONS				
5.2.20 (21/20) 28.9.20 (154/20) 30.12.20 (matters arising)	Outpatients improvement plan	Helen Barker	Update 30.12.20: In relation to the update received from the outpatients' action plan, EA noted that reference to the risk register is made in relation to a closed risk on outpatient delays, however, the risk relates to a new risk on COVID-related delays. Due to the change in circumstances due to the delays as a result of COVID, could HB attend QC to provide updates on all outpatient risks that have been included in the COVID-related risks, as there have now been changes. Action 30.12.20: That Helen Barker attends to provide update on outpatient COVID-related risks	DUE Monday, 22 March 2021
26.10.20 (181/20)	Medical examiner update	Dr Tim Jackson	Following a verbal update from CP, it was agreed that Dr Tim Jackson is invited to the next Medical Examiner's update in April 2021 Action 26.10.20: Dr Tim Jackson (Lead Medical Examiner) to be invited to the Quality Committee meeting to provide the next update in six months' time.	DUE Monday, 19 April 2021
CLOSED ACTIONS				
30.12.20 (199/20)	Superabsorbent polymer gels	Doriann Bailey	In relation to areas that use Vernagel super absorbent sachets, but do not stock controlled drugs therefore, will not be audited by pharmacy as part of their safe storage of controlled drugs audit, DBy asked how it will be assured that there are no missed opportunities in the monitoring and auditing of those areas. EA stated that this should form part of the matron's audit, and that a spot-check audit takes place in six months' time to ensure compliance in dermatology CRH, angiography CRH and radiography HRI, as outlined in the appendix of the report. Action 30.12.20: DBy to contact Jean Robinson (Senior Infection Control nurse) to add the superabsorbent polymer gel check to the frontline ownership (FLO) audit. Update: JR agreed to add compliance checks to the FLO audit. DBy also reported that she had met with Richard Hill (Head of Health and Safety), who will be adding the three areas above to the Health and Safety monthly checks going forward.	CLOSED 25 January 2021
30.12.20 (201/20)	Quality Account priority – learning lessons to improve patient experience	Rachel White	Rachel White (Assistant Director for Patient Experience) presented appendix E, which was detailed in the report provided at item 200/20. RW summarised that previous work has taken place in relation to the learning portal, and further discussions are needed on what this work entailed. Action 30.12.20: Further update to be provided once this is known. Update: See matters arising – Work on this priority had paused this month in light of a focus on the Making Complaints Count Collaborative & associated activities. This priority now sits within the Making Complaints Count Improvement Collaborative workplan.	CLOSED 25 January 2021
30.12.20 (206/20)	FSS Terms of Reference	FSS Division	The terms of reference of the division's Patient Safety and Quality Board meetings were also circulated for ratification from the Quality Committee, and it was noted that the administrative support on the terms of reference would need to be revised, as well as the addition of divisional patient experience and quality support leads on the membership of the PSQBs. Action 30.12.20: The terms of reference to be returned to the division for the relevant amendments to be made and returned to the Quality Committee for ratification. Update: Action forwarded to division	CLOSED 25 January 2021
2.9.20 (133/20)	Quality priority – falls resulting in harm	Denise Sterling	Action 2.9.20: HH to take comments back to the Falls Collaborative to reconsider the 10% reduction target and to provide further assurance to the Quality Committee Action 2.9.20: The equality impact assessment to be completed. Action 2.9.20: Benchmarking data from other Trusts to be added to the monthly falls dashboard. Update 26.10.20: Reminders sent on 1 October and 20 October – no response received as yet. Further update to be requested from the Falls Collaborative. Update November: Deadline date provided for update Update 30.12.20: Update received from Falls Collaborative as attached. Discussion ensued on the response received and it was agreed that it should be referred to the Clinical Director for the medical division. The Chair noted that the response did not provide assurance on the safety of patients in terms of falls. It was also noted that complex complaints of repeated falls are currently taking place and could be avoided if a robust falls programme is in place. In relation to IT support and provision of fall sensors, it was agreed that these risks are highlighted in a paper for from the Falls Collaborative and escalated to the Quality Committee. Action 30.12.20: DS to follow this up with the Clinical Director for the medical division. Update: Chair actioned with Clinical Director, who will address the concerns raised	CLOSED 25 January 2021
1.7.19 (120/19) 2.3.20 (41/20)	Serious incidents deep dive	Senior Risk Manager	Action 1.7.19: OW to be invited to a future meeting to present next steps. Update 29.7.19: Work is ongoing to review systems and processes, with an action plan being pulled together. Update 30.9.19: A three-month update was provided – see item 176/19 Action 30.9.19: Further update to be provided in six months' time, and maybe earlier if improvement and sustained change is not noted. Update 2.3.20: Following discussion on target timescales of between 25 to 40 working days for responding to complaints, it was queried why the same timescale cannot be delivered for serious incidents. Action 2.3.20: Deep dive into serious incidents to take place. Update September: MT reported that a conversation with the new Assistant Director for Patient Safety will need to take place regarding plans going forward with serious incident investigation capacity. This item to be deferred. Update: Audit Yorkshire is in the process of commencing a deep dive of the incident management process.	CLOSED 25 January 2021
30.12.20 (203/20)	Infection prevention and control board report	David Birkenhead	Action 30.12.20: Report to be submitted to the next meeting. Update: See agenda item 12/21	CLOSED 25 January 2021

QUALITY COMMITTEE

Monday, 22 February 2021

STANDING ITEMS**22/21 WELCOME AND INTRODUCTIONS**Present

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

In attendance

Mr William Ainslie (WA)	Clinical Director - Surgical Division
Gemma Berriman (GB)	Associate Director of Nursing – Medical Division (item 30/21)
Dr Abhijit Chakraborty (AC)	Consultant in Elderly Care - Medical Division (item 34/21)
Louise Croxall (LC)	ED Matron – Medical Division (item 26/21)
Andrea Dauris (AD)	Associate Director of Nursing – Corporate
Gill Harries (GH)	Deputy Director of Operations – FSS Division (item 26/21)
Judy Harker (JH)	Lead Tissue Viability Nurse (item 27/21 only)
Julie Mellor (JM)	Lead Nurse for Paediatrics – FSS Division (item 26/21)
Elizabeth Morley (EM)	Associate Director of Nursing – Community (item 30/21)
Dr Cornelle Parker (CP)	Deputy Medical Director
Rachel Rae (RR)	Associate Director of Nursing – Surgical Division (item 30/21)
Karen Spencer (KS)	Associate Director of Nursing – FSS Division (item 30/21)
Vicky Thersby (VT)	Head of Safeguarding (item 28/21)
Lucy Walker (LW)	Quality Manager, NHS Calderdale / NHS Greater Huddersfield / NHS North Kirklees CCGs

23/21 APOLOGIES

Elisabeth Street (ES)	Clinical Director of Pharmacy
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24/21 DECLARATIONS OF INTEREST

There were no declarations of interest.

25/21 MINUTES OF THE LAST MEETING, ACTION LOG AND MATTERS ARISING

The minutes of the last meeting held on Monday, 25 January 2020 were approved as a correct record, with the exception that the first paragraph of item 9/21 reads:

‘Rachel White (Assistant Director for Patient Experience) presented appendix F, highlighting ongoing work to develop a survey which is aimed at gathering service users’ feedback in relation to the complaints service and to recruit members to an advisory group that will work alongside the improvement collaborative and on co-production projects’

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

AD HOC REPORTS

26/21 MANAGING THE RISK OF A SPLIT-SITE PAEDIATRIC SERVICE

Gill Harries, Louise Croxall and Julie Mellor were in attendance to present appendix B, providing an overview of recent cross-divisional work regarding split-site working and describing the risks and current mitigations. A slide pack was also included with the paper outlining the work undertaken to review current pathways for children and young people.

CP asked about the staff perspective on this proposal, and it was stated that from a paediatric medical workforce, this model of care would be welcomed, as oversight of the current model is difficult to manage across both sites. From a nursing perspective, and the fact that it fits with longer-term plans around the reconfiguration of children's services, it was felt that it is right to centralise as much of the inpatient and Emergency Department (ED) services on the Calderdale site. The paediatric workforce has been flexible and worked cross-site tirelessly to keep safe staffing levels on both sites, and it was also noted that ED staff are keen to get some stability in the paediatric ED.

EA enquired about the funding business case for this, and whether there was a clear risk mitigation and how close it was to being delivered. GH stated that cross-divisional work has taken place, and costings have been carried out and due to be reviewed. EA stated that a timescale is needed to mitigate the risk.

LW queried about the equality impact assessment and GH stated that this will need further work. RW also mentioned the equality impact assessment and recommended engaging with communities. JM stated that there is currently an established social media route to families asking for their feedback, not just on the reconfiguration, but on the service as a whole.

CM asked about provisions being made for families with no access to transport, as the services will be on the opposite site. GH stated that this would need to be looked into and discussed with the public, to ensure that this does not disadvantage families in the surrounding areas.

In summary, the Committee were asked to approve the next steps and the funding recommendations, however, further work is needed on risk mitigation, the equality impact assessment and further community engagement.

It is noted that the Quality Committee support the preferred option of working for paediatric surgical patients on the HRI site and a Paediatric Emergency Department on the CRH site, and support the progression of a business case, however, the Committee is not in a position to support the funding recommendations.

GH, JM and LC were thanked for the report and asked to return to the Committee at a future date to provide an update on progress being made.

27/21 PRESSURE ULCER DEEP DIVE

Judy Harker was in attendance to present appendix C, to provide a detailed overview on the performance of pressure ulcers, highlighting key challenges posed by COVID-19, and assurance in relation to actions taking place to mitigate the ongoing risks to patient care.

Following the presentation, DBy queried about the increases in pressure ulcers and the potential duplication of reporting. JH stated that double counting is a risk, as patients who are in the Community could potentially come into hospital and their pressure ulcer could be counted on multiple occasions. This issue has been escalated, and the data is cleansed at the end of each month to avoid the double-counting of CHFT acquired pressure ulcers. It was stated that there is a need for greater administrative support to assist with the workload of these incidents.

DBy asked about the increase in pressure ulcer figures in April, the significant decrease with the addition of unstageable and deep tissue injuries, then a further increase in October. JH stated that the pressure ulcer figures decreased during the Summer and peaked in October, however, it is not known why this happened, nevertheless, the data will continue to be interrogated to ensure that errors have not been made. JH noted that it has been a difficult year with COVID-19 as well as the changes in the way that pressure ulcers are reported, however, it is important to be aligned with the recommendations from NHSI.

DBy also asked about opportunities to liaise with other trusts regarding surges, how they are dealing with patients that are declining support and if we could adapt any work that they are using. JH stated that work is taking place around patient concordance, and engagement has taken place with local trusts, along with safeguarding colleagues, who have created a framework to support community colleagues.

CP asked about the 20% unstageable pressure ulcers. JH stated that not all unstageable pressure ulcers are necessarily category 4 pressure ulcers, and that many may be superficial lesions, however, as CHFT are now following NHSI guidance, those pressure ulcers need to be categorised as unstageable. JH was confident that staff are following the categorisation more appropriately, and seeing less category 3 and 4 pressure ulcers, and more unstageable pressure ulcers and deep tissue injuries.

CP commented on benchmarks against other organisations and asked whether what is being described with pressure ulcers, is a surrogate quality marker as to what might be happening to patients. JH stated that benchmarking is not currently taking place, however, liaisons with colleagues and other organisations are due to be done, and this will be fed back. LR stated that it is difficult for organisations to benchmark against pressure ulcers, however, the team have spent a considerable amount of time categorising the grading of pressure ulcers to allow appropriate care plans to be instigated once pressure ulcers are recognised. LR noted that a getting it right first time (GIRFT) review in relation to COVID is due to be undertaken and felt that this pressure ulcer data will be important in forming a broader clinical quality aspect of that review.

LW noted the number of pressure ulcers present on admission and asked if colleagues are being more aware and doing more skin checks, or whether more people are coming into hospital with pressure ulcers. JH stated that the data is difficult to assess as it may include duplicate reporting, however, the number of pressure ulcers present on admission is due to increased training, awareness and pressure ulcers being reported. JH also noted that prior to April 2020, this data was not included in the dashboard, which is now a good thing going forward. JH stated that the data needs to be reviewed to understand what proportion of pressure ulcers are coming from care homes, and LW asked about any mechanisms for feeding learning back to care homes. JH stated that all care homes are now included in the link practitioner system, and themes, trends and learning from root cause analyses are automatically fed back to care homes. JH noted that relationships are being formed with care homes and will be strengthened over time. LW also offered her support with this.

EA noted the peaks and troughs in performance and stated that now is the right time to concentrate on getting into a much better position and to have a brand-new invigorated strategy. JH stated that the service is very committed to this.

JH and her team were thanked for the report and the work they undertake, and JH was invited to attend the Committee in three months' time to provide a progress report.

OUTCOME: The Committee noted the report.

SAFE**28/21 SAFEGUARDING COMMITTEE REPORT**

Vicky Thersby was in attendance to present appendix D, highlighting the work of the Safeguarding Committee during the year.

There was a significant reduction in the number of attendances during March and April for children and adults, however work continued to be maintained with safeguarding multi-agency partners. There was an increase in discharge-related issues toward the end of the year which was proactively responded. There was a COVID-19 prioritisation of services with instructions to halt the review of safeguarding adults' reviews and serious case reviews, however safeguarding has been maintained throughout the pandemic.

The report highlighted the work provided by the safeguarding team on Prevent; Safeguarding and COVID; Hidden harms; Mental Capacity Act and Deprivation of Liberty Safeguards; Mental Capacity Bill and Liberty Protection Safeguards; Adult Safeguarding; Children's Safeguarding; Mental Health Act, and Children Looked After Service.

A case study was also included in the report in relation to a young person that the Children Looked After team were involved in.

VT was thanked for the report, and also thanked for the excellent work in supporting the Committee and also in her role as Head of Safeguarding. VT will be leaving the Trust for pastures new, and the Committee wished her all the best for the future.

29/21 HIGH LEVEL RISK REGISTER

Gareth Webb presented appendix E, the high-level risk register as at 27 January 2021, highlighting one new risk - 7930: *Ophthalmology – delays in treatment*, and one increased risk 7769: *Progression of eye pathology and sight loss*.

It was noted that during the last Risk Group meeting on 10 February 2021, there was a discussion on whether the two above similar risks should be combined, however, it was agreed that they should remain as individual risks, due to the differences in controls and actions.

There was one reduced risk 2827: *over-reliance on locum middle grade doctors in the emergency department*, and one risk overdue for review – 7796: *impact on staffing due to track and trace system*. The overdue risk was raised as a COVID risk, however, following discussion with Helen Barker (Chief Operating Officer) and Suzanne Dunkley (Director of Workforce and Organisational Development), it is hoped that this risk will be taken off the high-level risk register.

OUTCOME: The Committee noted the report.

30/21 DIVISIONAL PATIENT SAFETY AND QUALITY BOARD REPORTSFamilies and Specialist Services (FSS) Division

Karen Spencer was in attendance to present appendix F, providing a brief overview of patient safety issues from the division in the last quarter:

- Risk – the provision of appropriate admissions and bed spaces for young CAMHS (Child and Adolescent Mental Health Service) patients. There has not been a particular increase in young patients admitted throughout the COVID pandemic, however, there has been a slight increase in young people being admitted with eating disorders. This was reflected nationally from NHS England in the last week, who mandated that mental health providers

increase tier 4 provision nationally for young people with eating disorders. CHFT now have a daily multi-disciplinary team (MDT) meeting with CAMHS, Social Care and any CAMHS patients on CHFT paediatric wards to ensure they receive the best possible treatment while waiting for specialist beds.

- Maternity - One of the developments that is being brought into the maternity services is working with Sheffield Children's Hospital to introduce MRI post-mortems as an option for parents who have suffered a pregnancy loss, and hoping that will increase uptake of parents consenting for their babies to have a post-mortem.
- Paediatrics - In quarter 3, the division developed the lead nurse for children role across CHFT, which Julie Mellor was appointed to, to support children across the wider organisation, with a focus on play and distraction for children.
- Microbiology teams have worked extended hours throughout COVID and also introduced point of care testing for COVID, which has helped patient flow and length of stay.
- The Appointments team, who are currently under pressure with outpatient appointments, have supported the appointment system for the COVID vaccination programme for staff.
- From a virtual perspective, the Children's Community nursing team introduced a virtual consultation for parents and were finalists in the Nursing Times Awards; virtual time to care is a model developed for virtual examinations within paediatrics; and Clinical pearls is a virtual way of shared learning for junior medical and nursing staff.
- Outpatient Recover – Teams are working with clinicians and directorates across the organisation to re-introduce outpatient activity as we move out of COVID, with particular emphasis on the environment, in terms of size and suitability for social distancing.
- Ockenden Report – Maternity services submitted a response to the 12 urgent clinical priorities in December 2020, and a further seven immediate and essential actions.
- Healthcare Safety Investigation Branch (HSIB) – Maternity services have had their quarterly meeting and the good relationship that CHFT maternity services have with HSIB was noted. CHFT are a positive outlier in the region, and as a result of the good relationship with HSIB and families, no families at CHFT have refused a HSIB investigation.
- Good news – Dr Marilyn Rogers, long-standing lactation Consultant at CHFT, was awarded an MBE in the Queen's New Year's Honours List for her work in supporting breast-feeding and infant feeding families across Calderdale and Huddersfield.

DS asked about one of the risks relating to the in-house library filing system, and asked how temporary the solution would be. KS reported that the temporary system has now been tested and was a success, therefore IT have now assured that this can be a permanent solution. This has allowed the risk to be lowered.

DS also commented on the division's excellent performance in the Trust Clinical Audit competition, and that three of the four audits presented were from the division, with two going forward to be presented nationally - this is a great achievement.

Medical Division

Gemma Berriman was in attendance to present appendix G, providing an update on the division's patient safety issues:

- The division has been pressured during the pandemic, therefore the October Patient Safety and Quality Board meeting was stood down and the subsequent November and December meetings were shortened, although they did go ahead. Some of the division's biggest challenges and risks around patient safety have been around the increasing bed

base, and the reduction in staff, giving a significant increased pressure and risk, which has been mitigated across the organisation by working together to cover the gaps and providing safety guardians in areas affected. Band 7 staff and ward managers are not getting the non-clinical time they would ordinarily get to review yellow and green incidents, resulting in learning not being circulated in a timely manner. A concerted effort has been placed on closing those incidents to share the learning with the teams.

- The Emergency Departments have now been segregated on both sites creating a significant staffing gap.
- Outbreaks - There has been a considerable amount of hospital onset COVID infections throughout the organisation, which all need a root cause analysis. The backlog of those is being worked through via daily gold meetings to share the learning reasonable quickly. The division has also seen an increase in clostridium difficile (c.diff) infections, and extra work is being done to reduce these figures. This may be due to people using hand gels more frequently and not washing their hands as such.
- There has been a never event in dermatology with the wrong site surgery and the investigation has now been completed, and the actions are now being worked through.
- Positives – Dermatology have started a one-stop clinic, which has allowed them to see patients quickly. Stroke team have had no hospital acquired pressure ulcers between October and December. Whilst the stroke area has achieved this, some of the ward areas in the division are seeing an increase in pressure ulcers, with work being done with the tissue viability team, particularly on the deep tissue injuries.
- Falls – The division has seen a steady increase in falls since April 2020 and want to reignite the quality and safety strategy within the division and looking at work to develop mini-strategies within the directorates.
- CQC – a provider collaboration review was carried out in ED in October 2020. A second collaboration has taken place around a document for 'patient first', predominantly around EDs in the COVID pandemic and trying to find ways for EDs to keep patients safe.
- The division are just below compliance with appraisals, safeguarding and manual handling, all reporting just below 90%, and work is ongoing to improve.

There were no questions for GB, who was thanked for the report.

Community Healthcare Division

Elizabeth Morley was in attendance to present appendix H, reporting on patient safety issues in the division:

- Staffing – this was the biggest challenge in quarter 3, with a shift from COVID-related staff absence, to absences relating to stress and anxiety.
- There is a gap in the Parkinson's service, with mitigation in place to help close the gap. The division is looking at succession planning within the Parkinson's service, and also in other small or single-handed teams.
- Pressure ulcers – the division saw a surge in community-acquired pressure ulcers, and felt that the increase was due to COVID, as well as a difference in the way that pressure ulcers are reported.
- Incidents – the division saw an increase in discharge-related incidents and has welcomed the Discharge Quality Group which has been reinstated, and includes a whole-system approach to discharge and the monitoring of the quality of discharges.

- The division are also exploring the need for a Community Diabetic Specialist, that will enable people to be seen within their own homes.
- Community nurses have helped support the vaccination programme across the community.
- Success - The division had a recruitment drive into the Community Palliative Care Team, to help ensure that the division is responding to increases in referrals into the Palliative Team, and that patients' needs can be met in their own homes without a conveyance into hospital.

There were no further questions for EM, who was thanked for the report.

CARING

31/21 OBSERVE AND ACT FRAMEWORK

The Chair provided an update further to the circulated report at appendix I.

At the end of last year, the non-executive directors discussed how to improve their visibility and engage with patients. A robust tool was developed, validated and proposed to be introduced either as a stand-alone module or be aligned to the focused support framework. It will be piloted and tested for use at CHFT and rolled out gradually.

The Committee is being asked to approve the introduction of the model, which is intended to be used with a train the trainer method, and the 80/20 approach, with 80% of individuals involved being public-facing, e.g. volunteers, governors and non-executives, and 20% being Trust staff and clinical leads who would support the development and roll-out. The tool has been developed by Shropshire Community Health NHS Trust, who agreed to share with other organisations to adopt. CHFT would be the first Trust in the country to introduce this as a virtual tool.

CP asked where the output from this would be disclosed, and DS stated that this will be to the Quality Committee. Training of the first cohort of staff will start next week, followed by piloting work, then aligning to the focused support framework, which will be reintroduced in May 2021. The feedback and the reports from Observe and Act will be fed back into the Quality Committee.

DBy also commented that there may be opportunities for this to be fed into the CQC and Compliance Group moving forward.

OUTCOME: The Committee approved the introduction and implementation of the Observe and Act toolkit.

QUALITY ACCOUNT PRIORITY UPDATES

32/21 IMPROVE STAFF HANDOVERS TO ENSURE THEY ROUTINELY REFER TO THE PSYCHOLOGICAL AND EMOTIONAL NEEDS OF PATIENTS, AS WELL AS THEIR RELATIVES / CARERS

Lindsay Rudge provided an update on appendix J, with the key headline that this has been piloted and used on the Acute Floor at CRH, and now in a position to embed across the organisation.

33/21 IMPROVE RESOURCES FOR DISTRESSED RELATIVES / BREAKING BAD NEWS RELATING TO END OF LIFE CARE (EOLC)

Lindsay Rudge tabled an update on the above quality priority and reported that work has continued to be progressed around supporting patients and their families through the pandemic, against a background of limited visiting into the organisation. A team consisting of matrons, end of life facilitators, lead cancer nurse and palliative care have been working closely to support a number of areas across the Trust and implement some expanded visiting guidance, following a review of feedback from relatives.

FOCUSED QUALITY PRIORITY UPDATES

34/21 FALLS RESULTING IN HARM

Dr Abhijit Chakraborty was in attendance to present appendix L, providing an update on inpatient falls at CHFT, with a focus on harmful falls.

Most people think of hospital as a place of safety, so it can come as a shock to discover that more than 240,000 falls are reported in hospitals across England each year. Harmful falls will cause serious injuries and distress, for example, fractures and intracranial haemorrhages. A fall can result in an inpatient staying in hospital for longer and undermine a patient's confidence and cause them to worry about falling again.

Fortunately, many of the falls at CHFT are preventable. There was a national audit of inpatient falls that the Trust took part in which provided good advice in preventing falls.

The total number of falls in 2020 was 1772, which was a reduction from 2019 when there were 1963 falls. In terms of harmful falls, from March to December 2019, there were 25 harmful falls, whereas in 2020, there were 28. This may not be a true reflection due to COVID, as there was a reduction in admission during the early part of 2020, after which there was an increase in admissions of patients where there were increased falls due to complications of COVID.

The Falls Collaborative are in the process of developing post-fall review guidelines; a quick reference flow chart, in line with the national NAIF (National Association for Inpatient Falls) guidelines. The results from the audit show:

CHFT - 58% compliance against a national average of 71% in 'checking signs of injury before moving a patient from the floor'

CHFT - 75% compliance against a national average of 78% in the 'Use of safe manual handling method to move patient from the floor'

CHFT – 92% compliance against a national average of 71% in medical assessment within 30 minutes of fall.

An issue that the Falls Collaborative have noted is that when a patient has a fall in hospital which results in a hip fracture, the level of harm recorded in Datix should be severe harm, regardless of the circumstances of the fall. In some cases, it has been noted that some are classed as moderate harm, which is amended.

Falls leaflets are being updated in line with the national NAIF (National Association for Inpatient Falls) guidelines for patients and their families, and the Slips, Trips and Falls policy is to be reviewed through the Falls collaborative to ensure it is also updated in line with NAIF Guidance. This will include parameters for ensuring multi-factorial falls assessments are done for new patients rather than just an assessment of their falls risk – e.g. to include vision, continence, mobility, cognition etc.

A research study is to start in October 2021 in conjunction with Huddersfield University – 'Practice of Falls Risk Assessment and Prevention in Acute Hospital Settings' funded by the National Institute for Health Research (NIHR). Dr Chakraborty is the collaborator for the study, supporting PHD students.

A plan for 2021 is to pursue work with Falls link Practitioners, Commissioning for Quality and Innovation (CQUIN) targets and Falls Workshops. It was noted that it has been difficult to progress some of this work in 2020 due to the COVID pandemic, however, work is continuing through the falls collaborative.

It was noted that there was an increase in falls in December 2019, with seven harmful falls, as a result of the movement of the Acute Floor from Ward 1 to ward 8 and 9 at HRI. The layout, staffing issues and winter pressures all contributed. It was noted that this is not a true reflection of falls and once the COVID-19 pandemic has subsided, it is hoped that there will be a better understanding of the direction of inpatient falls.

DBy mentioned that due to CQUINs being on hold, what assurance does the falls collaborative have around the maintenance of the lying and standing blood pressure being maintained, as it is a fundamental part of the assessment in ensuring that patients are being monitored. AC stated that CQUIN targets state that there should be at least one lying and standing blood pressure taken after admission, and CHFT have a frailty team which carry out comprehensive geriatric assessments on all patients coming through the ED. LR stated that during the pandemic, we have been working differently with clinical teams integrated at ward level and would be a good opportunity for therapy colleagues to carry out lying and standing blood pressures, while they do mobility assessments. AC stated that therapy colleagues have been assisting with lying and standing blood pressures, however, agreed that further support will be sought from the multi-professional team of therapists.

DS mentioned the move away from the use of bundles to a multi-factorial assessment and asked if there was a tool being used across different areas. AC stated that within EPR, there is a system of scoring moderate or high risk of falls, but the multi-factorial guidelines is a new assessment, and that the slips, trips and falls pathways are being updated to indicate that this is a multi-factorial issue.

LR mentioned anecdotally, some patients are presenting in a more deconditioned state as they come into hospital and asked if that is contributing to some falls in those patients and if it is something that needs to be focused on and raise awareness of. AC agreed and stated when frail and deconditioned patients started coming back into hospital, it caused an increased number of falls and in the hospital, there were patients with complications of COVID, which has contributed to the increase of falls. It is not known how to address this at this moment in time, as previously, medically fit patients waiting to be discharged had physiotherapy to check this deconditioning, however, it is not known if this can still be done, but it will stop people from falling. LR stated that this would assist with the recovery and reset challenges going forward.

AC was thanked for the update and asked to return to the Committee at a future date to provide a further update.

35/21 CLINICAL DOCUMENTATION

Lindsay Rudge presented appendix M on progress of clinical documentation.

A paper was submitted to the digital board which described a compliance gap around various aspects of how we recorded into the clinical document, and ability to evidence the quality of care provided. Some background work has taken place around extracting more accurate data through a deployment of digital whiteboards. The digital team procured some resource to carry this out and are looking to test on the Surgical Assessment Unit (SAU) and the Acute Floor, building on work from medical colleagues and linking with documentation on key safety metrics.

Some programme work has been identified which should help extract the data into a more valid dashboard. This work needs to now be done at pace, due to delays from the pandemic, and need to provide assurance that documentation is taking place in the clinical records and that patient safety is maintained and not affecting quality of care.

36/21 END OF LIFE CARE

Lindsay Rudge updated on this quality priority at appendix N, reporting on some of the work being undertaken in the community, ensuring that the needs of both patients and their families / carers do not vary in quality due to their characteristics. It was noted that there is a matron for end of life care in the community who has been overseeing and driving the improvements across the services.

Work on the anticipatory care planning for all frail people was also shared, ensuring there is focused and advanced care planning and documenting into a shared digital record that can be accessed across the system for improving care.

RESPONSIVE

37/21 BI-MONTHLY QUALITY REPORT

Doriann Bailey presented appendix O, providing an update on the quality and patient experience outcomes, including dementia; CQC; Central Alert System; Sepsis; Incidents; Pressure Ulcers; Nutrition and hydration; Complaints; Venous Thromboembolism and the Ockenden Review.

38/21 INTEGRATED PERFORMANCE REPORT

Ellen Armistead briefly presented appendix P, reporting on complaints, and Dr Cornelle Parker provided an update on the Summary Hospital-level Mortality Indicator (SHMI) position.

It was reporting that Dr Sree Tumula (Associate Medical Director) will be submitting a paper to the Quality and Performance meeting this Thursday around SHMI, which is a major reviewed metric, which has been deteriorating for a number of months and now risen above the median position of 100. Around five months ago, CHFT were in the same position with another metric, the Hospital Standardised Mortality Ratio (HSMR). Both metrics look at mortality, with the Summary Hospital-level Mortality covering the 30 days post discharge and unlike HSMR, does not adjust for palliative care coding or deprivation. The majority of our deteriorating trend relates to deaths in the community over the last seven or eight months and is more of an issue in Huddersfield than it is in Calderdale. It was stated that if there was an adjustment for palliative care coding, that would abolish the deterioration in trend, however, that would not be statistically legitimate. It was found that there are a set of conditions, particularly stroke and sepsis, which are coming under some scrutiny, due to alerts being received on those two conditions due to higher volume deaths. This is being reviewed to understand this better.

It was noted that the outcomes of this work will report through the Mortality Surveillance Group, into the reinstated Clinical Improvement Group and into Quality Committee.

WELL LED

39/21 BOARD ASSURANCE FRAMEWORK (BAF)

Andrea McCourt briefly presented appendix Q, the draft Board Assurance Framework which will be submitted to the Board of Directors in March. This is the final update against this year's strategic objectives for 2020/2021. All the risks have been updated and highlighted on the report. The Quality Committee have been diligent in reviewing the risks which it has oversight for, and that is reflected in the updates.

AMcC asked whether the Quality Committee needed to continue receiving the overarching BAF report, as it was presented to the Committee at the time when the individual risks were not being reviewed. It was agreed that some thought would be given to this query outside of the meeting.

It was also noted that the non-executives discussed the BAF risks and suggested that committees may also want to review the high-level risks which they have oversight for. It was stated that this is already covered at the Risk Group and did not want to detract from the role of that Group and possibly duplicating work. The leads of all the high-level risks are held to account at the Risk Group, and a high-level risk report submitted to this Committee.

40/21 BOARD ASSURANCE FRAMEWORK (BAF) RISK – 4/20: CARE QUALITY COMMISSION RATING

Ellen Armistead (Executive Director of Nursing) presented appendix R, providing the outcome of a review of the CQC rating risk.

It was recommended that the risk score is increased as a result of the change in the way CQC is currently operating and the scaling back of internal CQC preparation and assessment activity in response to pandemic response priorities.

OUTCOME: The Committee noted and approved the increased risk score.

POST MEETING REVIEW

41/21 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

The Quality Committee received:

- The paediatric split-site service update. The Quality Committee support the recommended model, but there is further work to be undertaken in terms of current mitigation and other development work going forward
- The pressure ulcer deep dive which was flagged as a concern at a previous Board meeting. Further development work is underway.

42/21 REVIEW OF MEETING

What went well....

- The meeting over-ran, however, very important discussions were held on important agenda items
- The agenda is beginning to link with the Quality and Safety Strategy, which is a positive
- The focus on the deep dive's areas of concern

What could be better....

- More time given to key agenda items, to enable meaningful discussions.

43/21 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

44/21 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix S for information.

NEXT MEETING

Monday, 22 March 2021 at 3:00 – 4:30 pm on Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 22 FEBRUARY 2021

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
OPEN ACTIONS				
30.12.20 (205/20)	BAF Risk 3/19: seven-day services	David Birkenhead / Cornelle Parker	DB stated that every effort will be made to complete the audit to provide the Quality Committee with a level of assurance in relation to compliance. Action 30.12.20: DB to follow this up with CP, DBy and RW regarding resources needed to complete the audit Update: Completion of audit to be confirmed	
5.2.20 (21/20) 28.9.20 (154/20) 30.12.20 (matters arising)	Outpatients improvement plan	Helen Barker	Update 30.12.20: In relation to the update received from the outpatients' action plan, EA noted that reference to the risk register is made in relation to a closed risk on outpatient delays, however, the risk relates to a new risk on COVID-related delays. Due to the change in circumstances due to the delays as a result of COVID, could HB attend QC to provide updates on all outpatient risks that have been included in the COVID-related risks, as there have now been changes. Action 30.12.20: Helen Barker to attend to provide update on outpatient COVID-related risks	See item 51/12 on agenda
FORTHCOMING ACTIONS				
26.10.20 (181/20)	Medical examiner update	Dr Tim Jackson	Following a verbal update from CP, it was agreed that Dr Tim Jackson is invited to the next Medical Examiner's update in April 2021 Action 26.10.20: Dr Tim Jackson (Lead Medical Examiner) to be invited to the Quality Committee meeting to provide the next update in six months' time.	DUE Monday, 19 April 2021
CLOSED ACTIONS				
26.10.20 (184/20)	Bi-monthly report	Gill Harries, Louise Croxall, Julie Mellor	Action 26.10.20: Gill Harries and Louise Croxall to be invited to a future Quality Committee to discuss their plans to manage the risk of a split-site paediatric service. Update: see agenda item 26/21. GH, JM and LC were asked to return to the Committee at a future date to provide an update on progress being made. This will be added to the workplan.	CLOSED Monday, 22 February 2021

QUALITY COMMITTEE

Monday, 22 March 2021

STANDING ITEMS																																	
45/21	<p>WELCOME AND INTRODUCTIONS</p> <p><u>Present</u></p> <table border="0"> <tr> <td>Denise Sterling (DS)</td><td>Non-Executive Director (Chair)</td></tr> <tr> <td>Ellen Armistead (EA)</td><td>Executive Director of Nursing</td></tr> <tr> <td>Doriann Bailey (DBY)</td><td>Assistant Director for Patient Safety</td></tr> <tr> <td>Dr David Birkenhead (DB)</td><td>Medical Director</td></tr> <tr> <td>Jason Eddleston (JE)</td><td>Deputy Director of Workforce & Organisational Development</td></tr> <tr> <td>Karen Heaton (KH)</td><td>Non-Executive Director / Chair of Workforce Committee</td></tr> <tr> <td>Christine Mills (CM)</td><td>Public-elected Governor</td></tr> <tr> <td>Elisabeth Street (ES)</td><td>Clinical Director of Pharmacy</td></tr> <tr> <td>Rachel White (RW)</td><td>Assistant Director for Patient Experience</td></tr> <tr> <td>Michelle Augustine (MA)</td><td>Governance Administrator (Minutes)</td></tr> </table> <p><u>In attendance</u></p> <table border="0"> <tr> <td>Helen Barker (HB)</td><td>Chief Operating Officer (item 51/21)</td></tr> <tr> <td>Clare Beecher (CB)</td><td>Named nurse - children looked after & care leavers (item 52/21)</td></tr> <tr> <td>Dr Cornelle Parker (CP)</td><td>Deputy Medical Director</td></tr> <tr> <td>Salim Patel (SP)</td><td>Interim Quality Governance Lead for Surgery (observing)</td></tr> <tr> <td>David Sullivan (DS)</td><td>Interim Head of Complaints (observing)</td></tr> <tr> <td>Lucy Walker (LW)</td><td>Quality Manager, NHS Calderdale / NHS Greater Huddersfield / NHS North Kirklees CCGs</td></tr> </table>	Denise Sterling (DS)	Non-Executive Director (Chair)	Ellen Armistead (EA)	Executive Director of Nursing	Doriann Bailey (DBY)	Assistant Director for Patient Safety	Dr David Birkenhead (DB)	Medical Director	Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development	Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee	Christine Mills (CM)	Public-elected Governor	Elisabeth Street (ES)	Clinical Director of Pharmacy	Rachel White (RW)	Assistant Director for Patient Experience	Michelle Augustine (MA)	Governance Administrator (Minutes)	Helen Barker (HB)	Chief Operating Officer (item 51/21)	Clare Beecher (CB)	Named nurse - children looked after & care leavers (item 52/21)	Dr Cornelle Parker (CP)	Deputy Medical Director	Salim Patel (SP)	Interim Quality Governance Lead for Surgery (observing)	David Sullivan (DS)	Interim Head of Complaints (observing)	Lucy Walker (LW)	Quality Manager, NHS Calderdale / NHS Greater Huddersfield / NHS North Kirklees CCGs
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47/21	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest.</p>																																
48/21	<p>MINUTES OF THE LAST MEETING AND ACTION LOG</p> <p>The minutes of the last meeting held on Monday, 22 February 2020 were approved as a correct record, with the exception that the first paragraph of item 9/21 reads:</p> <p>The action log can be found at the end of the minutes.</p>																																
49/21	<p>MATTERS ARISING</p> <p><u>12-hour breaches follow-up</u></p> <p>Ellen Armistead (Executive Director of Nursing) presented appendix B, updating on the reviews of the final cases and progress on delivery of the action plan.</p> <p>The action plan includes recommendations which have been completed, and some which are ongoing. In terms of assurance, it was noted that the leads on the action plan need to demonstrate how this links to future audit, to ensure that any learning and any positive changes to service delivery have been embedded. It was noted that there have been no further 12-hour breaches.</p>																																

	<p>CP asked about the health inequalities aspect and asked if the information would be captured going forward. EA stated that this will be captured going forward, and that a retrospective review can be done to any disadvantaged communities.</p> <p>DBy also highlighted the possibility of this linking into a future quality priority to ensure that some of the areas addressed in the action plan have been taken forward, to see demonstrable improvements further to the 12-hour breaches.</p> <p><u>OUTCOME:</u> The Quality Committee noted the report and await further information to be reported.</p>
FOCUSED QUALITY PRIORITIES UPDATES	
50/21	<p>NOSOCOMIAL SPREAD</p> <p>Dr David Birkenhead (Medical Director) presented appendix C</p>
AD HOC REPORTS	
27/21	<p>PRESSURE ULCER DEEP DIVE</p> <p>Judy Harker was in attendance to present appendix C, to provide a detailed overview on the performance of pressure ulcers, highlighting key challenges posed by COVID-19, and assurance in relation to actions taking place to mitigate the ongoing risks to patient care.</p> <p>Following the presentation, DBy queried about the increases in pressure ulcers and the potential duplication of reporting. JH stated that double counting is a risk, as patients who are in the Community could potentially come into hospital and their pressure ulcer could be counted on multiple occasions. This issue has been escalated, and the data is cleansed at the end of each month to avoid the double-counting of CHFT acquired pressure ulcers. It was stated that there is a need for greater administrative support to assist with the workload of these incidents.</p> <p>DBy asked about the increase in pressure ulcer figures in April, the significant decrease with the addition of unstageable and deep tissue injuries, then a further increase in October. JH stated that the pressure ulcer figures decreased during the Summer and peaked in October, however, it is not known why this happened, nevertheless, the data will continue to be interrogated to ensure that errors have not been made. JH noted that it has been a difficult year with COVID-19 as well as the changes in the way that pressure ulcers are reported, however, it is important to be aligned with the recommendations from NHSI.</p> <p>DBy also asked about opportunities to liaise with other trusts regarding surges, how they are dealing with patients that are declining support and if we could adapt any work that they are using. JH stated that work is taking place around patient concordance, and engagement has taken place with local trusts, along with safeguarding colleagues, who have created a framework to support community colleagues.</p> <p>CP asked about the 20% unstageable pressure ulcers. JH stated that not all unstageable pressure ulcers are necessarily category 4 pressure ulcers, and that many may be superficial lesions, however, as CHFT are now following NHSI guidance, those pressure ulcers need to be categorised as unstageable. JH was confident that staff are following the categorisation more appropriately, and seeing less category 3 and 4 pressure ulcers, and more unstageable pressure ulcers and deep tissue injuries.</p> <p>CP commented on benchmarks against other organisations and asked whether what is being described with pressure ulcers, is a surrogate quality marker as to what might be happening to patients. JH stated that benchmarking is not currently taking place, however, liaisons with colleagues and other organisations are due to be done, and this will be fed back. LR stated that it is difficult for organisations to benchmark against pressure ulcers, however, the team have spent a considerable amount of time categorising the grading of pressure ulcers to allow</p>

	<p>appropriate care plans to be instigated once pressure ulcers are recognised. LR noted that a getting it right first time (GIRFT) review in relation to COVID is due to be undertaken and felt that this pressure ulcer data will be important in forming a broader clinical quality aspect of that review.</p> <p>LW noted the number of pressure ulcers present on admission and asked if colleagues are being more aware and doing more skin checks, or whether more people are coming into hospital with pressure ulcers. JH stated that the data is difficult to assess as it may include duplicate reporting, however, the number of pressure ulcers present on admission is due to increased training, awareness and pressure ulcers being reported. JH also noted that prior to April 2020, this data was not included in the dashboard, which is now a good thing going forward. JH stated that the data needs to be reviewed to understand what proportion of pressure ulcers are coming from care homes, and LW asked about any mechanisms for feeding learning back to care homes. JH stated that all care homes are now included in the link practitioner system, and themes, trends and learning from root cause analyses are automatically fed back to care homes. JH noted that relationships are being formed with care homes and will be strengthened over time. LW also offered her support with this.</p> <p>EA noted the peaks and troughs in performance and stated that now is the right time to concentrate on getting into a much better position and to have a brand-new invigorated strategy. JH stated that the service is very committed to this.</p> <p>JH and her team were thanked for the report and the work they undertake, and JH was invited to attend the Committee in three months' time to provide a progress report.</p> <p><u>OUTCOME:</u> The Committee noted the report.</p>
SAFE	
<p>28/21</p>	<p>SAFEGUARDING COMMITTEE REPORT</p> <p>Vicky Thersby was in attendance to present appendix D, highlighting the work of the Safeguarding Committee during the year.</p> <p>There was a significant reduction in the number of attendances during March and April for children and adults, however work continued to be maintained with safeguarding multi-agency partners. There was an increase in discharge-related issues toward the end of the year which was proactively responded. There was a COVID-19 prioritisation of services with instructions to halt the review of safeguarding adults' reviews and serious case reviews, however safeguarding has been maintained throughout the pandemic.</p> <p>The report highlighted the work provided by the safeguarding team on Prevent; Safeguarding and COVID; Hidden harms; Mental Capacity Act and Deprivation of Liberty Safeguards; Mental Capacity Bill and Liberty Protection Safeguards; Adult Safeguarding; Children's Safeguarding; Mental Health Act, and Children Looked After Service.</p> <p>A case study was also included in the report in relation to a young person that the Children Looked After team were involved in.</p> <p>VT was thanked for the report, and also thanked for the excellent work in supporting the Committee and also in her role as Head of Safeguarding. VT will be leaving the Trust for pastures new, and the Committee wished her all the best for the future.</p>

29/21	<p>HIGH LEVEL RISK REGISTER</p> <p>Gareth Webb presented appendix E, the high-level risk register as at 27 January 2021, highlighting one new risk - 7930: <i>Ophthalmology – delays in treatment</i>, and one increased risk 7769: <i>Progression of eye pathology and sight loss</i>.</p> <p>It was noted that during the last Risk Group meeting on 10 February 2021, there was a discussion on whether the two above similar risks should be combined, however, it was agreed that they should remain as individual risks, due to the differences in controls and actions.</p> <p>There was one reduced risk 2827: <i>over-reliance on locum middle grade doctors in the emergency department</i>, and one risk overdue for review – 7796: <i>impact on staffing due to track and trace system</i>. The overdue risk was raised as a COVID risk, however, following discussion with Helen Barker (Chief Operating Officer) and Suzanne Dunkley (Director of Workforce and Organisational Development), it is hoped that this risk will be taken off the high-level risk register.</p> <p><u>OUTCOME</u>: The Committee noted the report.</p>
30/21	<p>DIVISIONAL PATIENT SAFETY AND QUALITY BOARD REPORTS</p> <p><u>Families and Specialist Services (FSS) Division</u></p> <p>Karen Spencer was in attendance to present appendix F, providing a brief overview of patient safety issues from the division in the last quarter:</p> <ul style="list-style-type: none"> ▪ Risk – the provision of appropriate admissions and bed spaces for young CAMHS (Child and Adolescent Mental Health Service) patients. There has not been a particular increase in young patients admitted throughout the COVID pandemic, however, there has been a slight increase in young people being admitted with eating disorders. This was reflected nationally from NHS England in the last week, who mandated that mental health providers increase tier 4 provision nationally for young people with eating disorders. CHFT now have a daily multi-disciplinary team (MDT) meeting with CAMHS, Social Care and any CAMHS patients on CHFT paediatric wards to ensure they receive the best possible treatment while waiting for specialist beds. ▪ Maternity - One of the developments that is being brought into the maternity services is working with Sheffield Children's Hospital to introduce MRI post-mortems as an option for parents who have suffered a pregnancy loss, and hoping that will increase uptake of parents consenting for their babies to have a post-mortem. ▪ Paediatrics - In quarter 3, the division developed the lead nurse for children role across CHFT, which Julie Mellor was appointed to, to support children across the wider organisation, with a focus on play and distraction for children. ▪ Microbiology teams have worked extended hours throughout COVID and also introduced point of care testing for COVID, which has helped patient flow and length of stay. ▪ The Appointments team, who are currently under pressure with outpatient appointments, have supported the appointment system for the COVID vaccination programme for staff. ▪ From a virtual perspective, the Children's Community nursing team introduced a virtual consultation for parents and were finalists in the Nursing Times Awards; virtual time to care is a model developed for virtual examinations within paediatrics; and Clinical pearls is a virtual way of shared learning for junior medical and nursing staff.

- Outpatient Recover – Teams are working with clinicians and directorates across the organisation to re-introduce outpatient activity as we move out of COVID, with particular emphasis on the environment, in terms of size and suitability for social distancing.
- Ockenden Report – Maternity services submitted a response to the 12 urgent clinical priorities in December 2020, and a further seven immediate and essential actions.
- Healthcare Safety Investigation Branch (HSIB) – Maternity services have had their quarterly meeting and the good relationship that CHFT maternity services have with HSIB was noted. CHFT are a positive outlier in the region, and as a result of the good relationship with HSIB and families, no families at CHFT have refused a HSIB investigation.
- Good news – Dr Marilyn Rogers, long-standing lactation Consultant at CHFT, was awarded an MBE in the Queen's New Year's Honours List for her work in supporting breast-feeding and infant feeding families across Calderdale and Huddersfield.

DS asked about one of the risks relating to the in-house library filing system, and asked how temporary the solution would be. KS reported that the temporary system has now been tested and was a success, therefore IT have now assured that this can be a permanent solution. This has allowed the risk to be lowered.

DS also commented on the division's excellent performance in the Trust Clinical Audit competition, and that three of the four audits presented were from the division, with two going forward to be presented nationally - this is a great achievement.

Medical Division

Gemma Berriman was in attendance to present appendix G, providing an update on the division's patient safety issues:

- The division has been pressured during the pandemic, therefore the October Patient Safety and Quality Board meeting was stood down and the subsequent November and December meetings were shortened, although they did go ahead. Some of the division's biggest challenges and risks around patient safety have been around the increasing bed base, and the reduction in staff, giving a significant increased pressure and risk, which has been mitigated across the organisation by working together to cover the gaps and providing safety guardians in areas affected. Band 7 staff and ward managers are not getting the non-clinical time they would ordinarily get to review yellow and green incidents, resulting in learning not being circulated in a timely manner. A concerted effort has been placed on closing those incidents to share the learning with the teams.
- The Emergency Departments have now been segregated on both sites creating a significant staffing gap.
- Outbreaks - There has been a considerable amount of hospital onset COVID infections throughout the organisation, which all need a root cause analysis. The backlog of those is being worked through via daily gold meetings to share the learning reasonable quickly. The division has also seen an increase in clostridium difficile (c.diff) infections, and extra work is being done to reduce these figures. This may be due to people using hand gels more frequently and not washing their hands as such.
- There has been a never event in dermatology with the wrong site surgery and the investigation has now been completed, and the actions are now being worked through.
- Positives – Dermatology have started a one-stop clinic, which has allowed them to see patients quickly. Stroke team have had no hospital acquired pressure ulcers between October and December. Whilst the stroke area has achieved this, some of the ward areas in the division are seeing an increase in pressure ulcers, with work being done with the tissue viability team, particularly on the deep tissue injuries.

	<ul style="list-style-type: none"> ▪ Falls – The division has seen a steady increase in falls since April 2020 and want to reignite the quality and safety strategy within the division and looking at work to develop mini-strategies within the directorates. ▪ CQC – a provider collaboration review was carried out in ED in October 2020. A second collaboration has taken place around a document for 'patient first', predominantly around EDs in the COVID pandemic and trying to find ways for EDs to keep patients safe. ▪ The division are just below compliance with appraisals, safeguarding and manual handling, all reporting just below 90%, and work is ongoing to improve. <p>There were no questions for GB, who was thanked for the report.</p> <p><u>Community Healthcare Division</u></p> <p>Elizabeth Morley was in attendance to present appendix H, reporting on patient safety issues in the division:</p> <ul style="list-style-type: none"> ▪ Staffing – this was the biggest challenge in quarter 3, with a shift from COVID-related staff absence, to absences relating to stress and anxiety. ▪ There is a gap in the Parkinson's service, with mitigation in place to help close the gap. The division is looking at succession planning within the Parkinson's service, and also in other small or single-handed teams. ▪ Pressure ulcers – the division saw a surge in community-acquired pressure ulcers, and felt that the increase was due to COVID, as well as a difference in the way that pressure ulcers are reported. ▪ Incidents – the division saw an increase in discharge-related incidents and has welcomed the Discharge Quality Group which has been reinstated, and includes a whole-system approach to discharge and the monitoring of the quality of discharges. ▪ The division are also exploring the need for a Community Diabetic Specialist, that will enable people to be seen within their own homes. ▪ Community nurses have helped support the vaccination programme across the community. ▪ Success - The division had a recruitment drive into the Community Palliative Care Team, to help ensure that the division is responding to increases in referrals into the Palliative Team, and that patients' needs can be met in their own homes without a conveyance into hospital. <p>There were no further questions for EM, who was thanked for the report.</p>
CARING	
<p>31/21</p>	<p>OBSERVE AND ACT FRAMEWORK</p> <p>The Chair provided an update further to the circulated report at appendix I.</p> <p>At the end of last year, the non-executive directors discussed how to improve their visibility and engage with patients. A robust tool was developed, validated and proposed to be introduced either as a stand-alone module or be aligned to the focused support framework. It will be piloted and tested for use at CHFT and rolled out gradually.</p>

	<p>The Committee is being asked to approve the introduction of the model, which is intended to be used with a train the trainer method, and the 80/20 approach, with 80% of individuals involved being public-facing, e.g. volunteers, governors and non-executives, and 20% being Trust staff and clinical leads who would support the development and roll-out. The tool has been developed by Shropshire Community Health NHS Trust, who agreed to share with other organisations to adopt. CHFT would be the first Trust in the country to introduce this as a virtual tool.</p> <p>CP asked where the output from this would be disclosed, and DS stated that this will be to the Quality Committee. Training of the first cohort of staff will start next week, followed by piloting work, then aligning to the focused support framework, which will be reintroduced in May 2021. The feedback and the reports from Observe and Act will be fed back into the Quality Committee.</p> <p>DBY also commented that there may be opportunities for this to be fed into the CQC and Compliance Group moving forward.</p> <p><u>OUTCOME:</u> The Committee approved the introduction and implementation of the Observe and Act toolkit.</p>
QUALITY ACCOUNT PRIORITY UPDATES	
32/21	<p>IMPROVE STAFF HANDOVERS TO ENSURE THEY ROUTINELY REFER TO THE PSYCHOLOGICAL AND EMOTIONAL NEEDS OF PATIENTS, AS WELL AS THEIR RELATIVES / CARERS</p> <p>Lindsay Rudge provided an update on appendix J, with the key headline that this has been piloted and used on the Acute Floor at CRH, and now in a position to embed across the organisation.</p>
33/21	<p>IMPROVE RESOURCES FOR DISTRESSED RELATIVES / BREAKING BAD NEWS RELATING TO END OF LIFE CARE (EOLC)</p> <p>Lindsay Rudge tabled an update on the above quality priority and reported that work has continued to be progressed around supporting patients and their families through the pandemic, against a background of limited visiting into the organisation. A team consisting of matrons, end of life facilitators, lead cancer nurse and palliative care have been working closely to support a number of areas across the Trust and implement some expanded visiting guidance, following a review of feedback from relatives.</p>
FOCUSED QUALITY PRIORITY UPDATES	
34/21	<p>FALLS RESULTING IN HARM</p> <p>Dr Abhijit Chakraborty was in attendance to present appendix L, providing an update on inpatient falls at CHFT, with a focus on harmful falls.</p> <p>Most people think of hospital as a place of safety, so it can come as a shock to discover that more than 240,000 falls are reported in hospitals across England each year. Harmful falls will cause serious injuries and distress, for example, fractures and intracranial haemorrhages. A fall can result in an inpatient staying in hospital for longer and undermine a patient's confidence and cause them to worry about falling again.</p> <p>Fortunately, many of the falls at CHFT are preventable. There was a national audit of inpatient falls that the Trust took part in which provided good advice in preventing falls.</p>

The total number of falls in 2020 was 1772, which was a reduction from 2019 when there were 1963 falls. In terms of harmful falls, from March to December 2019, there were 25 harmful falls, whereas in 2020, there were 28. This may not be a true reflection due to COVID, as there was a reduction in admission during the early part of 2020, after which there was an increase in admissions of patients where there were increased falls due to complications of COVID.

The Falls Collaborative are in the process of developing post-fall review guidelines; a quick reference flow chart, in line with the national NAIF (National Association for Inpatient Falls) guidelines. The results from the audit show:

CHFT - 58% compliance against a national average of 71% in 'checking signs of injury before moving a patient from the floor'

CHFT - 75% compliance against a national average of 78% in the 'Use of safe manual handling method to move patient from the floor'

CHFT – 92% compliance against a national average of 71% in medical assessment within 30 minutes of fall.

An issue that the Falls Collaborative have noted is that when a patient has a fall in hospital which results in a hip fracture, the level of harm recorded in Datix should be severe harm, regardless of the circumstances of the fall. In some cases, it has been noted that some are classed as moderate harm, which is amended.

Falls leaflets are being updated in line with the national NAIF (National Association for Inpatient Falls) guidelines for patients and their families, and the Slips, Trips and Falls policy is to be reviewed through the Falls collaborative to ensure it is also updated in line with NAIF Guidance. This will include parameters for ensuring multi-factorial falls assessments are done for new patients rather than just an assessment of their falls risk – e.g. to include vision, continence, mobility, cognition etc.

A research study is to start in October 2021 in conjunction with Huddersfield University – 'Practice of Falls Risk Assessment and Prevention in Acute Hospital Settings' funded by the National Institute for Health Research (NIHR). Dr Chakraborty is the collaborator for the study, supporting PHD students.

A plan for 2021 is to pursue work with Falls link Practitioners, Commissioning for Quality and Innovation (CQUIN) targets and Falls Workshops. It was noted that it has been difficult to progress some of this work in 2020 due to the COVID pandemic, however, work is continuing through the falls collaborative.

It was noted that there was an increase in falls in December 2019, with seven harmful falls, as a result of the movement of the Acute Floor from Ward 1 to ward 8 and 9 at HRI. The layout, staffing issues and winter pressures all contributed. It was noted that this is not a true reflection of falls and once the COVID-19 pandemic has subsided, it is hoped that there will be a better understanding of the direction of inpatient falls.

DB mentioned that due to CQUINs being on hold, what assurance does the falls collaborative have around the maintenance of the lying and standing blood pressure being maintained, as it is a fundamental part of the assessment in ensuring that patients are being monitored. AC stated that CQUIN targets state that there should be at least one lying and standing blood pressure taken after admission, and CHFT have a frailty team which carry out comprehensive geriatric assessments on all patients coming through the ED. LR stated that during the pandemic, we have been working differently with clinical teams integrated at ward level and would be a good opportunity for therapy colleagues to carry out lying and standing blood pressures, while they do mobility assessments. AC stated that therapy colleagues have been assisting with lying and standing blood pressures, however, agreed that further support will be sought from the multi-professional team of therapists.

DS mentioned the move away from the use of bundles to a multi-factorial assessment and asked if there was a tool being used across different areas. AC stated that within EPR, there

	<p>is a system of scoring moderate or high risk of falls, but the multi-factorial guidelines is a new assessment, and that the slips, trips and falls pathways are being updated to indicate that this is a multi-factorial issue.</p> <p>LR mentioned anecdotally, some patients are presenting in a more deconditioned state as they come into hospital and asked if that is contributing to some falls in those patients and if it is something that needs to be focused on and raise awareness of. AC agreed and stated when frail and deconditioned patients started coming back into hospital, it caused an increased number of falls and in the hospital, there were patients with complications of COVID, which has contributed to the increase of falls. It is not known how to address this at this moment in time, as previously, medically fit patients waiting to be discharged had physiotherapy to check this deconditioning, however, it is not known if this can still be done, but it will stop people from falling. LR stated that this would assist with the recovery and reset challenges going forward.</p> <p>AC was thanked for the update and asked to return to the Committee at a future date to provide a further update.</p>
35/21	<p>CLINICAL DOCUMENTATION</p> <p>Lindsay Rudge presented appendix M on progress of clinical documentation.</p> <p>A paper was submitted to the digital board which described a compliance gap around various aspects of how we recorded into the clinical document, and ability to evidence the quality of care provided. Some background work has taken place around extracting more accurate data through a deployment of digital whiteboards. The digital team procured some resource to carry this out and are looking to test on the Surgical Assessment Unit (SAU) and the Acute Floor, building on work from medical colleagues and linking with documentation on key safety metrics.</p> <p>Some programme work has been identified which should help extract the data into a more valid dashboard. This work needs to now be done at pace, due to delays from the pandemic, and need to provide assurance that documentation is taking place in the clinical records and that patient safety is maintained and not affecting quality of care.</p>
36/21	<p>END OF LIFE CARE</p> <p>Lindsay Rudge updated on this quality priority at appendix N, reporting on some of the work being undertaken in the community, ensuring that the needs of both patients and their families / carers do not vary in quality due to their characteristics. It was noted that there is a matron for end of life care in the community who has been overseeing and driving the improvements across the services.</p> <p>Work on the anticipatory care planning for all frail people was also shared, ensuring there is focused and advanced care planning and documenting into a shared digital record that can be accessed across the system for improving care.</p>
RESPONSIVE	
37/21	<p>BI-MONTHLY QUALITY REPORT</p> <p>Doriann Bailey presented appendix O, providing an update on the quality and patient experience outcomes, including dementia; CQC; Central Alert System; Sepsis; Incidents; Pressure Ulcers; Nutrition and hydration; Complaints; Venous Thromboembolism and the Ockenden Review.</p>
38/21	<p>INTEGRATED PERFORMANCE REPORT</p> <p>Ellen Armistead briefly presented appendix P, reporting on complaints, and Dr Cornelle Parker provided an update on the Summary Hospital-level Mortality Indicator (SHMI) position.</p>

	<p>It was reporting that Dr Sree Tumula (Associate Medical Director) will be submitting a paper to the Quality and Performance meeting this Thursday around SHMI, which is a major reviewed metric, which has been deteriorating for a number of months and now risen above the median position of 100. Around five months ago, CHFT were in the same position with another metric, the Hospital Standardised Mortality Ratio (HSMR). Both metrics look at mortality, with the Summary Hospital-level Mortality covering the 30 days post discharge and unlike HSMR, does not adjust for palliative care coding or deprivation. The majority of our deteriorating trend relates to deaths in the community over the last seven or eight months and is more of an issue in Huddersfield than it is in Calderdale. It was stated that if there was an adjustment for palliative care coding, that would abolish the deterioration in trend, however, that would not be statistically legitimate. It was found that there are a set of conditions, particularly stroke and sepsis, which are coming under some scrutiny, due to alerts being received on those two conditions due to higher volume deaths. This is being reviewed to understand this better.</p> <p>It was noted that the outcomes of this work will report through the Mortality Surveillance Group, into the reinstated Clinical Improvement Group and into Quality Committee.</p>
WELL LED	
39/21	<p>BOARD ASSURANCE FRAMEWORK (BAF)</p> <p>Andrea McCourt briefly presented appendix Q, the draft Board Assurance Framework which will be submitted to the Board of Directors in March. This is the final update against this year's strategic objectives for 2020/2021. All the risks have been updated and highlighted on the report. The Quality Committee have been diligent in reviewing the risks which it has oversight for, and that is reflected in the updates.</p> <p>AMcC asked whether the Quality Committee needed to continue receiving the overarching BAF report, as it was presented to the Committee at the time when the individual risks were not being reviewed. It was agreed that some thought would be given to this query outside of the meeting.</p> <p>It was also noted that the non-executives discussed the BAF risks and suggested that committees may also want to review the high-level risks which they have oversight for. It was stated that this is already covered at the Risk Group and did not want to detract from the role of that Group and possibly duplicating work. The leads of all the high-level risks are held to account at the Risk Group, and a high-level risk report submitted to this Committee.</p>
40/21	<p>BOARD ASSURANCE FRAMEWORK (BAF) RISK – 4/20: CARE QUALITY COMMISSION RATING</p> <p>Ellen Armistead (Executive Director of Nursing) presented appendix R, providing the outcome of a review of the CQC rating risk.</p> <p>It was recommended that the risk score is increased as a result of the change in the way CQC is currently operating and the scaling back of internal CQC preparation and assessment activity in response to pandemic response priorities.</p> <p><u>OUTCOME:</u> The Committee noted and approved the increased risk score.</p>
POST MEETING REVIEW	
41/21	<p>MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS</p> <p>The Quality Committee received:</p>

	<ul style="list-style-type: none"> ▪ The paediatric split-site service update. The Quality Committee support the recommended model, but there is further work to be undertaken in terms of current mitigation and other development work going forward ▪ The pressure ulcer deep dive which was flagged as a concern at a previous Board meeting. Further development work is underway.
42/21	<p>REVIEW OF MEETING</p> <p><u>What went well....</u></p> <ul style="list-style-type: none"> ▪ The meeting over-ran, however, very important discussions were held on important agenda items ▪ The agenda is beginning to link with the Quality and Safety Strategy, which is a positive ▪ The focus on the deep dive's areas of concern <p><u>What could be better....</u></p> <ul style="list-style-type: none"> ▪ More time given to key agenda items, to enable meaningful discussions.
43/21	<p>ANY OTHER BUSINESS</p> <p>There was no other business.</p>
ITEMS TO RECEIVE AND NOTE	
44/21	<p>QUALITY COMMITTEE ANNUAL WORK PLAN</p> <p>The workplan was available at appendix S for information.</p>
<p>NEXT MEETING</p> <p>Monday, 19 April 2021 at 3:00 – 4:30 pm on Microsoft Teams</p>	

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 22 MARCH 2021

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
OPEN ACTIONS				
30.12.20 (205/20)	BAF Risk 3/19: seven-day services	David Birkenhead / Cornelle Parker	DB stated that every effort will be made to complete the audit to provide the Quality Committee with a level of assurance in relation to compliance. Action 30.12.20: DB to follow this up with CP, DBy and RW regarding resources needed to complete the audit Update: Completion of audit to be confirmed Update: Still working through this and aware of.	
5.2.20 (21/20) 28.9.20 (154/20) 30.12.20 (matters arising)	Outpatients improvement plan	Helen Barker	Update 30.12.20: In relation to the update received from the outpatients' action plan, EA noted that reference to the risk register is made in relation to a closed risk on outpatient delays, however, the risk relates to a new risk on COVID-related delays. Due to the change in circumstances due to the delays as a result of COVID, could HB attend QC to provide updates on all outpatient risks that have been included in the COVID-related risks, as there have now been changes. Action 30.12.20: Helen Barker to attend to provide update on outpatient COVID-related risks	See item 51/12 on agenda
FORTHCOMING ACTIONS				
26.10.20 (181/20)	Medical examiner update	Dr Tim Jackson	Following a verbal update from CP, it was agreed that Dr Tim Jackson is invited to the next Medical Examiner's update in April 2021 Action 26.10.20: Dr Tim Jackson (Lead Medical Examiner) to be invited to the Quality Committee meeting to provide the next update in six months' time.	DUE Monday, 19 April 2021
CLOSED ACTIONS				
26.10.20 (184/20)	Bi-monthly report	Gill Harries, Louise Croxall, Julie Mellor	Action 26.10.20: Gill Harries and Louise Croxall to be invited to a future Quality Committee to discuss their plans to manage the risk of a split-site paediatric service. Update: see agenda item 26/21. GH, JM and LC were asked to return to the Committee at a future date to provide an update on progress being made. This will be added to the workplan.	CLOSED Monday, 22 February 2021

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE – DEEP DIVE

**Held on Monday 8 February 2021, 3pm – 5pm
VIA TEAMS**

PRESENT:

David Birkenhead	(DB)	Medical Director
Gary Boothby	(GB)	Director of Finance
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Jude Goddard	(JG)	Governor
Karen Heaton	(JH)	Non-Executive Director (Chair)
Andrea McCourt	(AMc)	Company Secretary

IN ATTENDANCE:

Leigh-Anne Hardwick	(LAH)	HR Business Partner (for item 08/21)
Nikki Hosty	(NH)	FTSU/ED&I Manager (for item 11/21)

01/21 WELCOME AND INTRODUCTIONS:

The Chair welcomed members to the meeting.

02/21 APOLOGIES FOR ABSENCE:

Ellen Armistead, Deputy Chief Executive/Director of Nursing
Helen Barker, Chief Operating Officer
Denise Sterling, Non-Executive Director

03/21 DECLARATION OF INTERESTS:

There were no declarations of interest.

04/21 MINUTES OF MEETING HELD ON 9 DECEMBER 2020:

The minutes of the Workforce Committee meeting held on 9 December 2020 were approved as a correct record.

05/21 ACTION LOG – FEBRUARY 2021

The action log was reviewed and updated accordingly.

06/21 MATTERS ARISING

Hot House Topics

Committee members had been given opportunity to express their preference of topic choices, in preference order these are:-

1. Management skills required in a post COVID world
2. Inclusion and Health Inequalities
3. Review of The Cupboard, including how our workforce strategy is aligned with the NHS People Plan
4. One Culture of Care meets Time to Care – how the two strategies work together

Four 2021 Hot House dates are scheduled. The first Hot House date (8 March) is dedicated to NHS Staff Survey – Divisional Trust plans and Trust wide plans, therefore number 4 above will be the subject of a Workforce Committee Deep Dive meeting.

Hot Houses will continue via Teams for the present time and when safe to do so will take place face to face along with Teams option to support attendance.

JG noted an experience where she had felt her attendance at an event not appropriate and asked how Hot House events were managed to ensure all participants feel included. SD recognised that pre-briefings for facilitators and appropriate introductions, along with careful planning of break-out groups/networking opportunities is critical to empowering colleague participation and contribution.

OUTCOME: The Committee **RECEIVED** and **AGREED** the approach to Hot House events.

At this point KH asked if an overview of the NHS People Plan would be provided to the Committee. SD reported that a gap analysis had been carried out to identify how CHFT matched against the national priorities and agreed to circulate the report to the Committee and this item will be added to the March Committee agenda for discussion.

Action: Circulate CHFT actions against NHS People Plan (SD).

Workforce Committee Self-Assessment Action Plan 2019/2020

JE presented the action plan developed to improve consensus and address comments made by Committee members in the self-assessment. The Committee noted four key areas of focus:

- Have in our minds the Committee workplan
- Core member attendance
- Core member participation across agenda items during meetings
- Divisional input to agenda items.

Progress on actions will be reviewed alongside the commencement of the next self-assessment exercise which is due to commence in April in order for the 2020/2021 Workforce Committee Annual Report to be submitted to the July Audit and Risk Committee.

OUTCOME: The Committee **RECEIVED** and **SUPPORTED** the actions to improve Committee feedback and respond to comments.

07/21

QUALITY AND PERFORMANCE REPORT (WORKFORCE) – JANUARY 2021

MB presented the report.

Summary

Performance on workforce metrics continues to be high and the Workforce domain increased to 71.2% in December 2020. This is the second month in 19 where the domain score is 'Amber'. 5 of the 15 current metrics that make up the Workforce domain score are not achieving target – 'Return to Work interviews recorded', 'Sickness Absence Rate (rolling 12 month)' 'Long term sickness absence rate (rolling 12 month)' 'Short term sickness absence rate (rolling 12 month)', and Data Security Awareness EST compliance. Medical appraisals are on hold due to the current Covid-19 pandemic.

Workforce – December 2020

The Staff in Post increased by 70.46 FTE, which, is also due, in part, to 8.33 FTE leavers in December 2020. There has also been a decrease of 2.42 FTE in the Establishment figure, along with student nurses leaving.

Turnover increased to 7.47% for the rolling 12 month period January 2020 to December 2020. This is a slight increase on the figure of 7.24% for November 2020.

Sickness absence – December 2020

Sickness absence reporting has been revised and now reports on the previous month compared to 2 months behind as previously.

The in-month sickness absence decreased to 5.04% in December 2020. The rolling 12 month rate increased marginally for the fifteenth consecutive time in 25 months, to 4.46%. Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 32.02% of sickness absence in December 2020, increasing from 29.81% in November 2020.

The RTW completion rate decreased to 51.61% in November 2020.

Essential Safety Training – December 2020

Performance has improved in 5 of the core suite of essential safety training. With all 9 above the 90% target with 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 decreased to 95.16% and is above the stretch target again following last month's increase and is above the stretch target for the fifth time since July.

Workforce Spend – December 2020

Agency spend increased by £0.17M, whilst bank spend also decreased by £1.32M.

Recruitment – December 2020

4 of the 5 recruitment metrics reported (Vacancy approval to advert, Shortlisting to interview, Interview to conditional offer, Pre employment to unconditional offer) deteriorated in November 2020. The time for Unconditional offer to Acceptance in December 2020 increased and was just under 2 days.

KH noted the low compliance in RTW interviews acknowledging this item is for further discussion in a separate agenda item.

Covid vaccinations were noted at approximately 75% with a further 5% to be validated. JG asked what the position is regarding colleagues not wishing to have the vaccine. DB confirmed that whilst the vaccine is not mandatory, infection control measures must be adhered to. Some colleagues choose not to have the vaccine believing they are already protected having had Covid. Midwifery colleagues are working to address fertility concerns. A campaign is underway to reassure BAME colleagues. Some colleagues have been unable to receive the vaccine due to having Covid infection in last 4 weeks.

KH raised the matter of the Trust's workforce age profile noting in particular the over 55s position.

Action: Provide analysis of CHFT age profile at next meeting (MB).

The Committee noted an inconsistency in agency/bank spend. Figures would be reviewed and confirmed.

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

08/21

RETURN TO WORK INTERVIEWS

LAH provided an update on the compliance position for return to work interviews and described the steps being taken to improve compliance.

The compliance rate for return to work interviews has seen an ongoing decline since the end of 2019. Seeing its lowest compliance figures in 2020. The metric has not achieved its 95% target in the last 24 months. There had been confusion about which system to record the date for areas that have transferred to the Healthroster system. Managers outline a good understanding of the process, purpose and benefits of completing the interviews, this is not reflected in the compliance data. The HR team has implemented a series of focussed actions to support improvements. Internal compliance will ensure the target of 95% is achieved by 1 April 2021. NH added that the role profile of the two new Wellbeing Advisors includes support to the HR BPs.

Action: RTW compliance position to be reported at May Committee meeting (LAH).

OUTCOME: The Committee **NOTED** the actions to support improvements.

09/21

PAY ANOMALIES

JE presented a report which provides information about an exercise to examine payments made to employees in the Trust that fall outside nationally agreed and locally implemented terms and conditions of employment. The report explained pay, terms and conditions arrangements in the Trust are governed by nationally determined agreements for all staff groups. National agreements are largely prescriptive in terms of the what and why though there are some areas where principles have been agreed for local negotiation to determine the appropriate response and limited flexibilities for employers in respect of local pay schemes. Whilst giving consideration to pay arrangements in the context of the Covid pandemic a number of historical pay arrangements operating outside of national terms and conditions were identified

It has been agreed that these arrangements should be reviewed to determine their appropriateness. A review of the payments will be led by the operational HR team in conjunction with service leads. The timeframe for completing the review is 30 April 2021. GB commented on the degree of input to progress the work required once the review is complete. On completion of the review the recommendations will be presented to Executive Board. An updated will be provided to the May Committee meeting.

Action: Review outcome to be presented to May Committee meeting (JE)

OUTCOME: The Committee **NOTED** and **SUPPORTED** the review exercise on pay arrangements.

10/21

2020 NHS STAFF SURVEY

NH informed the Committee the indicative results had been received, embargoed until 11 March 2021. The Committee noted CHFT response rate increased from 45.7% in 2019 to 50.1% in 2020. NH provided an overview of the results. Initial indications show an overall improved engagement score. NH outlined the Trust's strategy response which comprises:-

- Development of a Trust wide action plan focusing on key priorities with progress against actions monitored at Workforce Committee
- Development of Division action plans with progress reported at Performance Review Meetings
- Focus on key teams, areas, staffing groups and themes

Aligning to the NHS People Plan, trust-wide key priorities have been identified as follows:-

- Health and Wellbeing
- Leadership Development
- Development opportunities for all

- Inclusion
- I am a member of Team CHFT

GB queried if all areas are developing action plans and NH confirmed that HR BPs are working closely with all divisions and directorates to support production of detailed action plans.

DB asked if more detail was available in terms of respondents' age groups. JE advised that whilst we are able to do some analysis on the indicative results, more detail will be available once the embargo is lifted on 11 March.

KH was pleased to see so many positive results particularly during the pandemic period. KH commented that annual surveys don't always allow the time to respond and measure differences. JE advised NHSE/I is giving consideration to the use of quarterly pulse surveys in addition to the annual survey.

OUTCOME: The Committee **NOTED** the initial results and the positive news.

11/21 **BOARD ASSURANCE FRAMEWORK (BAF)**

AMc presented the BAF. The BAF risks were reviewed at the Audit and Risk Committee on 26 January 2021 and will be presented to the Trust Board on 4 March 2021.

AMc confirmed three of the risks have been updated with the fourth (medical staffing) in progress. Updates will be provided to the Board. The Committee noted that colleague engagement risk (risk 12/19) is one of three risks being reviewed by Internal Audit as part of its end of year Head of Internal Audit Opinion on internal controls which informs the 2020/21 annual report.

On review at the Audit and Risk Committee, it was proposed the Workforce Committee should be asked to consider the change of risk appetite category for risk 10a, 10b and 11/19 to the workforce category. Following discussion members agreed to retain the existing categories.

OUTCOME: The Committee **APPROVED** the BAF.

12/21 **ANY OTHER BUSINESS**

No other business was discussed.

13/21 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

Hot House topics
NHS People Plan
Analysis of workforce age profile
Staff Survey
Return to Work Interviews
BAF

14/21 **EVALUATION OF MEETING**

SD supports HS attendance as maps across staff side issues. GB and DB participation in terms of cross over. JG contributes to patient insight. JG pleased to see good introductions and welcomes seeing people on camera during the meeting.

15/21 **DATE AND TIME OF NEXT MEETING:**

8 March 2021:

9.30am-11.30am: Workforce Committee Hot House – Divisional Presentations of Staff Survey Action Plans

11.45am-12.45pm: Review of Quality & Performance Report (Workforce)

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

**Held on Monday 8 March 2021, 11.45am – 12.45pm
VIA TEAMS**

PRESENT:

Ellen Armistead	(EA)	Deputy Chief Executive/Director of Nursing
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Karen Heaton	(JH)	Non-Executive Director (Chair)
Andrea McCourt	(AMc)	Company Secretary
Linzi Smith	(LS)	Governor
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Nikki Hosty	(NH)	FTSU/ED&I Manager (for item 24/21)
Philip Lewer	(PL)	Chair

16/21 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting.

17/21 APOLOGIES FOR ABSENCE

Helen Barker, Chief Operating Officer
Gary Boothby, Director of Finance
Helen Senior, Staff Side Chair

18/21 DECLARATION OF INTERESTS

There were no declarations of interest.

19/21 MINUTES OF MEETING HELD ON 8 FEBRUARY 2021

The minutes of the Workforce Committee meeting held on 8 February 2021 were approved as a correct record.

20/21 ACTION LOG – MARCH 2021

The action log, updated on 2 March 2021, was received.

21/21 MATTERS ARISING**CHFT Workforce Age Profile Analysis**

MB presented the Trust's current position. The Trust has 5,936 substantive employees, 929 (15.7%) aged over 55. Based on the current profile approximately 25% of 51-55 age group could leave the Trust by age 60, 65% by age of 65 and 95% by age 70. The average age of a doctor is 40 (9.5% of doctors are over age 55). The average age of a nurse is 42 (14% of nurses are over age 55). The average age of a BAME colleague is 38 and average age of a white colleague is 43. There is a higher proportion of white colleagues in the 46-65 age range.

SD advised that the changes to the arrangements in special class status will see fewer colleagues leaving at the age of 55. KH noted the increase in younger BAME colleagues. KH asked if there are any specific concerns in terms of workforce stability. SD feels that the last 12 months may have an effect on people's life choices. The Committee noted the Trust's low turnover over previous years. JE referred to the NHS People Plan which built in mid year career reviews for professional groups giving opportunity to gain clearer insight into people's career choices.

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

22/21 **QUALITY AND PERFORMANCE REPORT (WORKFORCE) – FEBRUARY 2021**

MB presented the report.

Summary

Performance on workforce metrics continues to be amber and the Workforce domain decreased to 65.4% in January 2021. This is the third month in 20 'where the domain score is 'Amber'. 5 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 'Short 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 – January 2021

The Staff in Post decreased by 20.78 FTE, which, is also due, in part, to 32.80 FTE leavers in January 2021. There has also been a decrease of 28.89 FTE in the Establishment figure, along with student nurses leaving. Turnover increased to 7.54% for the rolling 12 month period February 2020 to January 2021. This is a slight increase on the figure of 7.47% for December 2020.

Sickness absence – January 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 5.11% in January 2021. The rolling 12 month rate increased marginally for the sixteenth consecutive time in 26 months, to 4.53%. Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 28.88% of sickness absence in January 2021, decreasing from 32.02% in December 2020.

The RTW completion rate increased to 62.97% in January 2021.

Essential Safety Training – January 2021

Performance has decrease in 8 of the core suite of essential safety training. With 9 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 decreased to 95.02%, and following last month's decrease is a decrease for the third month. However, it is above the stretch target for the seventh time since July.

Workforce Spend – January 2021

Agency spend increased by £0.18M, whilst bank spend increased by £1.75M.

Recruitment – January 2021

2 of the 5 recruitment metrics reported (Vacancy approval to advert, and Unconditional offer to acceptance) deteriorated in January 2021. The time for Unconditional offer to Acceptance in January 2021 increased and was just over 3 days.

KH questioned what the driver was for the overall domain decrease. MB advised the heavily weighted rolling sickness absence dropped the score significantly. KH asked for more information on the international recruitment campaign. EA advised we hope to recruit approximately 70 new starters over a 12 month period with potentially a further campaign in the summer. LS questioned where the new staff would be deployed and EA confirmed the campaign will offset the running vacancy of approximately 140 registered nurses and a number of non registered staff.

DS asked if sickness absence due to anxiety was linked to any particular area. MB confirmed this is general across the Trust. DS also asked if we're seeing the impact on effectiveness of wellbeing packages. SD advised that removing Covid related sickness the position is 4.2% sickness absence which benchmarks well against North East and West Yorkshire. A deep dive is currently being conducted and a reported at a future Committee meeting. Sickness absence is expected to decrease as we enter spring/summer.

DS asked about the position on 5th year students.

Post meeting note: In response to the pandemic, year 5 medical students have been engaged via the Trust's bank to work on the acute floor on each site for up to 12 hours in any one week. As the students don't have GMC registration, remuneration is equivalent to A4C band 3. The students have shadowed FY1 trainees enabling hands on experience with education support and clinical supervision provided. Feedback has been positive with considerable interest in undertaking shifts.

KH queried the zero average number of days to close harassment cases.

Post meeting note: The sentence in the report 'The average number of days to close harassment cases is zero

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

23/21

OUR PEOPLE STRATEGY AND NHS PEOPLE PLAN

JE presented an update on a review of the Trust's people strategy, The Cupboard, and progress in taking action on NHS provider specific NHS People Plan activities.

A strategy review was initiated in October 2020 of The Cupboard content and concept. The review has been impacted by a focus on Covid19 activity, the first phase has ended with an assessment against the original review ask identifying partial completion. The next phase of activity will concentrate on:-

- changing the strategy content so it is fresh and importantly up to date, ensuring the workforce priorities for the 2021/2022 service year are incorporated and capturing NHS People Plan themes and required actions
amending the strategy concept so the focus is always on the content ie what we do to deliver one culture of care
building broader and deeper colleague/stakeholder engagement
- NHS England/Improvement published a 2020/2021 people plan in August 2020 setting out actions for the NHS
- A Trust action plan has been developed capturing the obligations/responsibilities placed on NHS employing organisation

An assessment shows good progress against the employer actions.

The Committee is asked to note the content of the paper and to consider:-

- next step activity for the Trust's people strategy
- progress in actioning NHS People Plan activity.

KH noted the feedback on The Cupboard is largely positive with colleagues finding it useful. DS was interested in the actual number of responses and JE confirmed a higher number of responses was anticipated and advised work is progressing to further explore colleagues' assessment of the Trust's people strategy. The Committee noted the December 2021 Hot House will focus on CHFT people strategy and the NHS People Plan.

JE advised that the NHS People Plan had built in specific covid learning and that the Trust's activity plan maintains that link both within its people plan and people strategy.

JE commented on the development of our recruitment approach and future investment in widening participation. AMc asked how this fits across the patch and JE confirmed both Calderdale and Kirklees were considered in developing our response submitted to create the West Yorkshire and Harrogate people plan.

OUTCOME: The Committee **NOTED** and **SUPPORTED** the progress to action activity in both the Trust's People Strategy and the NHS People Plan.

24/21

PROGRESS UPDATE ON WRES AND WDES ACTION PLANS

NH presented an overview of activities supporting progress against WRES and WDES action plans.

WRES

- BAME Community Engagement Partner – Tahliah Kelly Martin
- BAME colleagues supporting Equality Impact Assessments
- Lived Experience Videos
- Anti Bullying Week Campaign
- Anti Discrimination posters placed around the hospital
- Empower (Inclusive Personal Development Programme)
- Overseas Community Engagement

WDES

- Colleague Disability Action Group just finding its feet
- CDAG colleagues supporting Equality Impact Assessments
- Lived Experience Videos being Produced
- Anti Bullying Week Campaign / Anti Discrimination posters placed around the hospital
- Dedicated Wellbeing Support for CEV's
- Initial indications highlight home working benefitting some disabled colleagues

To do:

- Leadership Engagement –developing a disability awareness programme to add to the leadership development platform
- 'Celebrating our identity' campaign
- Clear Pathways for colleagues to access support
- Reasonable Adjustment Process Review with input from CDAG
- Management Toolkit – managing a colleague with a disability

LS expressed support for toolkits acting as enablers particularly in dealing with difficult conversations. DS thought the lived experience videos an excellent idea, a powerful way of communicating.

KH commended the significant progress made noting the positive impact across both WRES and WDES.

OUTCOME: The Committee **NOTED** and **SUPPORTED** the progress activity.

25/21 **WORKFORCE COMMITTEE WORKPLAN**

The workplan was received and reviewed.

26/21 **ANY OTHER BUSINESS**

No other business was discussed.

27/21 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

Age profile analysis
Sickness absence/RTW
Progress on People Strategy/NHS People Plan
Progress on WRES/WDES

28/21 **EVALUATION OF MEETING**

DS commented on the comprehensive, high quality reports received at the meetings and expressed thanks to the authors.

29/21 **DATE AND TIME OF NEXT MEETING:**

10 May 2021: Workforce Committee Deep Dive, 2.00pm – 4.00pm



**Minutes of the Charitable Funds Committee meeting held on
Tuesday 23 February 2021, 1.30pm – 3.00pm
via Microsoft Teams**

PRESENT

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

IN ATTENDANCE

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

AR was welcomed to the meeting and brief introductions were made.

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 and noted for Richard Hopkin.

3. MINUTES OF MEETING HELD ON 25 NOVEMBER 2020

The minutes of the meeting held on 25 November 2020 were approved as an accurate record.

4. ACTION LOG AND MATTERS ARISING

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

5. RESERVES POLICY

GB presented this draft policy which was reviewed and approved. It was agreed to review again in twelve months.

ACTION: CH to put on agenda for Feb 2022 meeting **23.02.21 – 1.**

6. ETHICAL INVESTMENT

ZQ presented this paper recommending that, after a meeting with CCLA and some members of this committee, the Charity moves its investment portfolios from the Charities Investment Fund to the Charities Ethical Investment Fund,

both within CCLA. DB raised a concern regarding the estimated costs of £10,800 mentioned in the paper but it was likely that these would be much lower in practice. The exact costs are dependent on the number of clients who take up the offer to move in Spring 21 and so will not be known until nearer that time. *After this meeting, the invitation letter was received and it states that the costs would be nearer 0.01% rather than the 0.40% used in the paper, resulting in the likely cost being nearer to £300. As the Ethical Fund was a better performing fund, the move would quickly pay for itself. GB agreed that there were no concerns with these costs.*

The recommendation to move to the Ethical Fund was approved and the Committee now awaits the invitation from CCLA in the Spring 2021 (now received).

ACTION: CH to commence transfer process with CCLA. **23.02.21 – 2.**

7. QTR 3 2020/21 INCOME & EXPENDITURE SUMMARY (inc. SOFA & BS)

EK presented the key points in this very comprehensive paper and its contents were NOTED.

8. CHARITY KPI UPDATE

EK presented this paper and its contents were NOTED.

9. RISK REGISTER - REVIEW

EK presented this paper and the recommendation to reduce two risk ratings was accepted. EK will amend.

The Risk Register was NOTED. This is a live document which is reviewed at each meeting and then updated if necessary.

ACTION: EK to amend the Risk Register as agreed. **23.02.21 – 3.**

10. NHS CHARITIES TOGETHER UPDATE

EK gave a verbal presentation around the different stages, deadlines for applications and discussions with CHFT and community colleagues. This was NOTED.

11. MINUTES OF STAFF LOTTERY COMMITTEE MEETING 14 DECEMBER 2020

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

12. A ORMEROD – AGE CONCERN TODMORDEN FUNDING

The papers were presented to show how our monies had been spent over the last two years. The Charity has now made its third of three annual payments of £15,000. The contents were NOTED.

13. ANY OTHER BUSINESS

There was no other business to report.

DATE AND TIME OF NEXT MEETING:

Monday, 24 May 2021, 9 – 10.30am, via Microsoft Teams

APPROVED Minutes of the Audit and Risk Committee Meeting held on Tuesday 26 January 2021 commencing at 10.00am 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
Kim Betts	Interim Internal Audit Manager, Audit Yorkshire
Steve Moss	Anti-Crime Lead, Audit Yorkshire
Mandy Griffin	Managing Director, Digital Health
Clare Partridge	Partner, KPMG
Amber Fox	Corporate Governance Manager (minutes)
Doriann Bailey	Assistant Director of Patient Safety (for items 5/21, 6/21, 7/21, 8/21)
Gareth Webb	Senior Manager, Quality and Safety (for items 5/21, 6/21, 7/21, 8/21)
Richard Hill	Head of Health and Safety (for items 16/21 and 17/21)
Leanne Sobatree	Internal Audit Manager, Audit Yorkshire

01/21 APOLOGIES FOR ABSENCE

Apologies were received from Salma Younis, Senior Manager, KPMG. Clare Partridge joined the meeting from item 07/21 onwards.

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

02/21 DECLARATIONS OF INTEREST

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

03/21 MINUTES OF THE MEETING HELD ON 21 OCTOBER 2020

The minutes of the meeting held on 21 October 2020 were approved as a correct record subject to the following amendments.

Information Governance Deep Dive - page 2

Three ICO reportable incidents occurred between April 2019 to September 2020, with no further action to be taken, by the ICO.

Local Counter Fraud Progress Report - page 7

RH asked for clarity on the wording 'the timetable of work for compliance was making staff aware their data is used as part of the exercise.' Steve Moss confirmed there is a timetable of work to make staff aware their data was being used in the compliance exercise. The minutes will be re-worded.

AN asked for an update on the timing of the re-tender exercise with external audit. The Deputy Director of Finance confirmed the Trust is planning for this with the procurement team for completion by September/October 2021. The selection of the auditors requires approval by the Council of Governors meeting in October and Zoe Quarmby is working on the timeline. The Director of Finance raised a concern about the ability to appoint an

external auditor following challenges other Trusts have had generating interest from external audit firms. The Committee will be kept informed of progress.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 21 October 2020 subject to the amendments above.

04/21 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updated accordingly.

Review of Losses and Special Payments – RH noted the CHFT Assistant Director Patient Experience is the budget holder who reviews and signs off the payments and asked if there is a limit on the amount that can be approved. The Deputy Director of Finance re-assured the Committee that this is in line with authorisation limits of the individual and follows the delegated authority for approval. Action closed.

The duplicated action for Consultant job plans will be combined into one action.

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

05/21 RISK MANAGEMENT REVIEW DEEP DIVE

Gareth Webb, Senior Manager for Quality and Safety presented a deep dive on risk management services which focused on the Risk Management Strategy and Policy which included risk governance, risk registers and processes.

The Risk Management Strategy has undergone a review and rationalisation and the strategy and policy have been combined into a single document. The Risk Management Strategy is currently going through consultation prior to March 2021 Board approval.

The risk register and processes are undergoing improvements which is supported by the updated Risk Management Strategy.

Gareth provided an update on Covid-19 risk management and explained a daily incident management team meeting takes place which is very well attended. There is a designated Covid-19 Workstream risk register report which is linked to the high-level risk register.

Doriann explained as part of the changes to the Risk Group there has been an increase in time to allow for more robust discussion on risks mitigation and scores at the meetings. The presence of the Director of Operations from each Division ensures engagement with the Divisions. The Assistant Directors of Nursing are also being invited to the meeting to review clinical risks which adds value. The consistency in the divisional risk reports is being reviewed to ensure the presented information provides assurance that the risks have been robustly reviewed. AN said it is very positive the Divisions are now more engaged.

AN asked if there is a focused review of the red Covid risks. Gareth confirmed new and updated Covid risks are escalated, reported, and reviewed at each meeting. The key Covid risks relate to staff and work pressures and support that they can be given during this pandemic.

DS thanked the team for their work on the risk register to make it clearer and more consistent and highlighted the importance of maintaining this. The Company Secretary attends the Risk Group and explained the Strategy will help clarify the process of agreeing which risks with a score of 15 or more are escalated onto the high-level risk

register. Divisions often have risks at 15 or above which should not automatically go onto the high-level risk register without a discussion and understanding of the risk.

OUTCOME: The Committee **NOTED** the details provided in the Risk Management Deep Dive presentation.

06/21 RISK MANAGEMENT STRATEGY

Doriann Bailey, Assistant Director of Patient Safety presented the updated Risk Management Strategy. She highlighted there has been a subsequent update to page 21 - risks scored higher than 15 will be brought to the Senior Risk Manager, rather than the Company Secretary.

The Company Secretary explained on page 9 there has been a recent agreement that the compliance aspects of the CQC and Compliance Group will be reported into the Audit and Risk Committee and asked if this can be updated in the Strategy.

Action: Doriann to update the Governance Structure in the strategy and include the CQC and Compliance Group reporting arrangements.

RH stated it is a much more improved and concise document. He highlighted page 16 which states 'the assessment of risk within the BAF is reviewed by the relevant Board Committee' and explained specific risks have been allocated to Committees to ensure they focus on these and report back and asked if this can be further described in the Strategy. **Action: Doriann Bailey to describe the specific BAF risks that have been allocated to Committees in the Strategy**

RH highlighted page 21-22 of the report which explains that high-level clinical risks are reviewed by the Quality Committee and asked if other Committees also review the high-level risk register, stating this takes place at the Finance and Performance Committee. The Committee were not confident that this happens at each Committee. This will be discussed by the Non-Executive Directors at one of their regular meetings.

RH pointed out the role 'Health and Safety Advisor' in appendix 4 should be corrected to 'Head of Health and Safety'. **Action: Doriann Bailey to update the job title**

AN asked if the Transformation Programme Board can be added in Section 8 to describe their role in risk management. **Action: Doriann Bailey to include the role of the Transformation Programme Board in the Strategy**

AN asked for clarity on the terms 'significant risk' and 'corporate risk register'. Gareth will review these terms and clarify the definitions in the Strategy. **Action: Gareth Webb to include the terms in the strategy**

AN stated he had several other more minor points to make and will pass these on to Gareth and Doriann. **Action: Andy Nelson to share further comments with Doriann and Gareth**

The Company Secretary highlighted the most up to date Trust Committee structure is presented on page 30, which includes the revised Quality Committee governance reporting arrangements that are being embedded.

OUTCOME: The Committee **APPROVED** the updated Risk Management Strategy subject to the changes above and **NOTED** the Strategy will be revised and updated prior to presentation to the Board for approval on 4 March 2021.

07/21 RISK GROUP TERMS OF REFERENCE

The Risk Group terms of reference were presented for approval, following a refocussing of the group on risk, with the compliance aspects previously considered by the group now being reviewed in the CQC Compliance Group. Doriann highlighted a subsequent small change to the membership in the terms of reference which was circulated this morning.

Clare Partridge, Senior Manager from KPMG joined the meeting.

The Company Secretary suggested the review of the Divisional risk registers should be added under duties of the Risk Group in section 4 as this is a significant part of this Group's role.

AN stated the membership in section 5 describes 20 members and asked if the Directors of Operations and Associate Directors of Nursing are required as members or only invited as necessary. Doriann clarified the Directors of Operations and Associate Directors of Nursing are not core members and are invited as needed. **Action: Doriann to articulate this in section 5**

AN felt that seven attendees was a low number for quorum to effectively achieve the business of the group, as detailed in section 10. Doriann confirmed the Directors of Operations are now invited and an increase in quorum of this Group will be reviewed. The Director of Finance pointed out this may relate to historical poor attendance. He suggested a mix of representatives is specified for quorum of the group, e.g. a specific number of clinical staff and representatives from all Divisions. Doriann stated there was valuable contribution from the Directors of Operations and the aim is for this to continue, or for the Assistant Directors of Nursing to attend in their place. **Action: Doriann to review the quorum number**

OUTCOME: The Committee **APPROVED** the updated Risk Group Terms of Reference subject to the changes described above.

08/21 CQC AND COMPLIANCE GROUP TERMS OF REFERENCE

Doriann explained compliance was previously part of the Risk Group (formally Risk and Compliance Group) and there was a decision made last October to add the compliance element to the CQC Group as this was more fitting. The revised terms of reference reflect this change and work is ongoing to reflect this in the agenda. The compliance element of this Group will report into the Audit and Risk Committee agenda on a quarterly basis.

AN asked if clearer reference can be made to the scope of compliance in section 2.1, for example, a list of all the compliance registers mentioned in the Risk Management Strategy or attach a similar register to the terms of reference. Doriann will make the scope of compliance more explicit or include an appendix. **Action: Doriann to make clearer reference to the scope of compliance in section 2.1 or attach as an appendix**

AN asked if section 4.2.3 referring to audit is referencing the internal audit programme which Doriann confirmed. **Action: Policy to be amended accordingly**

OUTCOME: The Committee **APPROVED** the updated CQC and Compliance Group Terms of Reference subject to the changes described above.

09/21 INAPPROPRIATE ACCESS TO CLINICAL RECORDS REPORT AND ACTION PLAN

The Managing Director of Digital Health presented the factfinding report and action plan and shared the presentation presented at Board on 14 January 2021. This piece of work started in September 2020 and is a work in progress. The first draft was presented at the

Digital Health Forum in December 2020 for comment. Additional work has taken place to understand what the Trust deemed as inappropriate access to clinical records, which was retitled to access to clinical records. The report has been reviewed by the Communication Team and Assistant Director of Patient Experience and will be presented at the Board of Directors on 4 March 2021.

The Managing Director of Digital Health updated all Executive Directors on 7 January 2021 regarding the factfinding report, communications, and process. The report, currently version 7, has 13 recommendations described in the action plan which are making good progress.

The actions include the development of an in-house alerting solution to identify any inappropriate access. An audit plan has been developed, policies are under review and a learning document is being developed to aid communication with the patient experience team. A further update will be presented to the Digital Health Forum on 18th February 2021 for approval prior to the Board in March 2021. Consideration is also being made on how this is introduced into Divisional Patient Safety Quality Boards.

RH asked if a disciplinary process is in place and if appropriate steps are being taken from a HR point of view. The Managing Director for Digital Health confirmed the Director of Workforce and OD is part of the panel and the final report will include a flowchart to describe how and when an incident is reported before it goes to HR.

RH noted from the report the automated tools such as 'Lights On' is not used to full capacity and asked if this is part of an alert solution. The Managing Director for Digital Health confirmed the 'Lights On' solution is part of EPR Cerner; however, patient data is also in Athena (Maternity notes), Medisoft and other systems and the Trust need to ensure all records are captured. The 'Lights On' tool shows activity within EPR and a training session with the Information Governance team is taking place week commencing 8th February to see if this can be utilised for the audits. An alerting tool has also been developed through the Knowledge Portal which highlights when unusual access takes place. The Trust are also reviewing off the shelf systems as well as in house systems to strengthen audit activity DS asked how soon the audits will be in place. The Managing Director for Digital Health confirmed they are ready now and have been tested with parameters set by the Information Governance team. The audits will go live following a demonstration at the Digital Health Forum in February.

The Company Secretary pointed out the action plan 7.8 details a risk scoring 12 on the corporate risk register and asked which risk register this presented on. The Managing Director for Digital Health confirmed this is the Trust wide risk register.

AN asked where the action plan will be monitored. The Managing Director for Digital Health confirmed this is a standing item at the Information Governance and Records Strategy Group and any escalation will be brought to the Audit and Risk Committee, with a further update to the Board in 6 months.

OUTCOME: The Committee **NOTED** the update on inappropriate access to clinical records and the action plan.

10/21 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 quarter which shows the usual trends.

The risk of loss of personal effects has increased during the Covid-19 period due to the visiting restrictions in place and more valuables being on Trust sites. This risk will be reviewed going into quarter 4.

AN asked if the losses other of £48.6k is correct. The Deputy Director of Finance confirmed this number refers to the year to date total and some numbers refer to in quarter.

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

2. Review of Waiving of Standard Orders

The Deputy Director of Finance presented a report on the Trust's waiving of standing orders showing the overall total in the quarter has significantly reduced since the first half of the year. In the quarter, there was a total of £288k waiving of standard orders, in the context of £17m worth of spend. An additional appendix has been included since quarter 3 which describes a long list of items related to Covid. The volume of these have reduced considerably since the numbers have been brought into the report. The Deputy Director of Finance confirmed there is now an effective route for purchasing PPE which is via allocations from national purchasing reducing the need for purchasing by the Trust.

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

3. Update of Treasury Management Policy

The Deputy Director of Finance presented the updated Treasury Management Policy the review of which has been brought forward considering the significantly different cash and borrowing position. The proposed changes to the existing policy are highlighted in the cover sheet.

RH stated section 4.2 still refers to Monitor and asked if this should be changed to be more current. The Deputy Director of Finance confirmed Monitor is referred to twice in the policy, the awarding of the licence was by Monitor and a new license hasn't been received and the treasury management guidance was also issued by Monitor and remains the latest national document. It was clarified that Monitor is the correct wording. RH asked if the policy could state 'Monitor, now known as NHSI', this was agreed.

Action: Deputy Director of Finance to update the wording to 'Monitor, now known as NHSI'

RH explained that the Trust can invest surplus monies on deposit; however, the Trust would receive less interest by doing this. The Trust pay a PDC charge of 3.5%, this is reduced by our cash holdings. The Deputy Director of Finance explained the Trust would do this if the interest was more than 3.5% on a safe harbour investment. The Deputy Director of Finance has reviewed the policy and is confident the wording of the policy acknowledges the need to balance out the benefit of PDC versus the benefit of investment.

OUTCOME: The Committee **APPROVED** the updates to the Treasury Management Policy subject to the change noted above.

11/21 REVIEW OF STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS, SCHEME OF DELEGATION

The Deputy Director of Finance explained the policies have been reviewed considering the reference to the European Union within the documents. All changes made are detailed in the front sheets with no radical changes.

Standing Orders

AN raised Monitor is referred to on page 1 under section 1.1.3. The Company Secretary and Deputy Director of Finance have discussed this and the NHSI website also refers to the Monitor Code of Governance; therefore, this will remain unchanged.

AN highlighted non-compliance with standing orders goes to the Board of Directors and suggested this also goes to the Audit and Risk Committee. The Company Secretary confirmed both should be referenced and it will depend on which meeting falls first.

Action: Company Secretary to add the Audit and Risk Committee to the Overriding Standing Orders Section 3.4

Action: Company Secretary to remove blank page 11 in the document

Standing Financial Instructions

AN highlighted section 3.4.1 on page 12 refers to chapter 11, which should be corrected to chapter 12 in the document. **Action: Deputy Director of Finance to update the chapters and reference numbers in the SFIs**

AN suggested the loss of special payments register on page 39 should mention the role of the Audit and Risk Committee (paragraph 14.2.7). The Deputy Director of Finance confirmed it is referenced in an appendix; however, this will also be made clear within the document. **Action: Deputy Director of Finance to mention the role of the Committee on page 39**

Scheme of Delegation

The Company Secretary reported the updates include the name of a Committee and the Covid related changes as previously agreed by the Audit and Risk Committee.

RH asked for assurance that approval levels haven't changed and are as previously agreed. The Deputy Director of Finance confirmed there have been no changes to the standard approval levels. The exceptions to this are highlighted in the separate Covid addendum to the policy which are Covid related and were agreed by the Audit and Risk Committee on 21 October 2020. This addendum will be withdrawn separately to the policy review dates.

AN highlighted there were two versions of the Covid-19 addendum, one separate document at the end of the policies and one attached to the cover sheet. The Deputy Director of Finance confirmed the document was tagged onto the cover sheet in error and the second version is correct as the capital expenditure limits were removed as NHSI had changed their guidance in the way Trusts can approve capital expenditure.

Doriann stated the job title 'Assistant Director for Quality and Safety' should be updated to 'Assistant Director for Patient Safety' in Appendix 2 on page 49. **Action: Company Secretary to update the job title**

OUTCOME: The Committee **APPROVED** the updates to the Standing Orders, Standing Financial Instructions and Scheme of Delegation and the extension of the temporary addendum to the Standing Financial Instructions and Scheme of Delegation subject to the changes noted above.

12/21 INTERNAL AUDIT

Internal Audit Follow Up Report

Kim Betts, Interim Internal Audit Manager for Audit Yorkshire explained the process for update requests on recommendations had been slightly different this month. The request for information was sent out late as the figures were asked to be reviewed which took

longer than anticipated. At present, there is one outstanding response on governance in the Medical Division. The other recommendation dates have been moved forward and the Interim Internal Audit Manager will share an up to date table by the end of the week.

The main concern in overdue major recommendations is the death certificates audit. A response was received from the Medical Examiner acknowledging there has been some delay in progressing this service with the aim to produce the draft policy and KPIs in the next few weeks. This audit is on this year's plan.

The Interim Internal Audit Manager explained dates have been reviewed and it has been agreed the 'not yet due' dates now show as 'overdue', which is presented in table 2 on page 4. She added the job plan recommendations remain as outstanding and two actions are sitting on the report which Leanne Sobatree will review and correct accordingly.

The Interim Internal Audit Manager explained the MK Insight system is used by most clients for all planning, fieldwork and tracking of recommendations. It was highlighted that this system will fill a process gap. The system can also produce reports as required.

The Director of Finance provided an update on the car parking recommendation which will continue to be outstanding as a decision was taken at the Weekly Executive Board meeting last week to not revise this policy given the sensitivity for staff at present. The actual policy review date has been extended by 6 months.

The Deputy Director of Finance agreed it is important to implement this system as a route to confirm progression of recommended actions and suggested a prompt to recommendation owners would be helpful. The Head of Internal Audit confirmed the MKI system has an automatic email reminder which escalates to the audit team and audit responder. This Committee agreed that the implementation of this system for the Trust should be progressed as a priority. RH welcomed adopting the MKI Insight system which will provide improved information and processes.

RH suggested each responsible Director should continue to receive a report on overdue recommendations and if necessary, should be asked to appear at the Committee to report on progress of their actions.

DS asked if the outstanding recommendations from the Audit Programme report into the weekly Executive Board. The Managing Director for Digital Health and Deputy Director of Finance explained the Audit Yorkshire Programme is reviewed at the Executive Board by exception and this relies on a manual system. It was suggested consideration be given to more regular reporting at the Executive Board. The Internal Audit Plan is also shared with the Executive Board routinely on an annual basis.

Internal Audit Progress Report

The Interim Internal Audit Manager presented the Progress Report and reported that five audit reports have been issued since the last meeting of the Committee: two with limited assurance, two significant and one high opinion report.

The Interim Internal Audit Manager confirmed Audit Yorkshire have sufficient resources to complete the plans with currently seven people working on the Trust audit plan. The audit on Identify Access and Management is to be put on hold until mid-February as members of the team have been affected by Covid resulting in additional pressures to support completion. It is expected that these audits can be completed. The Data Security and Protection toolkit, which was delayed nationally, will be progressed. Quarter 4 audits are being planned e.g. models of new care and pathways to the new hospital.

AN acknowledged that the core audits informing the Head of Internal Opinion will be completed however other audits are likely to be deferred. The Head of Internal Audit reassured the Committee that managers have populated the must-do and should-do pieces of work through the year, priority areas are identified, and the internal audit team are sighted on the key risks. A piece of work has been undertaken to review the governance arrangements during Covid, including financial governance and how Covid has impacted on the Trust, e.g. how decision making has been impacted, which will inform the annual governance statement. The Head of Internal Audit is optimistic that all must do and should do audits will be completed by the end of April; however, completion dates for some audits may move to the middle of June. RH reported there was a desire by the HPS Board to complete the audit on HPS by the end of the year which was previously on hold due to a software upgrade.

OUTCOME: The Committee **NOTED** the Internal Audit Follow Up Report and Progress Report and **RECEIVED** the limited assurance reports and the Insight report for December 2020.

13/21 LOCAL COUNTER FRAUD PROGRESS REPORT

Steve Moss, Head of Anti-Crime Services presented the Counter Fraud Progress Report. The table in the report details how many days have been completed versus the planned areas. The team are light on 'inform and involve' days due to Covid restrictions as awareness work is not taking place on Trust sites and referrals with clients has reduced which is a national trend. Newsletters and alerts are happening virtually, and meetings are being arranged via Microsoft Teams.

The Head of Anti-Crime Services informed the Committee that Shaun Fleming has been allocated to support the Trust moving forward as the Local Counter Fraud Specialist.

The Deputy Director of Finance highlighted counter fraud education is part of the Trust Leadership package in 'Managing our Money' training and there are more routes than Audit Yorkshire training to promote this message.

AN asked for an update on the government functional standards piece of work. The Head of Anti-Crime Services explained these are due to come out in early February and he will share the new standards and explain what has changed from the existing ones. The Audit and Risk Committee will review any changes.

OUTCOME: The Committee **RECEIVED** the Local Counter Fraud Progress Report and **NOTED** the new government functional standards will be received shortly.

14/21 EXTERNAL AUDIT SECTOR UPDATE **Agree External Audit Plan for 2020/21**

Clare Partridge, External Audit Partner reported a meeting took place with the finance team on 26 January to discuss this plan.

The External Audit Partner highlighted the significant risks being focused on are the valuation of land and buildings, revenue recognitions, management override of control and fraudulent expenditure recognition.

The External Audit Partner highlighted stock counts are material for financial statements and the subsidiary in terms of pharmacy stock and are planned to take place remotely via video due to Covid. The stock counts last took place in February last year prior to the lockdown. All stock counts will now take place remotely unless it is business critical.

The External Audit Partner explained the value for money test is adopting a new process and approach for this year. Previously, a deep dive may take place for any area where significant risk is identified; however, the risk assessment stage now includes a raft of procedures. An update on the risk assessment phase will be provided at the next meeting. Value for money is reported separately with the findings in a publicly available report and will require a close narrative with the Trust to ensure these are aligned.

The audit opinion has a slight change arising from auditing standards this year, which includes the requirement to report any breaches of laws and regulations. External Audit are considering what this means for license conditions in terms of the value for money and what this means for opinions.

The External Audit Partner pointed out there are two fees tables in the report and the second one is correct and has already been approved.

RH stated the audit plan is consistent with previous years. He is interested to learn more about the value for money assessment which may link into the Use of Resources assessment. The Finance and Performance Committee have been looking at ways to assess performance on Use of Resources.

RH asked if there will there be more work regarding the Going Concern assessment this year because of new requirements. The External Audit Partner explained the auditing standards will require more audit work and this will link with work on the Use of Resources assessment.

OUTCOME: The Committee **APPROVED** the External Audit Plan for 2020/21 and **RECEIVED** the sector update and PFR Benchmarking Report Q2 20/21.

15/21 COMPANY SECRETARY'S BUSINESS

Annual Report and Accounts Timeline 2020/21

The Company Secretary explained the Foundation Trusts annual reporting manual and timetable has not yet been received and a draft timetable for this year's annual report and accounts has been shared based on discussions with Zoe Quarmby and KPMG. The key dates confirmed are 27 April 2021 for the draft accounts and 15 June 2021 for submission of the audit accounts. The External Audit Partner explained there is the possibility for Trusts to apply for later dates; however, CHFT is sticking to the usual timeframe. The timetable will be updated when the national annual reporting manual is received. The annual report and accounts will need to be signed off the week commencing 7th June 2021. The Committee and the Board will need to discuss sign-off arrangements, either by the Board or through delegation to the Audit and Risk Committee.

The Company Secretary explained the quality accounts are no longer part of the annual reporting process and more information on quality will be within the performance report in the accounts.

Conflicts of Interest and Standards of Business Conduct Policy

The updated conflicts of interest and standards of business conduct policy was shared with changes highlighted in red.

Self-Assessment of Committee Effectiveness

All Committee members are asked to complete the self-effectiveness checklists and return them by 12 February 2021. The Committee will approve an action plan at the next meeting.

Audit and Risk Committee Workplan 2021

The Audit and Risk Committee Workplan for 2021 was shared for approval.

Review Audit and Risk Committee Dates

The Audit and Risk Committee dates for 2021 were shared for information.

OUTCOME: The Committee **RECEIVED** an update on the Annual Report and Accounts timeline 2020/21, **APPROVED** the updated Conflicts of Interest and Standards of Business Conduct Policy and Annual Workplan for 2021 and **NOTED** the schedule of meeting dates for 2021 and that their responses to the self-assessment checklists of committee effectiveness are to be submitted by 12 February 2021.

16/21 REVIEW OF BOARD ASSURANCE FRAMEWORK

The Company Secretary presented an update to the Board Assurance Framework (BAF), which is the third and final update this financial year which links to the Head of Internal audit opinion.

There are two updates outstanding on risks (6/19) on climate change and (10b) medical staffing. The Company Secretary will ensure these are followed up and added into the BAF for March Board. AN explained an update was provided at the Green Planning Committee on climate change.

The (9/19) estates risk has been reviewed by the lead Directors with no change. The lead for the Covid capacity risk (5/20) is still being discussed to understand if this sits under Finance and Performance and this will be discussed at the Finance and Performance Committee.

AN asked if the 3 of 4 workforce risks categorised as a risk appetite category of quality and innovation is correct or whether these should be allocated a workforce risk appetite category which has a low risk appetite. The Company Secretary will review using the same principle as risk 12/19 and take to the Workforce Committee for discussion.

Action: Company Secretary

RH explained risk 08/19 on performance targets was not updated at the last Finance and Performance meeting; however, there is no change expected. The Company Secretary confirmed the Chief Operating Officer has sent through an update; however, acknowledged no Committee review took place.

RH flagged up the allocation of risks across various committees is a concern and needs to be agreed between the Non-Executive Directors. The Company Secretary will provide the current allocation of the BAF risks to the Non-Executive Directors for consideration and review. **Action: Company Secretary to include current allocation of the BAF risks with the Non-Executive Directors**

Richard Hill, Head of Health and Safety provided an update on the health and safety risk on the BAF. He highlighted the five-year strategy looks at NHS safety standards and is used by many other NHS Trusts and the plan is to introduce these standards at the next Health and Safety Committee on 20 February 2021. There are roughly 35 standards and updates will be provided as progress is made.

It was noted the Health and Safety Policy will come to the next Committee for approval.

OUTCOME: The Committee **APPROVED** the updates to the Health and Safety Risk 16/19 and the Board Assurance Framework.

17/21 HEALTH AND SAFETY COMMITTEE TERMS OF REFERENCE

The Head of Health and Safety presented the updated Health and Safety Committee terms of reference. He explained sub-groups will be set up to bring regular reports into the Health and Safety Committee. The Committee will focus on the top four risks.

AN suggested the wording regular updates is changed to quarterly updates on page 3 under duties. **Action: Head of Health and Safety**

AN felt the escalation of risks of a score 9 more was a low threshold and explained only high-level risks are reported to the Audit and Risk Committee. The Company Secretary explained the escalation route should reflect the Risk Management Strategy and report through the Risk Group in their reports. **Action: Head of Health and Safety**

AN explained the duties of the Committee does not reference developing the five-year strategy. **Action: Head of Health and Safety**

AN highlighted the Risk and Audit Committee needs to change to Audit and Risk Committee on page 6. **Action: Head of Health and Safety**

OUTCOME: The Committee **APPROVED** the Health and Safety Committee terms of reference subject to the changes above.

18/21 SUMMARY REPORTS AND MINUTES TO RECEIVE

A summary report of work undertaken since October 2020 was provided for the following groups:

- Risk Group (Formerly Risk and Compliance Group) – no questions were raised.
- Information Governance and Records Strategy Group
RH asked for an update on compliance with the DSP Toolkit, reported at 92% for training. The Managing Director for Digital Health is confident the compliance target of 95% will be reached by the extended date of June 2021. The 92% for training is an improvement; however, not where it needs to be. Implementation of the new password policy is underway and reporting on the 10 characteristics is updated at the Weekly Executive Board.
- Health and Safety Committee – no questions were raised.
- Data Quality Board – no questions were raised.

Minutes of the above meetings were provided for assurance and were available in the Review Room on Convene and circulated to members of the Audit and Risk Committee.

OUTCOME: The Committee **NOTED** the summary reports for the Risk Group, the Information Governance and Records Strategy Group, the Health and Safety Committee and the Data Quality Board.

19/21 ANY OTHER BUSINESS

There was no other business.

20/21 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- Risk Management Deep Dive
- Approved revised Risk Management Strategy and Risk Group and CQC and Compliance Group terms of reference
- Internal Audit – more robust system in place to follow through using the MKI insight tool and confident sufficient audit work will be completed for a Head of Internal Audit Opinion to be provided

- Approved the Health and Safety Committee terms of reference
- Approved External Audit Plan for 2020/21

21/21 DATE AND TIME OF THE NEXT MEETING

Monday 12 April 2021

1:00 – 3:15 pm via Microsoft Teams

22/21 REVIEW OF MEETING

AN acknowledged it was a packed agenda with several additional items this month.
The meeting closed at 12:32 pm.

**Minutes of the Finance & Performance Committee held on
Monday 11 January 2021, 11.00am – 1.45pm
Via Microsoft Teams**

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Betty Sewell	PA to Director of Finance (Minutes)
Kirsty Archer	Deputy Director of Finance
Lindsay Rudge	Deputy Director of Nursing and Infection Prevention and Control
Peter Keogh	Assistant Director of Performance
Stephen Baines	Governor representative
Stuart Baron	Associate Director of Finance

ITEM

001/21 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

The Chair also noted his concerns regarding the late arrival of a number of papers accepting the unprecedented circumstances but stressing the need to avoid a recurrence.

002/21 APOLOGIES FOR ABSENCE

There were no apologies to note.

003/21 DECLARATIONS OF INTEREST

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

004/21 MINUTES OF THE MEETING HELD 30 NOVEMBER 2020

The Minutes of the Public meeting were APPROVED as an accurate record subject to the following amends: -

Agenda items 155/20 and 159/20 – the word ‘good’ should be removed to read “IPR - overall performance at October was at 70%.”

The Minutes of the Private meeting held 30 November 2020 were also APPROVED as an accurate record.

005/21 ACTION LOG AND MATTERS ARISING

The Action Log was reviewed as follows:

115/20: Business Better Than Usual (BBTU) – The Director of Transformation & Partnerships updated the Committee that a detailed report showing the progress

being made around the delivery programme will be shared with Finance & Performance Committee at the next meeting – **AB, 1/2/21**

149/20: Community Stroke model – The Chief Operating Officer reported that the Community element of Stroke is part of the recovery work in terms of 'Phase 4' which will be built into the annual planning process over the next few months.

153/20: NHSI Benchmarking – For context the Chair explained that a paper had been presented to Committee which identified potential savings opportunities which came out of the benchmarking process. The Chair questioned whether we had been assured that we had explored all the opportunities and how this can be concluded. The Director of Finance commented that we still need to agree how this can be pulled together, although it was noted that this could be included in the 2021/22 Planning process.

The Director of Finance confirmed that CIP for next year will be discussed with Divisional Directors this week to try to identify how we frame the future finance challenges/opportunities. It was noted that CIP will be re-branded and that meetings this week will try to find a way to engage with clinical colleagues – **Post meeting note** – the CIP process will be discussed and progressed outside F&P

009/21: Use of Resources (UOR) External Review – The Director of Finance explained that this item had been an on-going action and that the Committee had asked for an external review. It was noted that a request to under-go a 'mock assessment' had been made to NHSI/E and that their response was that this would have limited value and that capacity is not currently available. It was also noted that a similar request had been made to WYAAT who had provided the same response. The Director of Finance reported on the positive internal work which had been undertaken and with no robust data available at the moment questioned what an external review would look like. Following discussions with other DoFs it was agreed that a review of our governance around some of the decisions taken could be useful. GB, therefore, proposed to undertake a review of some of our governance to provide assurance to the Finance & Performance Committee.

The Committee discussed the view of whether this would be 'marking our own homework'. It was also highlighted that with the latest COVID lockdown and the focus nationally, the new financial regime in April 2021 is likely to be deferred. The idea that the UoR assessment as it stands may not be relevant going forward, in light of planned changes to the ICS role and commissioning arrangements, was also raised. It was also noted that our fiscal position is better than it was when the initial UoR assurance was undertaken in 2018.

The Chair acknowledged the various comments regarding the changes to the finance regime and that the position 2 years ago is going to be different going forward. However, the Committee has an obligation to assess the progress made since the 'Requires Improvement' rating in 2018 and as a minimum would require a further update on the feedback on the working groups, with a re-assessment of our latest financial position against the original assessment. It was noted that when a clearer picture is available a decision can be made as to whether we need an external view in the future.

ACTION: To provide the Committee with a brief paper summarising the scope, process, involvement, and the timescales of the review to enable the Committee to decide when the time would be right to produce this and discuss further – **GB/KA, 1/2/21**

138/20: Stroke Timelines - The Assistant Director of Performance provided an update to the Committee regarding the timelines which were requested against the actions outlined within the paper discussed at the Finance & Performance Committee in November. It was noted that the only key recommendation not to have been implemented due to the current bed pressures was the protection of beds. It was also noted that recommendations 5 and 7 have been implemented and are discussed at the Daily Tactical meeting.

The Committee acknowledged the action plan and timescales and that several of the recommendations have been implemented.

ACTION: To review improvement of the Stroke Indicators at Finance & Performance Committee again later in the year – **PK/HB, 4/10/21**

156/20: BAF Risks – The Director of Finance apologised for the late arrival of papers which will be discussed at Audit & Risk Committee on the 26 January 2021. The following actions were noted: -

- BAF risks 14/19, 15/19 and 18/19 have been updated to reflect the comments at the last meeting regarding the Capital score.
- The action to align the target score of risks 18 and 14 has been completed as part of the update process.
- Directors are currently reviewing all risks (including the allocation) therefore the question of which Committee will be reviewing the COVID risk is part of the update process.

The Committee **APPROVED** the updates of the Finance Risks on the BAF.

The Company Secretary explained that the sequencing of Committees is slightly out of order and that the following is the latest position: -

Risk 8/19 – is in the process of being updated.

Risk 9/19 – this risk has been reviewed in detail by GB and Stuart Sugarman and it has been agreed not to change the risk description but there will be a routine update.

The Chair asked for it to be made clear, when reporting to Audit & Risk Committee and Board, that F&P have not reviewed Risk 8/19 in detail.

Matters Arising

The Chief Executive asked for an update regarding the significant number of 12-hour trolley breaches within October and November.

The Chief Operating Officer commented that a paper will be going to Quality Committee at the end of January in relation to the 'harm' element.

The Director of Transformation & Partnerships provided an overview in terms of process and the role of the Outer Core group. It was noted that it had been recognised, prior to Christmas, that there had been a total of 58 12-hour breaches in waiting time within ED, and the Outer Core group requested a detailed report from the Incident Management Team (IMT). A report was prepared which detailed the work undertaken around the processes at that time and a view of the decision making that had occurred. It also detailed work undertaken to develop a standard operating procedure and training to be provided to all on-call consultants, managers, and directors. Following receipt of the initial response by the Outer Core group they went back for further clarification around the rationale used in the decision making around the risk assessment in terms of patients remaining in ED as opposed to utilising additional bed capacity on wards. The conclusion was that with the greater stability of the workforce within ED, on balance, it seemed a lower risk for patients to remain on beds (not trolleys) within ED. Further clarification was also given around the planned training going forward. It was also noted that the reports have also been reviewed by the Oversight Committee who requested further detail to be presented to the Quality Committee, as above.

The Outer Core group subsequently had further discussions and asked for clarification that of the 58 incidents how many investigations have completed and what assessment of harm has been concluded in addition to key learnings.

In terms of assurance for the Finance & Performance Committee, it was noted that there has been a considerable amount of governance and assurance provided at a very difficult time operationally.

The Committee acknowledged the amount of time and effort put into the investigations around the decision making and the reasons for the actions, any further incidents will be picked up through the IPR where the Finance & Performance have visibility. Regarding the 58 incidents, the Committee agreed that they are comfortable for those to be picked up through the Quality Committee and Board.

ACTION: To provide the report going to Quality Committee on the 25 January 2021 along with the outcome of their discussions following that meeting for information to this Committee – **HB/BS, 1/3/21**

150/20: Diagnostic variances – The Deputy Director of Finance confirmed that it was an error in the description of the Re-set Plan, the Plan was understated and did not include all the elements so, therefore, there was a mis-match between the Plan and the actual and the Plan has since been rectified.

FINANCE & PERFORMANCE

006/21 INTEGRATED PERFORMANCE REVIEW – NOVEMBER 2020

The Assistant Director of Operations reported that the Trust's performance for November 2020 was 65.7% showing some deterioration in month. The following key points were highlighted: -

- SHMI has just gone above 100 for the last 12 months, this is being looked at with the Mortality Review Group
- 3 out of 4 stroke targets have been missed.

- For the first time we have been unable to reschedule an Outpatient appointment within 28 days due to the second Covid outbreak.
- We have seen further 12-hour trolley waits in month (included in the 58 referred to above) although processes have been put in place to resolve this issue.
- Long-term sickness absence has now tipped into Red with a peak of 2.77% for the last 12 months.
- Diagnostics 6-week waits have continued to improve.

It was also noted that final Appraisal results are due and there is a potential that this may go into an AMBER position.

In terms of the 38-day referral to tertiary it was noted that we are reliant on other organisations and their capacity.

With regard to Complaints, this is still an issue, however, there is more focus with the new members of the team who are working to progress complaints in a timely manner and we hope to see some improvements over the next few months. It was added that the Complaints Improvement Group, Chaired by Andy Nelson, Non-Executive Director will monitor those improvements.

The Committee **NOTED** the contents of the November IPR.

007/21 PATIENT BACKLOG UPDATE

The Chief Operating Officer highlighted the themes of the presentation as follows: -
New Referrals

CHFT closed to referrals for a short period of time during April/May. We made a system decision to open (earlier than other Trusts) due to the concern of patients being 'lost' across the system which allowed us to understand the true nature of any backlog. This will have an impact on overall waiting numbers and potentially on the number of 52week waits. Overall referrals have not returned to pre COVID levels, this will be a mixture of reduced attendance at GPs, new pathways and other pathway redesign. For example, increased use of Advice and Guidance (A&G). These requests have doubled in 2020 compared to previous years.

Appointment Slot Issues (ASIs) is not in a good place due to the fact that we are accepting referrals, however, they are not being booked in directly but are going through several of the clinical assessment services. A slide showing some of the specialties where we have more of a concern than others was highlighted as an example.

The Chief Executive asked if the GP leadership looking at this information would recognise and be supportive of it? The Director of Transformation & Partnership confirmed that Outpatient Transformation Board meetings have continued with representation from both LMCs, PCMs and CCGs and there is a mixed picture but that there is a greater sense of positivity and a shared buy-in to the changes in these pathways.

Follow Ups

The trend analysis shows that the overall volume on the waiting list is reducing, however, this may not be an entirely positive picture. In terms of learning from this, some specialties are looking at virtual solutions with Gastroenterology being the first

to lead in this area. It was noted that we have started to clinically prioritise patients were clinicians assign a priority and it is understood that we are the only Trust who have started an outpatient prioritisation. It was also noted that we have also included clinical validation directly into EPR which will make it easier for clinicians to complete.

In terms of the profile of the priority outpatient status, the 'P' value, this has been broken down with the majority in P3 to P5 but what is not available is how far past that date have patients had to wait, this information will be provided going forward.

The Trust are also piloting 'buddies', staff who will be in regular contact with patients who are waiting. The buddies will work proactively with clinical teams to communicate the outcome of clinical review to patients/GPs so that our patients are kept informed and can highlight any clinical concerns. The EPR Buddy form has now been built and ready to input patient contacts.

Referral To Treatment (RTT)

From an RTT perspective there is a large waiting list with a significant number of >52 weeks. It was noted that work within surgery around consistency of the profiling at P2 has started. It was also noted that we have started to look at the index of multiple deprivation and the priority values. Discussions took place regarding what 'P' value we should look at in more detail and what should be our focus. It was noted that it is important to track those cohorts of patients within the backlog who will have a recurrence of treatment.

Cancer

In terms of Cancer referrals, they are back to pre-COVID levels in most specialties. It is a positive story for the Trust as we have continued to deliver pathways in the same time as pre-COVID and quite a different picture to other organisations.

The Chair thanked the Chief Operating Officer for a very thorough summary of the position. It was noted that it is good to see that we are starting to understand health inequalities, however, it was noted that there is still work to do. From the Committee's point of view, the Chair asked Helen to highlight the 3 areas of major concern to which she called out the following 3 areas of prioritisation:

1. need to clear and retain a good position on the P2s waiting for theatre
2. 6-week element of Endoscopy
3. new patients who have gone through the clinical assessment service but need face to face appointments.

ACTION: To take discussions off-line to identify KPIs and how progress is measured going forward - **RH/HB**

The Committee **NOTED** the content of the detailed presentation and the importance for greater detailed understanding of the Outpatient Backlog for both Executives and Non-Executive Directors.

008/21 MONTH 8 FINANCE REPORT

The Director of Finance highlighted the key points reported at Month 8: -

- The original £1.4m risk within the plan has been covered.
- Forecasting to deliver the Plan of a £1.9m deficit which is a similar position across the ICS.

- Since Month 8, it is assumed that all material costs relating to the vaccination programme which we are hosting at the John Smiths' stadium will be covered and that this will have no financial impact for the Trust.
- Risk relating to the Elective Incentive Scheme has reduced and the impact to Month 8 is £108k which will not impact our overall year-end position.

The Committee were asked to note that the total cost of COVID in the year to date has been £21m which has been reimbursed up to recent times.

The Committee **NOTED** the Month 8 Finance Report with costs still running below plan.

009/21 PLANNING UPDATE

The Deputy Director of Finance provided a paper to the Committee which summarised the latest position. It was noted that National Guidance and timescales have still not been issued, however, correspondence was received prior to Christmas which gave a 'financial steer' not guidance.

It was also noted that a couple of points from that correspondence have been used to inform the assumptions for our early planning which is showing a sizeable financial gap, however, as in past years, there is always the possibility of reducing that pressure through a review period. With the present-day scale of the unknown there is understandably a level of caution built in which could inflate the figure.

The next steps for further refinement will be as follows:

- Review the pressures and developments and facilitate cross-Divisional dialogue.
- Divisional PRMs for January will be used for engagement and review.
- To agree the CIP target – session will be held with Divisional leadership
- To engage with system partners
- Await the publication of the National Guidance and to develop plans on the back of that guidance.

In terms of reporting back to this Committee, it is proposed that a further Update/Draft Plan will be presented at the next meeting with a further update in March and hopefully to progress with a full Plan which can go to Board, acknowledging that there are both internal and external factors which play into this timescale.

The Chief Operating Officer commented that it is important that there is an informed decision-making process of planning and that all potential needs are identified, using risk scoring etc., to get to a final prioritised list. It was noted budget holders are still very much involved in the process.

The Committee **RECEIVED** the Planning Update.

010/21 PHASE 3 ADDITIONAL STAFFING

The Director of Finance introduced the paper which detailed the additional staffing required to cover Phase 3 both on a recurrent and non-recurrent basis. The paper shows that an extra 248 staff were requested which will increase our run rate by an additional £5m of which £3.9m relates to nursing and support to nursing posts. The paper goes on to describe that this was the case for Months 7 to 9 but that the impact

was lower than the plan and for qualified nursing the pay bill was fairly consistent which showed that the number of unfilled posts were increasing.

The Deputy Director of Nursing and Infection Prevention and Control went on to give assurance to the Committee of how we are mitigating this risk and providing care for our patients. It was noted that a number of colleagues have been re-deployed, bank and agency staff are also being used and this has slowly increased over the last few months. There are additional controls in place to mitigate the safety aspect which include a daily nursing workstream meeting, a twice daily staffing review, we also have increased our leadership capacity to ensure a Matron is on both sites 7 days a week, in addition, there are different on-call arrangements and therapy staff are deployed who are ward based. Work is on-going with NHSI/E in terms of increasing our Health Care Support (HCS) workers who are also being used to mitigate some of the risk.

The Director of Finance added that the costs included within the Business Case for extra staff which had been approved at Commercial Investment & Strategy Committee had not filtered through due to the challenges with recruitment. Work continues to look at the 'new' normal staffing models which will be looked at within the planning process.

The pressure on staff was also highlighted along with the importance of the Wellbeing Hour, levels of staffing will continue to be monitored closely especially with the possibility of the next surge.

The Committee **NOTED** the strong controls and the various mitigations put in place with regard to the staffing issue which will continue to be monitored by the Committee.

011/21 2021/22 CAPITAL PLAN REVIEW

The Associate Director of Finance highlighted that the Capital Plan had been through the Commercial Investment & Strategy Committee and the Capital Planning Group with a further review at Board. The key points to note are that the Trust has limited capital resource. The Capital Planning Day has prioritised the available resource through presentation of the requirement to the Capital Panel. The Panel propose a capital programme that is within the available resource, has a contingency in place to manage any emerging risks in 2021/22 and proposes utilisation of some of the remaining contingency from 2020/21.

It was noted that the paper going to Board will have an additional paragraph in relation to the nurses' accommodation which was part of the 2020/21 Plan and funded through the critical infrastructure risk, this resource is being managed by bringing forward some schemes from next year into this year as the building is awaiting a bat survey before it can be demolished.

The Committee **APPROVED** the 2021/22 Capital Plan noting the additional paragraph to be included in the paper for Board.

012/21 WEST YORKSHIRE & HARROGATE (WY&H) ICS FINANCIAL RISK

The Director of Finance shared with the Committee the principles which had been agreed by the ICS Directors of Finance should there be a risk to the overall plan.

The Committee **NOTED** the contents of the paper.

GOVERNANCE

013/21 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Draft Minutes from the Commercial Investment & Strategy Committee held 26 November 2020
- Draft Minutes from the Capital Planning Group held 15 December 2020
- Draft THIS SLA Contract Review held 15 December 2020
- Draft CHFT/SPC Quarterly Meeting held 16 December 2020
- THIS Executive Board held 23 December 2020

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

014/21 WORK PLAN 2020/21

The Work Plan was discussed and the number of items for the February agenda will be reviewed.

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

015/21 MATTERS TO CASCADE TO THE BOARD

The following points will be cascaded to Board: -

- UoR position discussed – scoping document to be produced
- BAF Risks reviewed
- IPR - overall monthly performance at 66% with key challenges noted
- Patient Backlog - key priorities identified
- Staffing – challenges of the staffing model discussed; mitigation measures are in place to address risks
- Finance – At Month 8, £1m underspend and planning to achieve the full-year plan
- Planning process outlined
- The Capital Plan for 21/22 was approved by the Committee

016/21 REVIEW OF MEETING

It was noted that the extensive agenda had provided good discussions with a useful deep dive into the outpatient backlog.

017/21 ANY OTHER BUSINESS

There were no further items raised under AOB.

DATE AND TIME OF NEXT MEETING:

Monday 1 February 2021, 11am – 1pm, via Microsoft Teams

**Minutes of the Finance & Performance Committee held on
Monday 01 February 2021, 11.00am – 14.00pm
Via Microsoft Teams**

PRESENT

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

IN ATTENDANCE

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

ITEM

018/21 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

019/21 APOLOGIES FOR ABSENCE

Apologies were received and noted for Peter Wilkinson.

020/21 DECLARATIONS OF INTEREST

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

021/21 MINUTES OF THE MEETING HELD 11 JANUARY 2021

The Minutes of the Public and Private meetings held 11 January 2021 were APPROVED as an accurate record.

022/21 ACTION LOG AND MATTERS ARISING

The Action Log was reviewed as follows:

125/20 – IPR – July 2020 & Outpatient Improvement Work: It was agreed to defer this action until the 29 March.

149/20 – Stroke Deep-Dive: The stroke indicators review will be seen later in year and the stroke recovery item will be covered in the planning process.

153/20 - NHSI Benchmarking Network: This will be covered in the financial planning process; the Director of Finance and the Chair will discuss this further outside of the meeting. CIP is being discussed outside of the meeting and will continue to be progressed. This will be reported on at a future meeting once a plan has been decided.

005/21 – Matters Arising: The 12-hour trolley waits report went to Quality Committee and the minutes from that meeting will be circulated once available.

The closed items on both the public and private action log were noted by the Committee.

115/20: Business Better Than Usual (BBTU) – The Director of Transformation and Partnerships informed the Committee that the update report included in the papers has previously been submitted to the Transformation Programme Board and the Quality Committee. It was noted that through the involvement of colleagues, partner organisations and members of the public 12 learning themes were identified during June and July 2020 where there was agreement that new ways of working implemented during the pandemic have potential long-term benefit and should be sustained and amplified.

The recommendations within the report were to undertake more work now regarding the initial set up costs to take forward some of the work and to produce more detailed work regarding measurable benefits that CHFT can monitor progress against in the year ahead. This work is now in progress and will come back as a further update in March to the Transformation Programme Board with the aim of taking forward implementation through 2021/22. The enthusiasm of the theme leads was noted, many of whom are clinical colleagues or from partner organisations. They have been keen to take forward the new ways of working despite the pressures they currently face due to Covid.

The Chair spoke on behalf of Peter Wilkinson asking two questions; how are we ensuring no one is left behind on digitalisation due to age or material deprivation? Secondly, how will the health inequalities data affect the prioritisation of patients? Anna Basford assured the Committee that the risk of widening inequalities through digital exclusion has been noted and work is being done with both Kirklees and Calderdale Council to prevent this. CHFT are also reaching out to the local community through listening events so that barriers and solutions can be identified. Regarding patient prioritisation, data is now available on Knowledge Portal Plus that could indicate which groups are being impacted most by waiting times and work is being done to increase awareness from this information. It may be that we undertake action to address the longest waiters in a revised priority order to close gaps. Helen Barker added that focus groups are being conducted with staff to look at the health inequality data as this knowledge will aid recovery however it was noted that recovery will be a long process.

The Chair asked how initial stakeholders will be communicated with going forward? And secondly, will this Committee and others be involved with any of the twelve areas or will it primarily sit with the BBTU group and the Transformation Programme Board? It was noted that updates have been given to the initial stakeholders regarding current progress and an internal newsletter has been circulated. Theme leads are also ensuring they regularly communicate internally with the colleagues in their departments. In March more deliberate communication will be done regarding the benefits. In response to the second question it was noted that each committee should continue to receive updates however the leadership and direction of the project sits with the Transformation Programme Board. The Chair highlighted that this Committee are happy to provide support if necessary.

109/21: Use of Resources (UOR) Scoping Document – The Director of Finance summarised the scoping document. The initial scope would be to look at the key governance forums and describe the decision-making process taken at Incident Management Team (IMT), Capital Management Group (CMG), Commercial Investment & Strategy Group (CI&SG) and our agency discussions. The other area to consider is our staffing resource, a significant amount of CHFT's expenditure relates to staff therefore how much do we want the scope to consider this resource? It was noted that this review could be used to analyse how we have allocated people over the last twelve months and from that, work out what opportunities this gives us for the future. It was noted that the Director of Finance and the Chief Executive had a previous discussion outside of the meeting in which it was decided that it may be useful to gain an external view, therefore Adrian Ennis who has worked with CHFT previously, has been contacted to explore whether he could help.

It was asked if due to a full external review not being undertaken whether we include an independent element. Discussions took place and it was agreed that the Non-Executive Directors will sponsor the work and regularly be involved outside of the meeting. The Chair suggested that the work be linked back to the original assessment and the areas for improvement that were identified. It was also noted that colleagues are working at full capacity due to Covid and work needs to be prioritised. Regarding the scope, the Chief Operating Officer also wanted to ensure that when the expenditure over the last twelve months is assessed, the decisions made at forums other than IMT are reviewed also.

The Director of Finance responded to the various comments by agreeing to summarise early in the report the original position. A governance review combined with the staffing resource considerations will test the latest position against these actions.

The Committee **SUPPORTED** the general scope and the possible external input in relation to staffing reporting back to this Committee in May

ACTION: To report back to this Committee in May – **GB, 5/5/21**

FINANCE & PERFORMANCE

023/21 MONTH 9, FINANCE REPORT INCLUDING HIGH LEVEL RISKS

The Director of Finance highlighted the key points reported at Month 9: -

- The year to date position is favourable by £110k. We are forecasting to deliver the deficit position plan.
- There is a potential risk of being £1m away from the plan therefore conversations have been held with CCG partners and the Mental Health Trust to cover this risk between the organisations. The risk was caused by the decision to increase the annual leave provision at year end due to Covid preventing many colleagues from taking leave. CHFT have in writing from NHSI that increasing our deficit due to this would not affect our overall performance however we are confident that this can be avoided. In summary we are confident of delivering the plan even after covering the additional annual leave provision which would have been an allowable adverse variance.

- Across the Integrated Care System (ICS) at Month 9 we struggled to deliver the target activity however all are forecasting £15m ahead of plan. Discussions are in place regarding what will be done with the surplus. It was noted that it could pose an opportunity to cover a provision related to the Flowers court case and this option is being explored.
- Overall a good position as CHFT and ICS are on target to deliver the plan.

Discussions took place with regard to the cost of agency staff required to cover colleagues taking annual leave. It was suggested that we could buy leave from colleagues at lower cost but this could impact colleagues wellbeing. This requires a full and inclusive debate before a final decision is made.

It was highlighted that Finance have achieved the Better Payment Practice Code due to reaching the 95% target. Finance and Operational colleagues were thanked for their involvement in this.

The Chief Executive suggested that information should be included in the Finance report to better articulate what the CIP information is trying to convey. The Chair also suggested a review of the report as a whole to assess whether it is all still required.

ACTION – To amend the Finance report going forward to either reduce the information being provided or better clarify why it is being provided, even if there is no longer an external reporting requirement. – **KA, 01/03/21**

The Chair queried whether the capital underspending will affect us hitting our revised target of capital spend for the year? It was noted that the Capital plan will be achieved, each scheme is being analysed to ensure orders are in place and on track. It was asked why the aged debt position had increased? The Committee were reminded that the aged debt position had been suppressed by a £1.5m credit to a CCG, this has now been transacted and therefore the position has changed. A second element related to SWYFT, they have moved to processing their invoices through SPS and an error occurred where our invoices were not reaching them. This has now been resolved and will be reflected in the next quarter.

It was noted that a BBTU workstream has been created within Finance and one of these groups will be looking at income and debt. The Director of Finance agreed to share the KPMG benchmarking report as this shows how CHFT compare to other organisations positively regarding aged debt.

ACTION – To circulate the KPMG benchmarking report – **GB, 01/03/21**

Discussions took place regarding the high-level risks, the Committee agreed to reduce the risk relating to this year's Financial Plan from 12 to a 9. The Director of Finance agreed to assess the risk scores of the remaining high-level finance risks noted in the report outside of the meeting and amend them in time for the next finance report.

ACTION: To amend the risk scores of the high-level finance risks in time for the next Committee meeting – **GB, 01/03/21**

The Committee **NOTED** the Month 9 finance report and agreed the change to the risk rating for the 2021 financial plan.

024/21 PLANNING UPDATE

The Deputy Director of Finance briefly explained that clarification has been received regarding the national position for next year and the existing regime will continue in Q1 (potentially into Q2.) Further operational planning guidance will be available from the centre in April. The planning timetable has been revised slightly and the changes can be seen in the papers. Finance continue to plan and the upcoming round of PRMs will be dedicated to planning and will form a key part of the process. Further updates will continue to be received by this Committee. Helen Barker added that the backlog recovery has been separated and this will aid planning and increase focus.

The Committee **RECEIVED** the updated position on the latest national planning guidance and the revised planning time table.

025/21 INTEGRATED PERFORMANCE REVIEW – DECEMBER 2020

The Chief Operating Officer reported that the Trust's performance for December 2020 was 65.7% The following key points were highlighted: -

- The way complaints performance is reported has changed therefore Rachel White will meet with Helen Barker and the DoPs to explain what this means and investigate why performance is low.
- A 10% improvement has been seen regarding stroke admissions.
- Cancer performance is positive, more operating sessions are taking place. However some patients needed subsequent treatment, and this was slightly late. In general CHFT should be proud of how the service has continued. The fast track conversion rate is down, national direction says more patients should be referred however it appears we have a delay regarding routine outpatients therefore this continues to be assessed.
- Long term sick leave is increasing however this is not related to Covid sickness. This will be picked up by the Workforce Committee.
- Regarding the mortality rate, SHMI has increased for 'out of hospital' deaths. There are alerts in place for several specialities therefore this is being discussed with David Birkenhead and Cornelle Parker in order to understand the data further.
- Readmission rates are increasing therefore the work done to reduce this will be relaunched. It was noted that this could be linked to Covid as some pathways like pneumonia and acute bronchitis are more affected by the pandemic. David Birkenhead is reviewing the data.
- Regarding frailty, last December 950 people attended A&E to which 50% were admitted however this December we have seen 900 attend and only 29% be admitted. This shows improvement and has saved the Trust around 1300 bed days. The readmissions for this cohort have also stayed static. This project will be taken to the CI&SC next month to demonstrate the KPIs against the investment.

The Chief Executive questioned whether SHMI needed to be approached with more purpose for example, creating a specific report to be shared with the Quality and Performance WEB in February, which the Chief Operating Officer agreed to create.

ACTION: To develop a SHMI report to go to Quality and Performance WEB in February – **HB, 01/03/21**

The Chair said on behalf of Peter Wilkinson that thanks were to be noted for Peter Keogh for his time spent on the performance management and accountability framework. He also questioned why the complaints performance was particularly low in December, Helen Barker agreed to investigate this and report back next month.

ACTION: To understand why complaints were so low in December and report back the findings at the next Committee meeting – **HB, 01/03/21**

It was queried why head and neck cancer is red when the others are not. It was noted that this is a national pattern as it is a more complex pathway and the bulk of the treatment would go to a tertiary provider of which many are at full capacity.

The Chair asked if the length of the IPR could be reduced. The Chief Operating Officer accepted the challenge; however she is reluctant to take anything out therefore it may be rearranged rather than reduced. Peter Keogh added that we need to bear in mind quality priorities moving forward.

The Committee **NOTED** the contents of the December IPR.

GOVERNANCE

026/21 F&P SELF-ASSESSMENT OF THE COMMITTEE'S EFFECTIVENESS – DEADLINE FOR RESPONSES 01/03/21

The deadline of 1 March was noted, and all were encouraged to send their responses to Betty Sewell. The responses will be reviewed at the 29 March meeting.

027/21 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Draft Minutes from the CHFT/CHS Joint Liaison Committee Meeting held 5 January 2021
- Draft Minutes from the Capital Planning Group held 14 January 2021
- Draft Minutes from the CCG A&E Delivery Board held 8 December 2020

The Committee **RECEIVED** and **NOTED** the key points of escalation from the Sub-Committees recognising the achievement of colleagues, both CHS and Trust, to complete Ward 18 in record time to improve patient care.

028/21 WORK PLAN 2020/21

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

A number of items for March have been deferred and the agenda will be reviewed outside of the meeting.

029/21 MATTERS TO CASCADE TO THE BOARD

The following points will be cascaded to Board: -

- An update was given regarding BBTU, further reports will be received in the Spring following discussions at Transformation Board.

- The UOR scoping document was approved. The review will be largely done by the Director of Finance and his team and non-executive input will be given. An external review will potentially be done regarding staffing. Report due early May.
- Month 9 finance report noted. CHFT are on plan despite the annual leave provision. The ICS is also on plan.
- Updated planning guidance has been received however the existing regime will continue in Q1 at least. Further formal guidance will be available from the centre in April. Our plan will be shown at the March 1 Committee meeting.
- IPR showed an overall performance of 65.7%, the following areas for concern were noted regarding complaints performance, increase in long-term sick and increase in SHMI. However, positives were noted regarding, cancer, stroke and frailty performance.
- The impact of our involvement with the vaccine rollout was noted and the John Smith Stadium contract will be reviewed at the March 1 Committee meeting.

030/21 REVIEW OF MEETING

All agreed that the Business Better than Usual and Use of Resources items had been useful.

031/21 ANY OTHER BUSINESS

The vaccine centre contract position in relation to the John Smith Stadium will be shared with the Committee at the next meeting.

ACTION: Review the John Smith Stadium contract at the next Committee meeting – GB, 01/03/21

DATE AND TIME OF NEXT MEETING:

Monday 1 March 2021, 11am – 1pm, via Microsoft Teams

**Minutes of the Finance & Performance Committee held on
Monday 01 March 2021, 11.00am – 13.00pm
Via Microsoft Teams**

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Betty Sewell	PA to Director of Finance (Observing)
Kirsty Archer	Deputy Director of Finance
Mandy Griffin	Managing Director – Digital Health (Item 040/21)
Peter Howson	Commercial Director, THIS (Item 040/21)
Peter Keogh	Assistant Director of Performance
Philip Lewer	Chair
Rhianna Lomas	Finance Secretary (Minutes)
Stephen Baines	Governor representative
Stuart Baron	Associate Director of Finance

ITEM

032/21

WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

033/21

APOLOGIES FOR ABSENCE

There were no apologies to note.

034/21

DECLARATIONS OF INTEREST

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

035/21

MINUTES OF THE MEETING HELD 1 FEBRUARY 2021

The Minutes of the Public meeting held 1 February 2021 were APPROVED as an accurate record.

036/21

ACTION LOG AND MATTERS ARISING

The Action Log was reviewed as follows:

025/21 – IPR, December 2020: The Chief Operating Officer confirmed that a presentation was given at Quality & Performance Weekly Executive Board (WEB) regarding SHMI. Following that an action was given to investigate the driving factors and assess why SHMI was deteriorating pre-Covid. Data from other organisations will be gained for benchmarking purposes. This information will be submitted back to WEB.

005/21 – 12 Hr Trolley Waits: The Committee noted the circulated papers. The Chief Operating Officer informed all that she is working with Ellen Armistead, the Executive Director of Nursing, to formulate a response. It was questioned whether protected characteristics had been recorded along with ethnicity. The Chief Operating Officer agreed to investigate this.

ACTION: To investigate whether all protected characteristics had been recorded regarding the 12 Hr Trolley Waits – **HB, 29/03/21**

The Chair queried why in some cases there was limited information to which it was understood that busier departments have found updating the Electronic Patient Record (EPR) challenging. It was noted that the Department Matron now has an assurance process in place for regular checks and intentional rounding. There has been limited feedback from the regulators however they did acknowledge that the incidents were out of character for CHFT as an organisation. It was highlighted that other Trust Boards are also seeing breaches however they are not placing as much focus on it. Due to having dealt with the situation we can now identify it quicker and there have been no further incidents. A report was submitted to the Data Quality Board however this has been sent back for further assurance.

The Chief Operating Officer was not aware of any response from the relatives involved therefore she agreed to investigate this with the complaints team. It was acknowledged that a letter was issued to address the long wait time in the Emergency Department. The death that occurred is being dealt with by the Serious Incident Panel therefore this could not be commented on yet.

ACTION: To investigate with the Complaints Team whether there has been a response from relatives regarding the 12 Hour waits – **HB, 29/03/21**

It was noted that colleagues on call have seen this issue receive much greater focus and escalation. The Chair summarised that the incident was out of character for the Trust and work has been done to investigate the situation and it will continue to be monitored.

131/21 – John Smiths Stadium Vaccine Centre Contract: The modelling suggests that the vaccination programme will run until September 2021. The total financial impact could be as high as £14.5m. All reasonable costs will be reimbursed. When costs are more stable it is believed the process will move to a cost per jab structure however this would be on an optional sign up basis so the risk would be mitigated. There is a risk regarding efficiency as this has decreased recently however this has been seen regionally. Costs to date at the end of January are £450k across our programme and the John Smiths Stadium Contract.

The Chief Operating Officer highlighted that some staff are choosing to work vaccination centre shifts rather than ward shifts and this could create an agency staffing cost. This challenge was noted. The Company Secretary is looking for an appropriate Committee to regularly review the governance. The Leeds contract will be sent today, and the schedule will be amended soon as section four and six in the contract are out of date. The financial impact of the programme will continue to be documented in the monthly finance report submitted to the Finance & Performance Committee.

FINANCE & PERFORMANCE

037/21 INTEGRATED PERFORMANCE REVIEW – JANUARY 2021

The Chief Operating Officer reported that the Trust's performance for January 2021 was 64.7%. The following key points were highlighted:

- Overall, there has been a slight deterioration in performance however most domains remain amber and green. Finance and efficiency are improving and caring remains the same but all other categories have deteriorated.
- Complaints were 25% last time however this was due to an error in the data therefore the percentage was in the forties. Complaints will now be reported a month in arrears to ensure the data is accurate. There has been capacity allocated divisionally which has left a gap in the core team which is being assessed. A new dashboard was implemented, Rachel White and the Directors of Operations have met to look at this and they will seek to improve it.
- Emergency care standards have steadily improved however breaches continue to increase in the twilight hours. Due to Covid we effectively have two Emergency Departments (ED) on each site. Work is being done to improve ED care within the Covid recovery plan.
- There have been three outbreaks of Covid on the Stroke Unit therefore focus work has been done to assess the outbreaks and this has affected performance. The Chief Operating Officer will be reviewing the Sentinel Stroke National Audit Programme (SSNAP) data with the Medicine Division.
- The readmissions task and finish group has been re-established as this is also deteriorating.
- The main area for concern regards the responsive domain which relates heavily to the backlogs. The reset modelling is being reviewed and the parameters are being assessed.
- Diagnostic performance is low, and breaches are high. DEXA scanning is driving the backlog therefore Sarah Clenton, General Manager in Diagnostic and Therapy Services (DATS) will investigate this. Endoscopy is also a challenge and the routine backlog is a concern as the pathway can lead to a cancer diagnosis. We are in discussions regarding gaining a qualified provider for the system.
- Data shows our length of stay is the best regionally for 7,14 and 21 days despite being red in the seven day section. A fortnightly executive meeting has been set up with Calderdale colleagues to address long waits and look at strategic decision making. We now have 58 patients on the transfer of care list.

The Chief Executive added that it will be strategically important to be confident about SSNAP data and what it tells us when we look at the clinical strategy. The Assistant Director of Performance continued the item by informing the Committee that the friends and family test data was reintroduced in December however response rates will not be monitored. A national benchmark will be provided soon. The indicators have been split into two categories - key and standard. 1/3 of the indicators are key. In January, 12 of the key targets were missed therefore we must be wary that this standard does not become the norm.

The Committee questioned whether there were any emerging themes related to long term sickness. The reasons were not known therefore more information will be

gained from Suzanne Dunkley, Executive Director of Workforce and OD so a narrative can be included next month. It was agreed that the IPR will be better triangulated going forward.

ACTION: To gain information from Suzanne Dunkley, Executive Director of Workforce and OD regarding long term sickness in order to include a narrative going forward – **HB, 29/03/21**

The Director of Finance questioned whether there will be a risk created by not monitoring the family and friend's response rates as it could only be given to select patients therefore gaining only positive feedback. It was understood that this will have been considered when the national guidance was produced however it will be noted going forward. The Chair highlighted that cancer performance decreased in January, and falls have increased also. It was understood that CHFT had to reduce theatre activity which created a cancer backlog however the Chief Operating Officer will ensure that this does not continue into February and work is being done to assess the 104 day wait. It was highlighted that the rise in falls and pressure ulcers reflects the staffing levels and bed pressures. Due to Covid many community patients are declining access to healthcare professionals therefore when access is gained, they are in a worse position. The Committee **NOTED** the contents of the January IPR. At the next Committee meeting the outcome based indicators will be reviewed and feedback will be gained from the outpatient improvement work. It was agreed to socialise the updated performance management framework and IPR before it is reviewed at this Committee.

038/21

MONTH 10, FINANCE REPORT INCLUDING HIGH LEVEL RISKS

The Director of Finance highlighted the key points reported at Month 10:

- Year to date deficit of £300k which is £0.5m better than planned.
- Forecasting a £3.6m deficit which is £1.7m worse than plan however it is an allowable deterioration due to the increased annual leave provision. In reality the position is £1.5m better than plan as CHFT have absorbed the Flowers case provision into our position. If we deliver this plan it will be deemed by the regulators as a success.
- Regarding capital we are forecasting to deliver the majority of the plan. The externally funded schemes are delayed but we will not lose the funding. By year end we will have significant capital creditors.
- CIP is being reported despite no requirement for external monitoring. It is being monitored as the impact of under delivery in 20/21 will be played out into 21/22.
- The risk scores have been amended as agreed at the last Committee meeting.
- Overall, the position is good and the main risks are regarding further underspend, the vaccine rollout costs and COVID testing costs.

The Deputy Director of Finance informed the Committee about 21/22 planning. It has been confirmed that the current financial regime will continue into Q1, NHSI are in talks with the government about extending it into Q2 also but this has not been confirmed as yet. Performance review meetings have been held with each clinical division. Following these meetings, it has been agreed to simplify the budget setting process for Q1 and use a normalised budget as a starting point. Due to the planning time being extended we will take longer to consider pressures and recovery requirements. A paper describing this staged process will be going

to Board next week. The Chief Operating Officer added that the backlogs must be kept in mind whilst planning. The baseline budget will be presented at the next Committee meeting.

ACTION: To present the baseline budget at the next Finance & Performance Committee meeting – **GB/KA, 29/03/21**

The Committee **NOTED** the Month 10 finance report.

039/21

BOARD ASSURANCE FRAMEWORK (BAF) RISKS

The Company Secretary informed the Committee that this is the last update of the Board Assurance Framework (BAF) risks for this financial year and it will be presented to the Board on Thursday. The scores for the risks this Committee have oversight on have remained the same and there have been no new risks added. It was noted that the updates are shown in red on the circulated paper. The Board Committee chairs reviewed the allocation of risks and there was a concern from the Chair that this Committee oversee a high volume of risks therefore risk 919 regarding the estate has been moved to the Transformation Programme Board and the references to capital have been removed. It was agreed that the Covid capacity risk does sit with the Finance & Performance Committee.

The current version of the commercial growth risk was missing from the paper therefore this will be circulated after the meeting. It was noted that there are six risks not five as Risk 7/19 regarding NHSI compliance should be included also. There are existing gaps on the paper between actual risk scores and the risk appetite however this is likely to remain as the target risk reflects the risk appetite.

The Board **NOTED** the BAF risks. Final approval will be given at Board.

040/21

THIS COMMERCIAL STRATEGY

Peter Howson, Commercial director for the Health Informatics Service, presented THIS Commercial Strategy to the Committee. The following key facts were noted:

- The overall income stands at £18.57m. 44% of the total income is from external customers and contracts (£8.25m.) 71% of this income (£5.85m) is on a contractual basis ranging from one to seven year contracts. The remaining income (£2.39m) is being achieved through adhoc work.
- THIS operate a margin of 25-30%.
- NPEx has created 149 contracts with every NHS pathology Lab/Trust in England and Scotland. Work is underway to move into Wales and Ireland.
- There are 57 other contracts across primary, secondary and third sector organisations.
- 83% of the total income is generated by the top four contracts.
- Adhoc income is created by procuring equipment on behalf of customers, the setup and implementation fees for NPEx, one off pieces of work for existing customers, one off new customer projects e.g. North East prisons deployment and consultancy services/training.

The Commercial Director continued to note the achievements from 2020/21.

- Last year's income was the highest in THIS history. This year is on target to be even better.
- Successful on boarding of Bradford CCG.

- Roll out to nine North East prisons with Spectrum.
- NPEx being mandated by NHS X for Covid 19 testing, moving from 100K tests per month to 750K per day and now potentially one million tests per hour.
- Supporting customers through Covid vaccine adaptations and roll outs.

It was understood that various challenges have been encountered. Mid Yorks and Leeds have given notice on their service desk agreements for 2021-22. Due to the success of NPEx, Xlab have served notice on the partnership for 2022/23. Covid restrictions could continue to limit delivery of both contractual and adhoc work. Finally, the ICS/CCG restructure could be an opportunity or a risk.

Strategies regarding growth were then presented. The top five contracts will be maintained and improved. They aim to increase in contract values by offering new products and implementing account management. Growth will occur through the existing base by cross selling the current services to the other 17% of contractors. There will be further expansion of the commercial collaboration portfolio - ICS, National Pathology Imaging Collaborative, ISOEC Virtual Smartcards. Overall, the aim is to create new recurrent business from new customers.

These goals will be achieved by ensuring there is a performance management framework for all areas in order to manage by results. The core strengths will be built on. THIS will identify the future of technology for its customers e.g. end user computing, cyber and cloud adoption. Training and support will be given for new core offerings as we adapt. The services and digital position of THIS will be proactively promoted. They will also continue to have a regional presence and be prepared for ICS opportunities.

A new marketing company have been onboarded on a retainer basis. Promotion strategies have been implemented e.g. pay per click, search engine optimisation and public relations. The unique selling points of THIS are being promoted and the current footprint is being reviewed in order to expand. The introduction of Dynamic 365 has begun and this will create tools for customer management, lead generation and conversion. Costs are being controlled and capacity is being measured against performance in order to understand the current utilisation position. Teams are being trained in new areas and there has been a realignment/restructure in order to align the new priorities. In conclusion the two main aims for the next three years are to create a 10% growth in income and continue to contribute to CHFT in excess of £2m per annum.

Further discussion highlighted that the upcoming CCG restructure will also create opportunities for THIS. The Associate Director of Finance noted the successful move of the THIS office to Elland in the last twelve months. It was questioned why NHSIE frequently promote the North East Commissioning Unit and due to this what are they doing that THIS could implement also. It was noted that they are a main competitor along with Daisy Communications. When measured against them it is clear they offer services THIS currently do not, like HR and Finance support. The Managing Director of Digital Health added that these competitors also provide business intelligence, and THIS are not able to bid for some of that work due to the current framework.

Peter Wilkinson, Non-Executive Director, queried why we are not spread further geographically considering the majority of work will be remote. Secondly, could THIS have a larger presence within the private sector. It was noted that THIS do aim to widen their geographic footprint however there are instances where a physical engineer is necessary therefore the opportunity is being explored whilst remaining aware of the potential cost increase. It was understood that the private sector has been investigated and the licensing set up was discovered as a barrier therefore the overall model would need to be adapted for the private sector. This possibility has not been ruled out.

The Chief Executive questioned how THIS see the role of business intelligence (BI) in widening our business offer and opportunities going forward. It was noted that THIS have a capable BI Team however to move this forward as a product we would need to question its transferability to other organisations and whether the team would be confident to interpret and present it to clients. It was agreed that THIS could be missing a key opportunity to profit from giving advice regarding existing systems as this would be a low cost piece of business that creates a high margin. It was explained that consultancy has been offered however to market this as a product resources would need to be committed and this could involve a high set up cost.

The Director of Finance noted that business has been lost with Leeds and Mid Yorks due to the service provided being expensive therefore how will THIS reduce their costs in order to remain competitive going forward. Secondly, due to the success of NPEx, how does the future £2m contribution to CHFT compare to the current contribution. It was understood that work is being done to assess the current costs and reduce them where possible. Regarding the contribution it was noted that it will be lower than normal, and this creates a broader Trust wide cost pressure going forward. The Assistant Director of Performance questioned whether a risk is created by three key individuals driving the Knowledge Portal to which it was explained that work is being done to expand the knowledge base and expertise however at this moment THIS do carry some risk.

The Chair questioned what the key barriers for growth are and what could be done by this Committee and the Board to help break them. It was identified that the ICS/CCG restructure could pose risks or opportunities therefore any information the Board gain on this subject would be appreciated. Expanding the customer network is key therefore if Board members could share their contacts from other organisations this would be helpful also.

The THIS Commercial strategy will go to Board in June. The Committee **SUPPORTED** the strategy and hope to revisit its progress throughout the year.

ACTION: To circulate the THIS Commercial Strategy presentation – **PH, 29/03/21**

GOVERNANCE

041/21

DRAFT MINUTES FROM SUB-COMMITTEES

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

- CCG A&E Delivery Board held 12 January 2021
- Draft Cash Committee held 21 January 2021

- HPS Board held 25 January 2021
- THIS Executive Board held 27 January 2021
- Capital Planning Group held 16 February 2021
- CHFT THIS Contract Review Meeting held 16 February 2021

The Committee **RECEIVED** and **NOTED** the key points of escalation from the Sub-Committees. The Chair highlighted the value of the summary report page.

042/21

WORK PLAN 2020/21

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

It was noted that the Chair and Rhianna Lomas (minutes) will prepare the 2021/22 workplan this month. The Chief Operating Officer noted that reset and business better than usual will be discussed next month however there will be no need to do this monthly going forward, the frequency will therefore be reviewed.

043/21

MATTERS TO CASCADE TO THE BOARD

The following points will be cascaded to Board:

- Health Informatics Commercial Strategy Presentation provided by Mandy Griffin & Peter Howson
- Reports reviewed on 12 Hour Trolley Waits as submitted to Outer Core and Quality Committee
- Details of Covid Vaccination Programme Contractual Obligations and Costs
- IPR - overall performance for Jan at 64.7%, with concerns over Complaints performance, SHMI, Stroke indicators (including data quality), Readmissions, DTOC and Diagnostics
- M10 Financial Performance – on track to deliver full year plan, with potential for underspend
- 2021/22 Planning Update – existing regime to continue for Q1 and possibly Q2; CHFT plan to be developed in stages, with initial 'baseline budget' for 29/3 F&P
- Update BAF Risks assigned to F&P reviewed and agreed

044/21

REVIEW OF MEETING

All agreed that the THIS Commercial Strategy presentation was useful. Overall a number of topics were discussed in depth and noted/approved at this meeting.

045/21

ANY OTHER BUSINESS

The Director of Finance noted that Project Echo is to be discussed rather than approved at the Joint Investment forum therefore further delays are expected. It has also been raised that the financial impact will be covered by the ICS therefore conversations will be held with them. It was suggested at the meeting with regulators that the multi-storey car park may need to be funded rather than by the gain share. The proposal paper will be rephrased, and the Director of Finance will have oversight of this before it is circulated. This paper will document the timeline. The Chief Executive will discuss Project Echo further with the Director of Finance and the Associate Director of Finance to agree tactics going forward.

It was noted that this is Betty Sewell, PA to Director of Finance, last Finance & Performance Committee. The Committee members thanked her for her support and wished her a happy retirement.

DATE AND TIME OF NEXT MEETING:

Monday 29 March 2021, 11am – 2pm, via Microsoft Teams

19. INFORMATION TO RECEIVE

Council of Governors Workplan 2021

Council of Governors Calendar 2021

For Information

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2021

THE STATUTORY FUNCTIONS OF THE COUNCIL OF GOVERNORS

Under National Health Service Act 2006:

- To appoint and, if appropriate, remove the Chair
- To appoint and, if appropriate, remove the other non-executive directors
- To decide the remuneration and allowances, and other terms and conditions of office, of the Chair and other NEDs
- To approve the appointment of the Chief Executive
- To appoint and, if appropriate, remove the NHS Foundation Trust's external auditor
- To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them and the annual report

In preparing the NHS Foundation Trust's forward plan, the Board of Directors must have regard to the views of the Council of Governors.

Under Health and Social Care Act 2012:

- To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors
- To represent the interests of the members of the Trust as a whole and of the public
- To approve "significant transactions" as defined within the constitution
- To approve any applications by the Trust to enter into a merger, acquisition, separation or dissolution
- To decide whether the FT's private patient work would significantly interfere with its principal purpose, i.e. the provision of goods and services for the health service in England or the performance of its other functions
- To approve any proposed increase in private patient income of 5% or more in any financial year
- Jointly with the Board of Directors, to approve amendments to the FT's constitution

	28 Jan 2021	22 Apr 2021	15 July 2021	28 July 2021 AGM	21 Oct 2021	COMMENTS
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	
Declaration of Interests		✓ Receive updated Register of Declarations of Interest			✓ Receive updated Register of Declarations of Interest with new governors	
Minutes of previous meeting	✓	✓	✓		✓	Upload approved minutes to public website
Matters arising	✓	✓	✓		✓	

	28 Jan 2021	22 Apr 2021	15 July 2021	TBC AGM July	21 Oct 2021	COMMENTS
Chair's Report	✓	✓	✓		✓	
Lead Governor Update	✓	✓	✓	✓ (Annual update)	✓	
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register		✓ Receive Register	✓ Receive updated Register of CoG with new governors	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - – Audit & Risk Committee – Finance & Performance Committee – Quality Committee – Workforce Committee – Nomination & Remuneration Committee – Charitable Funds Committee – Organ Donation Committee	✓ Receive update – as appropriate	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update – as appropriate	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 21/22 QA detail.	✓ including quarterly update 3 QA priorities 21/22		✓ including quarterly update 3 QA priorities 21/22✓	

	28 Jan 2021	22 Apr 2021	15 July 2021	TBC AGM July	21 Oct 2021	COMMENTS
		Year end 20/21 quality accounts - Q4				
Updated Council of Governors Calendar	✓ Receive	✓ Receive	✓ Receive		✓ Receive	
REGULAR ITEMS						
Election Process	✓ Agree proposed timetable for election	✓ Progress on elections report		✓ Ratify appointment of newly elected members		
Nominations and Remuneration of Chair and Non-Executive Directors	✓ Receive update on tenures	✓ Ratify decisions of Nom & Rem Committee Meeting	✓ Ratify decisions of Nom & Rem Committee Meeting		✓ Ratify decisions of Nom & Rem Committee Meeting	
Appointment of Chair		✓				
Strategic Plan & Quality Priorities	Receive update: • Notes from BOD/COG Workshop • Quality Accounts	✓ Receive update on progress		✓ Receive updated plan and priorities	✓ Workshop	Review as required
ANNUAL ITEMS						
Annual Plan Submission		✓ Receive Annual Plan (GB, AB)				Details of annual plan review and sign off to be planned once guidance for 2021/22 received – may

	28 Jan 2021	22 Apr 2021	15 July 2021	TBC AGM July	21 Oct 2021	COMMENTS
						require extra-ordinary COG Meeting or COG workshop)
Appointment of Lead Governor		✓ Paper to be presented to discuss election process		✓ Appointment confirmed		
Chair/Non-Executive Director Appraisal	✓ Approve Chair appraisal process	✓ Approve Chair process	✓ Receive informal report			April – Approve process July – Receive report
Constitutional Amendments		✓ Review amendments				Review as required
External Auditors to attend AGM to present findings from External Audit and Quality Accounts				✓ Receive presentation from audit on Accounts and Quality Accounts		
Future Council of Governors Meeting Dates			✓ Draft – meeting dates agreed		✓ Venues confirmed	
Council of Governors Sub Committees					✓ Review allocation of members on all groups following elections NB – Chairs to be reviewed annually	
Council of Governors Self Appraisal of Effectiveness					✓ Self-Appraisal feedback / outcome	✓ Self-Appraisal process to commence July / August 2021
Review Annual Council of Governors Meetings Workplan (this document)		✓ Review			✓ Review any amendments / additions	Review as required

	28 Jan 2021	22 Apr 2021	15 July 2021	TBC AGM July	21 Oct 2021	COMMENTS
Review of Council of Governors Formal Meeting Attendance Register		✓ Receive register prior to insertion in Annual Report				
Quality Accounts	✓ Receive update on Quality Account Priorities					Approval of local indicator for QA agreed at December COG Workshop
Review details of 2021 Annual General Meeting		✓ Review April				
ONE OFF ITEMS						
Review Tender arrangements for Administration of Election Service						Tender due for review April 2020
Appointment of Auditors					✓	Re-tendering of external auditors for 2021/22 onwards
Review progress with annual plan for Membership Strategy		✓			✓ Review	Review as required and no less than every 3 years
Review of Standing Orders – Council of Governors		✓ Review	✓ Review			Bi-annually
Risk Register	✓					

2021 MEETING SCHEDULE FOR GOVERNORS

Meeting Type	Date	Time	Venue
Council of Governors Meeting Attend: All	Thursday 28 January 2021	2:30 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams
Estates & Facilities Services Group Meeting Attend: Alison Schofield - Annette Bell - John Gledhill - John Richardson - Sheila Taylor	Friday 5 February 2021 Cancelled	1:30 pm – 3:00 pm	Via Microsoft Teams
Surgery Divisional Reference Group Meeting Attend: Jude Goddard - Rosie Hoggart - Christine Mills - John Richardson - Chris Owen	Monday 8 February 2021 Cancelled	1:30 pm – 3:00 pm	Via Microsoft Teams
Community Divisional Reference Group Meeting Attend: Stephen Baines - Annette Bell - Lynn Moore - Sheila Taylor - Chris Owen	Tuesday 9 February 2021 Cancelled	1:30 pm – 3:00 pm	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 11 February 2021	3:00 – 5:00 pm	Via Microsoft Teams
Medical Divisional Reference Group Meeting Attend: John Gledhill - Alison Schofield - Linzi Smith – Stephen Baines	Monday 22 February 2021 Cancelled	10:30 am – 12 noon	Via Microsoft Teams
FSS Divisional Reference Group Meeting Attend: Peter Bamber - Annette Bell - Lynn Moore - Sally Robertshaw - Veronica Woollin	Thursday 25 February 2021 Cancelled	2:00 pm – 3:30 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 22 April 2021	2:30 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams

2021 MEETING SCHEDULE FOR GOVERNORS

Joint Board of Directors / Council of Governors Workshop Attend: All	Tuesday 11 May 2021	1:00 – 4:00 pm	Via Microsoft Teams
Estates & Facilities Services Group Meeting Attend: Alison Schofield - Annette Bell - John Gledhill - Sheila Taylor	Thursday 3 June 2021	10:30 am – 12 noon	Via Microsoft Teams
Medical Divisional Reference Group Meeting Attend: John Gledhill - Alison Schofield - Linzi Smith – Stephen Baines	Monday 7 June 2021	1:30 pm – 3:00 pm	Via Microsoft Teams
FSS Divisional Reference Group Meeting Attend: Annette Bell - Lynn Moore - Sally Robertshaw - Veronica Woollin	Wednesday 9 June 2021	10:30 am – 12 noon	Via Microsoft Teams
Community Divisional Reference Group Meeting Attend: Stephen Baines - Annette Bell - Lynn Moore - Sheila Taylor - Chris Owen	Monday 14 June 2021	10:30 am – 12 noon	Via Microsoft Teams
Surgery Divisional Reference Group Meeting Attend: Jude Goddard - Rosie Hoggart - Christine Mills - Chris Owen	Monday 14 June 2021	1:30 pm – 3:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 15 July 2021	2:30 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams
Annual General Meeting Attend: All	Wednesday 28 July 2021	5:30 – 6:30 pm	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 16 September 2021	3:00 – 5:00 pm	Via Microsoft Teams

2021 MEETING SCHEDULE FOR GOVERNORS

Council of Governors Meeting Attend: All	Thursday 21 October 2021	2:30 – 3:15 pm (Private) 3:30 – 5:30 pm (Public)	Via Microsoft Teams
Surgery Divisional Reference Group Meeting Attend: Jude Goddard - Rosie Hoggart - Christine Mills - Chris Owen	Monday 1 November 2021	10:30 am – 12:00 pm	Via Microsoft Teams
Joint Board of Directors / Council of Governors Workshop Attend: All	Friday 19 November 2021	1:00 – 4:00 pm	Via Microsoft Teams
Medical Divisional Reference Group Meeting Attend: John Gledhill - Alison Schofield - Linzi Smith – Stephen Baines	Monday 1 November 2021	1:30 pm – 3:00 pm	Via Microsoft Teams
Community Divisional Reference Group Meeting Attend: Stephen Baines - Annette Bell - Lynn Moore - Sheila Taylor - Chris Owen	Tuesday 2 November 2021	10:30 am – 12 noon	Via Microsoft Teams
Estates & Facilities Services Group Meeting Attend: Alison Schofield - Annette Bell - John Gledhill - Sheila Taylor	Wednesday 3 November 2021	1:30 pm – 3:00 pm	Via Microsoft Teams
FSS Divisional Reference Group Meeting Attend: Annette Bell - Lynn Moore - Sally Robertshaw - Veronica Woollin	Thursday 4 November 2021	10:30 am – 12 noon	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Tuesday 14 December 2021	12:30pm – 4:30pm	Via Microsoft Teams

20. Any Other Business

To Note

21. DATE AND TIME OF NEXT MEETINGS:

Council of Governors Meeting

Date: Thursday 15 July 2021

Time: 3:30 – 5:30 pm (Private meeting
2:30 – 3:15 pm)

Venue: Microsoft Teams

Joint Board / Council of Governors Annual
General Meeting

Date: Wednesday 28th July 2021

Time: 5:00 – 6:30 pm

Venue: Virtual via Microsoft Teams

To Note

Presented by Philip Lewer