One Culture of care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Annual Report Summary 2020/21

A YEAR Like No Other

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compassionate care

Calderdale and Huddersfield NHS Foundation Trust

Annual Report and Accounts

2020/21

Presented to Parliament pursuant to Schedule 7, Paragraph 25 (4) (a) of the National Health Service Act 2006.

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4. Annual accounts for the period 1 April 2020 to 31 March 2021

1. Chair's Statement

This time last year the first lockdown had just begun and I said no one knew what really lay ahead. Now we do and there just aren't words.

It's been a year when Covid-19 has dominated every news bulletin and headline around the world. A year when, in the UK, sadly more than 100,000 people were to lose their lives to a horrendous virus, and my thoughts go to all local families who have been bereaved and are still grieving.

It was a year like no other for everyone in the NHS. Everything changed for everyone here at Calderdale and Huddersfield Foundation Trust, (CHFT) and who knows if it will ever go back to how it was.

What I do know is that here at CHFT my 6,000+ colleagues have been simply outstanding. Going above and beyond is a phrase which can be over-used but not this past year.

As teams, they have had to work gowned-up and masked-up from head to foot for entire shifts. Some have retrained and relocated so they could support colleagues in our Intensive Care Units and respiratory wards and still don't know when they'll be back with their old teams doing what they used to do.

As individuals too they've been amazing. One cycled 10 miles through snow to come in to help discharge our well patients so we had more beds for Covid-19 patients. A driver covered 500 miles in a single night to collect PPE in time for the start of the next day's shift. One nurse recovered from Covid-19 and as soon as she could she went straight to donate plasma to help treat others.

They've been so good the BBC filmed one of the early Thursday night claps for carers from Calderdale Royal Hospital, such has been the outpouring of love, support and recognition by the local community for everything they have been doing.

Further down the line they've come back in from their retirement and ditched their annual leave to join the incredible vaccination teams. December 28 was a big day for CHFT. It was the day the first vaccines arrived and since then, working seven days a week, they've notched up an incredible 40,000 jabs keeping everyone safe and protected.

It's been a real journey together for us all. Yet, knowing the dedication and commitment of my colleagues, I always knew that whatever the pandemic was going to throw at us we would come through this together too. Since I joined CHFT it's been an ongoing pleasure, inspiration and privilege to see everyone working together so hard for our patients and their families.

Thank you. It can't be said enough or will never be more heartfelt as we end 2020/21 and head, hopefully, into better times for us all and our families at work and at home. On behalf of our patients and our local communities, thank you.

Philip Lewer, Chair

Regards

Philip Lewer, Chair

Team celebrate giving 40,000th Covid-19 vaccine.

2. PERFORMANCE REPORT

Overview of performance

Statement from the Chief Executive

"Colleagues - your efforts this year will never be forgotten."

I start this opening statement with a pledge from the heart to my 6,000+ colleagues here at CHFT who have been working throughout this dreadful pandemic putting care for their patients ahead of thoughts for themselves and all in the line of duty. That is something I will remember for always and I pledge to ensure everyone else does too. I also want to thank the families and loved ones of my CHFT colleagues as without your support these last several months, life would have been virtually impossible for many of us.

We talk a lot in our Trust about our desire to be a place which practises One Culture of Care and although this is not always the feeling for everyone, we will build on our recent lived experience to make sure we continue to look after each other at work with the same compassion that we have for looking after our patients.

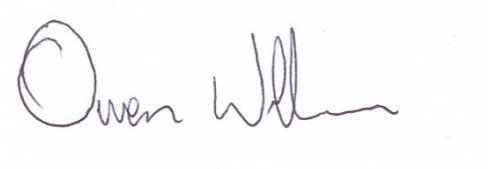
Looking forward, we will prioritise looking after the mental health and wellbeing of our patients and colleagues alike. We will also seek to embed the completely new ways of working that we have developed across our physical NHS sites as well as through remote working at home, which have now become a regularised part of our existence.

I would like to pay homage to the work of our partners in local government, clinical commissioning, mental health, police, utility companies, independent sector, and taxi firms and many more who have all played their part in patient care and literally keeping the lights on in these dark times.

Working alongside local people, patients, colleagues, and our partners, we are keen to make our services as accessible as possible and this includes meeting the challenge of addressing the significant backlogs in care we are facing because of the pandemic. We will achieve this but only through working together to get results which we are determined to do.

Subject to planning decisions, we will be keen to start work on the A&E developments at the Huddersfield Royal Infirmary site, which will be important in terms of securing services for many years to come at this location. We will also align this with our digitalisation ambitions to ensure that care closer to home is developed further and that our approach to care is done in a way that reduces health inequalities. We are fully committed to a trajectory which moves us and the communities we serve towards health equity.

So, I end looking ahead with optimism but cannot close without another reference to everything which has happened this past year. This Trust and its partners have risen together to the challenge of providing safe, quality care with compassion for our patients and their families through the worst pandemic for 100 years. As I said at the top – "I will ensure it will never be forgotten".



Dr Owen Williams OBE

Chief Executive

Performance Report: Performance Overview

The purpose of this overview section of our Annual Report is to provide a short summary of the Trust, our purpose, history, the key risks to the achievement of our objectives and our performance during the year.

Introduction to Calderdale and Huddersfield NHS Foundation Trust

Our purpose and activities

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

The principal location of business of the Trust is:

Trust Headquarters, Huddersfield Royal Infirmary, Acre Street, Lindley, Huddersfield, West Yorkshire HD3 3EA

In addition, the Trust has the following locations registered with the Care Quality Commission:

- Calderdale Royal Hospital, Salterhebble, Halifax, West Yorkshire, HX3 0PW
- Todmorden Health Centre, Lower George Street, Todmorden, West Yorkshire, OL14 5RN
- Broad Street Plaza, 51 Northgate, Northgate, Halifax, West Yorkshire, HX1 1UB

The Trust is registered with the Care Quality Commission without conditions and provides the following regulated activities across the stated locations:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening services
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Nursing care
- Surgical procedures
- Termination of pregnancy
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Calderdale and Huddersfield NHS Foundation Trust is an integrated trust. It provides acute and community health services. The Trust serves two populations; Greater Huddersfield which has a population of 245,000 people and Calderdale with a population of 220,000 people. The Trust operates acute services from two main hospitals; Calderdale Royal Hospital and Huddersfield Royal Infirmary and staff provide care from our community sites, health centres and in our patients' homes.

We provide a range of services including urgent and emergency care; medical; surgical; maternity; gynaecology; critical care; children's and young people's services; end of life care and outpatient and diagnostic services.

We provide community health services, including sexual health services in Calderdale from Calderdale Royal Hospital and local health centres. These include Todmorden Health Centre and Broad Street Plaza.

The Trust has approximately 650 beds open. We employ approximately 6,400 colleagues (including Calderdale and Huddersfield Solutions Limited) and have almost 300 volunteers. In 2020/21 we cared for more than 80,000 men, women and children as inpatients (who stayed at least one night) or day cases. There were also over 347,000 outpatient attendances; over 125,000 accident and emergency attendances and just over 4,500 babies delivered. There were some 273,000 adult services contacts by our community teams as well as almost 55,000 contacts with our therapy services.

Our history

The Trust was formed in 2001 combining hospitals in Halifax and Huddersfield to deliver healthcare for the populations of Calderdale and Huddersfield. Calderdale and Huddersfield NHS Foundation Trust is a statutory body, which became a public benefit corporation on 1 August 2006 following its approval as a NHS Foundation Trust by the Independent Regulator of NHS Foundation Trusts (Independent Regulator) authorised under the Health and Social Care (Community Health and Standards) Act 2006 (the 2006 Act). As a Foundation Trust we have the freedoms to develop and invest in our services to make sure they are tailored to the best needs of our local patients. Our governors and members ensure that we are accountable and listen to the needs and views of our patients.

Since 2001 we have expanded beyond our hospital-based services and we now also provide a range of community services in Calderdale to meet the changing healthcare demands of our population. In 2006 maternity and surgical services were reconfigured to provide obstetric maternity care and most children's inpatient services on the Calderdale site and trauma surgery on the Huddersfield site. Stroke care was also centralised on the Calderdale site. In 2015 we opened our state of the art outpatients centre in Acre Mills in Lindley, Huddersfield and won the tender to provide sexual health services in Calderdale in a joint bid with the Calderdale GP Federation. During 2017 cardiology and respiratory services were co-located at Calderdale Royal Hospital and all elderly medical services were moved to Huddersfield Royal Infirmary alongside a new frailty service which now operates on both sites. In 2018/19 our acute stroke service was delivered from the Calderdale site. During the winter of 2019/20 we piloted a discharge lounge to support improved patient flow and introduced a same day discharge unit to support frail patients. During 2020/21 the Trust adapted its service delivery in response to the Covid-19 pandemic.

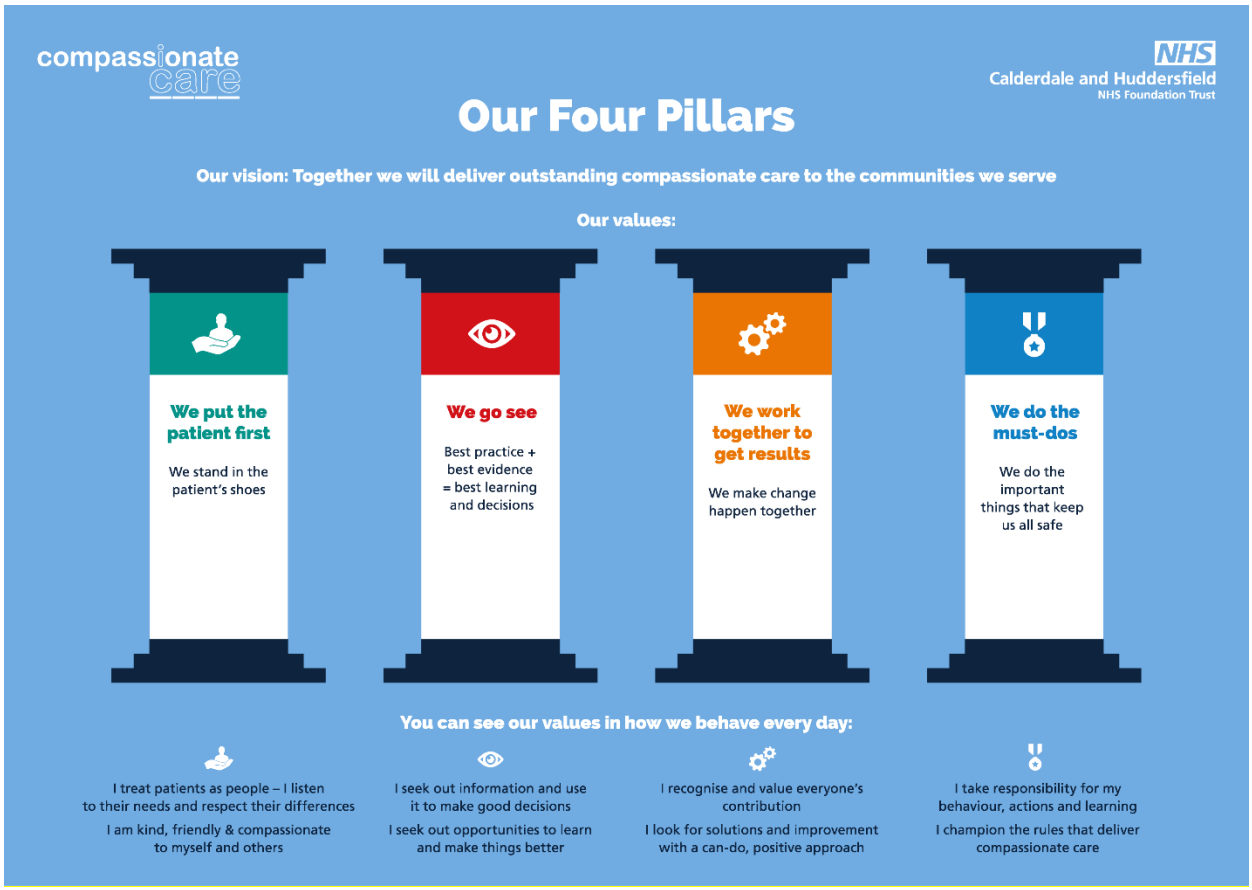
Community Matron Kim Scarlett out and about visiting patients

Our vision and values

Our vision for Calderdale and Huddersfield Foundation Trust is:

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

This is supported by the Trust's values, the four pillars of behaviour that it expects all employees to follow and which are embedded into the organisation so that every member of staff understands their responsibilities. These are:



Our goals

In July 2020, the Board of Directors agreed the One Year Plan which described the four goals of the Trust for a 12 month period. This set out the key areas of delivery to support the achievement of each of the goals described in the table below.

2020 / 21 One Year Strategy				
Our Vision	*Together we will deliver outstanding compassionate care to the communities we serve*			
Our behaviours	We put the patient first / We go see / We do the must dos / We work together to get results			
Our goals (The result)	Transforming and improving patient care	Keeping the base safe	A workforce for the future	**Sustainability**
	Implement a programme of transformation based on learning from the COVID-19 pandemic to deliver 'Business Better than Usual'. (AB)	Stabilise the delivery of services in response to the COVID-19 pandemic to minimise the loss of life and protect colleagues safety. (OW)	Develop and implement flexible recruitment and redeployment processes to improve our skill mix and improve our vacancy rate for Nurse staffing and specialist medical roles, thus retaining a turnover below 10%. (SD)	Deliver the 20/21 regulator approved financial plan. (GB)
	Trust Board approval of reconfiguration business cases for HRI and CRH. (AB)	Maintain the Trust CQC overall rating of 'good' and increase the number of services achieving an outstanding' rating. (EA)	Develop an approach to talent management that further embeds our approach to succession planning, whilst maintaining fair and equal opportunities of employment, resulting in an increased number of internal promotions. (SD)	Demonstrate improved performance against Use of Resources key metrics. (GB)
	Progress implementation of the Trust's Clinical Strategy working with partner organisations across West Yorkshire. (DB)	Involve patients and the public to influence decisions about their personal care and improve patient experience by: • responding to the needs of people from protected characteristics groups • implementing "Time to Care". • achieving patient safety metrics (EA)	Roll out our Leading One Culture of Care and Management Essentials programme to support managers to successfully lead their teams. (SD)	Trust Board approval of a 10 year sustainability plan to support reduction in the Trust's carbon footprint. (SS)
	Trust Board approval of a 5 year digital strategy supported by an agreed programme of work and milestones. (MG)	Develop an outcome based performance framework and deliver against key metrics. (HB)	Develop an approach to inclusive recruitment panels and assessment processes to ensure a senior management team that reflects the diversity of the workforce. (SD)	Collaborate with partners across West Yorkshire and in place to deliver resilient system plans. (AB)
	Use population health data to inform actions to address health inequalities in the communities we serve. (OW)	Deliver the actions in the Trust's 2020/21 Health and Safety Plan. (SD)	Assign a wellbeing champion to each Ward/Department/Service to improve our health and wellbeing of colleagues, resulting in an improved health and wellbeing score in the annual staff survey. (SD)	

Further detail on how the Trust has progressed these goals is provided in the Performance Analysis section.

Key issues, risks and opportunities

The Trust has mechanisms in place to manage risk, supported by the Trust governance structure, risk management strategy and policy and risk appetite. Further details can be found in the Annual Governance Statement which describes our risk management processes in detail.

As stated above, in July 2020 the Board of Directors agreed the annual plan – setting out its key areas of delivery for year one of a new 10 year strategy agreed at the Board in March 2020. The plan aims to achieve the Trust vision of *'Together we will deliver outstanding compassionate care to the communities we* serve' and is built around the four goals of:

- Transforming and improving patient care
- Keeping the base safe
- A workforce for the future
- Sustainability

Key issues and risks 2020/21

The principal risks the Trust faced in 2020/21 in achieving the four goals detailed above are described in the Board Assurance Framework, a tool to assure the Board about the achievement of strategic objectives. The risks are detailed in the table below.

Board Assurance Framework risks to our goals - year ending March 2021

Transforming and improving patient care risks
The Trust does not secure approval of the Hospital Services Reconfiguration Strategic Outline Case, Outline Business Case and Full Business Case resulting in being unable to progress changes to improve quality of care, workforce resilience and mitigate estates risks.
The Trust will be unable to deliver appropriate services across seven days resulting in poor patient experience, greater length of stay and reduced quality of care.
The Trust does not listen, involve and engage patients and the public to influence decisions about their personal care, delivery and improvement of services, and people from black, minority ethnic groups and all other protected characteristic groups receive suboptimal care due to lack of , capacity and capability to respond in a meaningful way to patient and service user feedback resulting in services not being designed using patient recommendations.
Risk of not delivering the ambitions in the Trust clinical strategy due to lack of collaboration due to lack of time, commitment, relationships and absence of shared vision, resulting in missed opportunities in terms of quality, efficiency, capacity, patient experience and workforce.
Risk of not securing appropriate investment to fund the Digital Strategy ambitions, ensuring infrastructure and technology is up to date and future proof due to funding not being available locally and nationally impacting on workforce efficiency and patient experience.
Risk that the Trust does not embed learning from experience during the Covid-19 Pandemic to inform future delivery models and sustain the examples of positive and accelerated service transformation, resulting in the Trust not being able to stabilise the future delivery of services and missing opportunities for improvement in the quality, experience and efficiency of service delivery.
Risk of slow progress addressing health inequalities in the 20% of the most deprived patients in our communities, due to incomplete data, mismatch between service and deprivation, lack of quality priorities to advance health equity and health prevention, ineffective partnership working resulting in the Trust not reducing health inequalities for our most vulnerable patients with protected characteristics.

Keeping the base safe risks
Patients do not receive high quality, safe care due to poor compliance with internally and externally set standards on quality and safety resulting in patient harm or poor patient experience.
The Trust does not deliver the necessary improvements required to achieve full compliance with NHS Improvement resulting in enforcement action.
Failure to achieve local and national performance targets resulting in patient harm, poor patient experience or enforcement action.
Failure to maintain current estate and equipment and to develop a future estates model due to lack of available capital or resources resulting in patient harm, poor quality patient care or regulatory enforcement.
Risk of not maintaining the Trust Care Quality Commission (CQC) overall rating of good and increasing the number of services achieving an outstanding rating due to failure to comply with regulatory standards resulting in a reduction of quality of services to patients and an impact on reputation.
Non-compliance with the Health and Safety at Work Act and regulations due to lack of clarity on roles resulting in harm to staff, patients, the public, visitors, potential regulatory failure and reputational damage.
Risk that services are unable to maintain current levels of Covid-19 capacity or respond to surges in Covid-19 demand and non-Covid-19 patients, non-elective, elective and urgent have delays to treatment due to limitations on capacity. Both risks may result in patient harm, loss of life and colleagues not being protected. There is also the potential for an adverse impact on health inequality.

A workforce for the future risks
Medical staffing - not being able to deliver safe and effective high quality care and experience for patients due to insufficient medical staff caused by an inability to attract, recruit, retain, reward and develop colleagues.
Nursing staff - not being able to deliver safe and effective high quality care and experience for patients due to insufficient nursing staff caused by an inability to attract, recruit, retain, reward and develop colleagues.
Not attracting or retaining colleagues who are confident and competent to provide compassionate care to patients and compassionate and inclusive leadership to colleagues.
Risk of not appropriately engaging all colleagues across the Trust and a failure to embed the behaviours of the organisation due to a lack of robust engagement mechanisms.

Sustainability risks
The Trust will not secure sufficient capital funding to maintain facilities over the longer term and meet safety and regulatory standards resulting in patient harm and regulatory intervention.
Risk that the Trust will not deliver external growth for commercial ventures resulting in potential lost financial contribution.
Risk re: longer term financial sustainability of the Trust (as a going concern and providing value for money) due to the size of the underlying financial deficit and requirement for central funding support.
Risk of climate action failure resulting in adverse impacts on public health, patients, natural environment and reputation.

Financial sustainability

The financial context within which the Trust operates, and the underlying deficit position reflect continued challenges of dual provision of services across two sites, maintenance costs of ageing infrastructure and Private Finance Initiative contractual commitments. These have been overlaid in 2020/21 by the costs of managing the Covid-19 pandemic although this has been supported by national changes to the funding regime in year.

In 2021/22 the Trust will need to exit from Covid-19 costs alongside managing the resources required to address clinical activity backlogs. For the first half of 2021/22 the national changes to the financial framework put in place to deal with the pandemic will remain in place. Beyond this the Trust will seek to return to a financial improvement trajectory in line with regulator expectations. The Trust is also planning to continue to invest in information technology, medical equipment and essential estate schemes in 2021/22. The total capital expenditure is circa £19m.

The plan is mindful of the collaborative work of the West Yorkshire Integrated Care System and West Yorkshire Association of Acute Trusts. New models of service delivery working with partners continue to be developed to deliver sustainable services in the future. The Trust's own plans for service reconfiguration aim to deliver clinical and financial sustainability in the longer term. The Trust received approval in 2019/20 of the Strategic Outline Case for reconfiguration and continues to progress the business case against which £197m has been earmarked by the Department of Health and Social Care.

Key issues and risks and opportunities for 2021/22

The Annual Governance Statement within the Accountability Report in this Annual Report provides further details on the risks and challenges facing the Trust in 2021/22 including those arising from the management of the Covid-19 pandemic, as well as opportunities.

In brief, during 2021/22 challenges are expected in relation to waiting times and treatment delays as a consequence of the Covid-19 pandemic, the overall levels and the health and well-being of the workforce and finances, due to exiting from Covid-19 costs and delivering the clinical activity backlog and recovery of services. Progress with the Trust strategic objective for 2020/21 relating to patient and public involvement was

hindered by the Covid-19 pandemic. The Trust's reconfiguration programme timetable was adjusted due to the impact of Covid-19 but this has not impacted on the overall programme.

Opportunities include learning from new ways of working in the pandemic and the longer term benefit of these through a Business Better Than Usual Programme.

There is an opportunity for acceleration of digital appointments and development of expertise in health inequalities data capture to inform stabilisation and reset planning and address any systemic issues that may have led the Trust and its system partners to exacerbate health inequalities.

New ways of working and development of new multi-disciplinary workforce models also present an opportunity for workforce transformation.

Going Concern

The accounting concept of Going Concern refers to the basis on which an organisation's assets and liabilities are recorded and included in the accounts. If an organisation is a going concern, it is expected to operate and not go out of business or liquidate its assets in the foreseeable future.

For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is evidence of going concern.

The Trust Board has assessed whether it is appropriate to prepare the accounts on a going concern basis in this context.

The following has been taken into account:

- The ongoing requirement for health services, such as those provided by the Trust, is set out in legislation including the Health Act and Health and Social Care Act
- The West Yorkshire Integrated Care System long-term plans incorporate the continued provision of the services provided by the Trust.
- The Trust has its own long-term plans, as outlined in the business case for reconfiguration of services which have the support of NHS England / NHS Improvement (NHS E/I).

Based on these indications the Directors believe that it remains appropriate to prepare the accounts on a going concern basis.

Working together - driver Richard Hinchliffe drove through the night to collect PPE (personal protective equipment)

Performance Analysis 2020/21

How we measure performance

Like all Trusts, Calderdale and Huddersfield NHS Foundation Trust is under enormous pressure to meet the health care needs of a growing and diverse population, alongside great changes to the infrastructure of the NHS and the unprecedented times of a pandemic. The Trust provides hospital services to both Calderdale and Huddersfield and community services in Calderdale.

The Trust's performance against a range of national targets and standards is assessed and reported internally and externally. These measures include the regulatory measures of 4-hour emergency care standard; cancer referral targets; infection control standards; staffing levels as well as many other quantitative and qualitative standards including patient experience, workforce measures such as sickness and safety metrics including harm free care. This integrated approach to performance ensures all elements of care and service delivery are balanced.

The monthly Integrated Performance Report (IPR) is provided to the Board, to support it in its role of holding Executive Directors to account for the Trust's performance. A formal Trust Board is held bi-monthly.

This is informed by a detailed review at divisional and executive level prior to the Board meeting.

The monthly IPR is shared with all relevant sub-committees for their agendas.

Underpinning data quality assurance systems have significantly developed with continued improvements to the data quality systems and processes.

The Trust has in place policies to assure the Board on a range of issues to ensure quality care is provided to patients. Systems and processes are in place to assure data accuracy and validity into the Board ensuring there is robust ward to Board assurance on the quality of care we deliver. Policies and Standard Operating Procedures to this effect are reviewed on a regular basis.

The Trust Data Quality Board has provided assurance that the performance data used within the Trust and reported by the Trust is of a high standard, which reports to the Audit and Risk Committee with escalation into a weekly meeting of Executive Directors as appropriate. A Data Quality Group, which meets monthly and reports into the Data Quality Board, focuses on specific data quality measures from both a corporate and service position.

The recently approved Data Quality Policy relates to all areas of data produced by the Trust.

High quality data is a fundamental requirement for Calderdale and Huddersfield NHS Foundation Trust (CHFT) to conduct its business efficiently and effectively. It enables the delivery of the Trust's four pillars and is central to the Trust's on-going ability to meet its statutory, legal, financial, and other contractual requirements.

Programme of Deep-Dives

To improve assurance around performance and data quality there is a formal programme of deep-dives across the key performance indicators (KPIs) within the IPR. There are currently approximately 100 metrics across the CQC domains which are reported at each Board Committee.

The deep-dives provide the Board with assurance on KPIs that regularly achieve target (Green RAG rating) and an understanding of the challenges of those that are currently missing their target (Red RAG rating) with a focus on learning and improvement.

A 12-month programme has been established which is refreshed annually. Audits are reported to the Executive Board via the Data Quality Board on a monthly basis with the green KPIs identified proactively based on previous performance and the reds identified on publication of the IPR.

Deep-dives are further supported by the 'Go See' pillar, either for colleagues to visit areas under review to talk to colleagues or for visits by colleagues in those areas to learn from others either internally or externally.

Performance Management Framework

The Trust IPR consists of a Performance Summary and for each domain there is exception reporting where adverse performance is observed. The report is presented with variances, trends over the last 13 months and benchmarking information to illustrate areas of good and adverse performance. NHS Executive/ NHS Improvement's Oversight Framework is one key source of performance measures but also included are key metrics which the Trust would like to focus on derived from the Trust's strategy and operational priorities.

The Trust IPR supports the work of various Board Committees. The quality domains are the focus of the Quality Committee, the workforce domains the focus of the Workforce Committee and the responsive, finance and efficiency domains are reported into Finance and Performance Committee which also looks at the overarching performance position. In addition, Divisional IPRs are also produced in a similar format which also show directorate level with current month and year to date indicators.

The production of the Divisional IPRs ensures the timely flow of information, prompt escalation and a 'golden thread' from ward to Board. Directors hold a bi-monthly Performance Review Meeting with each Division. These are the single point for all performance related discussions with Divisions allowing for the triangulation of the various domains.

This forum provides the Executive Team with the opportunity to gain assurance that Divisions are formally monitoring and managing all areas of performance, holding the Directorates to account for delivering all necessary corrective actions. The meetings provide a formal opportunity for Divisions to share successes, concerns, escalate risks and work through complex issues.

The Divisional Performance Review Meetings enable robust discussions to take place on performance issues where assurance is a concern, with a focus on root causes and

solutions (rather than symptoms). The required recovery plans, resources and support are agreed at the performance review meetings and risks and issues are escalated to the Board, by exception, appropriately.

A similar performance management framework is used within the Divisions for management of departments and services that covers the full set of domains.

Areas of outstanding performance are highlighted through Divisional Performance Review Meetings and associated Committees including the Council of Governors forum.

The Performance Summary for March 2021 on page 26 shows a split by domain of Trust performance during 2020/21. Trust performance was good throughout the year with not one single domain showing a 'red' (< 50% performance) during this time period.

Our performance

Calderdale and Huddersfield Foundation Trust has an excellent track record in the delivery of safe and timely access for patients across all pathways.

The Trust began to see the impact of Covid-19 on a number of its access metrics in March 2020 and as it made changes to the services that were offered including closing to all routine referrals.

However, referrals already received were clinically reviewed and, if urgent, were offered a non-face to face appointment where possible or face to face if needed. Cancer two week wait (2WW) referrals and other Urgent referrals including Urgent Advice and Guidance continued via the national electronic referral system with all these urgent referrals clinically triaged on receipt. The Trust was closed to routine diagnostics; MRI, Echo, Neurophysiology and ultrasound but continued to offer capacity for urgent diagnostic referrals.

Working with local GPs and Commissioning Groups the Trust opened up for routine referrals in May 2020 ensuring a single repository for demand across the local system; whilst not offering appointments this minimised the risk of missed referrals.

Plans were put in place through Phase 3 stabilisation and reset setting out expectations of activity reset from August 2020 through to March 2021. However, the onset of the second and subsequent third wave of Covid-19 wave meant that these plans had to be put on hold.

The response to the pandemic has been robust, timely and aligned with the core values and behaviours of the organisation. As we see Covid-19 activity reduce, the vaccine roll-out progress and local prevalence stabilise, it is now time to refocus our capacity to those patients who are waiting to access care. This will require the same level of planning at pace, execution and governance as the initial response to the pandemic.

We have developed a recovery framework which seeks to build on our successful track record of delivery with the aim of managing recovery at pace. This will require more focus on prioritisation, health equality and the wider patient experience with a reduction

in variation within and across specialties. The foundation for this remains the Trust's four pillars.

Calderdale and Huddersfield NHS Foundation Trust has continued to perform well in its key metrics during 2020/21 despite the Covid-19 pandemic. Cancer performance was excellent throughout the year culminating in all targets being achieved during March 2021. Nationally the Trust had the second-best performance for Cancer 62 day referral to treatment.

Although the Trust missed the Emergency Care 4-hour standard during 2020/21 it has benchmarked extremely well nationally. When the two key metrics (Emergency Care and 62 day Cancer) are considered together the Trust was placed second out of 109 acute organisations and continues to be one of the top performing large acute Trusts in the country.

This excellent performance against the key regulatory national targets in the face of significant challenges is shown in the table below. The Trust's performance is a reflection of the adoption of the four pillars approach across CHFT.

The Trust exceeded or equalled its performance in all quarters compared to 2019/20 in all its cancer standards with the exception of 62 day screening and 31 day subsequent surgery and diagnostic waiting times, all as a direct consequence of Covid 19.

The Trust has continued to monitor around 100 key performance indicators across the six CQC domains to measure its performance and benchmark against all West Yorkshire Trusts and also Trusts nationally, and for the second year in succession has ensured no domain has scored red (< 50% achievement).

The Trust provided safe, compassionate care for all its patients with a high level of patient satisfaction.

Table: Performance against key national regulatory targets for 2020/21

Indicator	Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
Total time in Emergency Department (ED) under 4hrs	>=95%	94.36%	91.09%	83.12%	87.42%
% Diagnostic Waiting List Within 6 Weeks	>=99%	46.98%	50.73%	61.05%	73.76%
Referral to Treatment Time, % Incomplete Pathways <18 Weeks	>=92%	n/a*	n/a*	n/a*	n/a*
Cancer 2 week wait (all)	>=93%	98.63%	98.75%	98.82%	98.70%
Cancer 2 week wait Breast Symptomatic	>=93%	98.66%	98.43%	97.91%	97.06%

Cancer 31 days from diagnosis to first treatment	>=96%	98.50%	98.62%	97.18%	98.11%
Cancer 31 days for second or subsequent treatment – surgery	>=94%	88.75%	91.95%	92.77%	90.36%
Cancer 31 days for second or subsequent treatment – drug treatment	>=98%	99.25%	99.32%	100.00%	98.22%
Cancer 62 day wait for first treatment (urgent GP)	>=85%	90.97%	92.01%	91.52%	91.30%
Cancer 62 day wait for first treatment (NHS Cancer Screening Referral Service)	>=90%	43.24%	9.09%	83.64%	82.98%

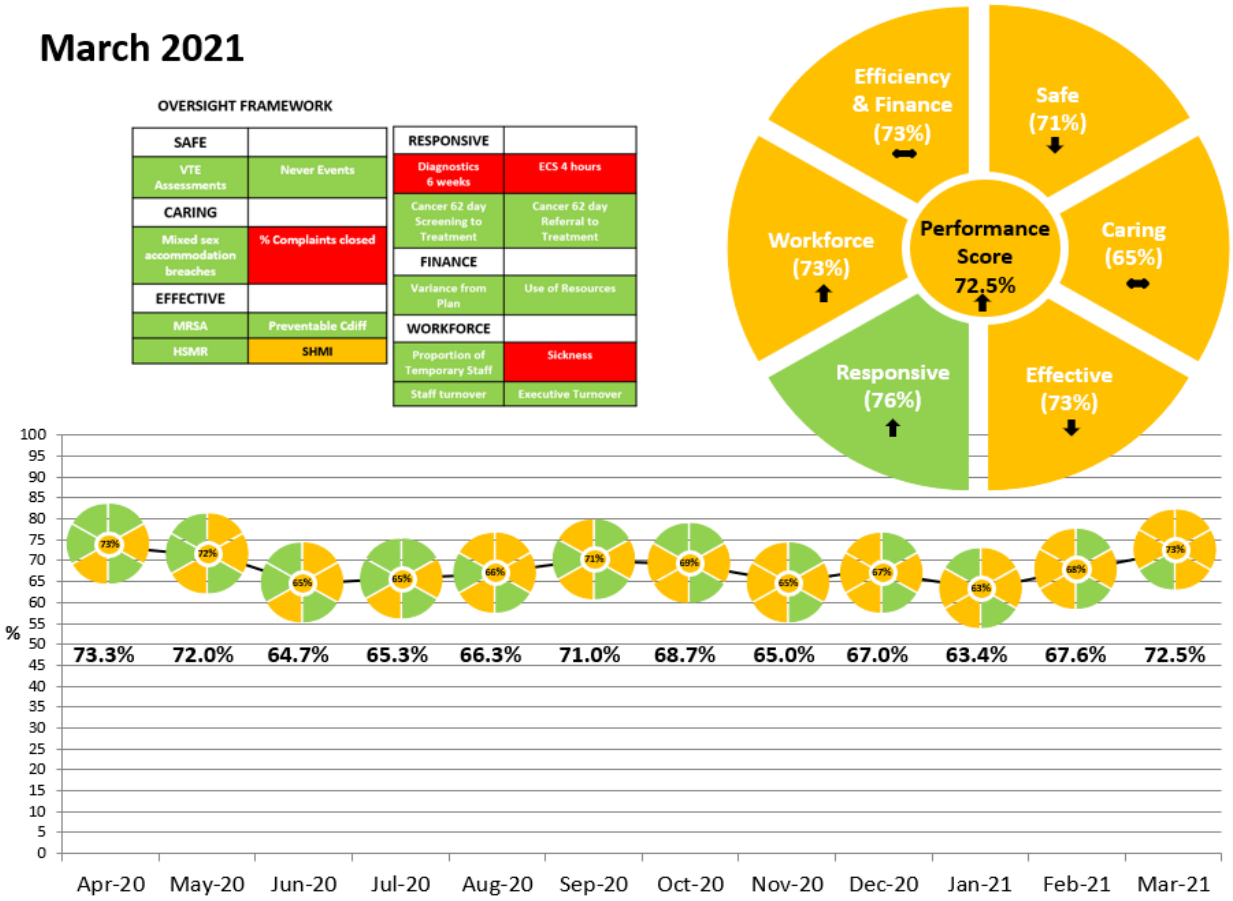
*The field-testing of the Elective Care Clinical Review of Standards (CRS) began on 1st August 2019 and will continue to run through 2021. During this time CHFT are one of 12 field-test Trusts who are not required to report compliance against the existing 18 Week RTT standard. In its place, field-test Trusts will report against an average wait standard.

Emergency Care Standard

CHFT has had significant challenges in the Emergency Care 4-hour Standard during this pandemic year but has improved its performance quarter on quarter against 2019/20 with an overall performance of 89.57%.

Attendance rates almost halved at the height of the first wave of Covid-19 during the first quarter of 2020/21 but began to rise again over the summer months to around 80% of normal rates by the time the second wave arrived as we entered quarter 3. Attendance rates began to fall again until February and finally started to reach a normal level in March 2021.

Performance Summary



Trust actions to promote equality of service delivery

The Health Inequalities agenda has had an increased profile internally and nationally since the onset of Covid-19 with a national focus and the identification of eight urgent actions included in the national stabilisation and reset priorities letter from NHS England/NHS Improvement in July 2020 reinforced in December 2020.

Internally we recognise the importance of this in relation to our current service models, our Elective Recovery Plan and the strategic case for change that is guiding our reconfiguration planning. We are building capacity and capability to ensure we fully understand the Health Inequality agenda and make truly informed decisions by being able to accurately analyse data and interpret feedback in a meaningful way.

Reflecting the complexities of this and the need to learn at pace, the agenda has been split into three patient focussed themes with a director lead for each of them and one workforce theme. The lead Directors will then bring this together to help shape our response and disseminate this learning across the organisation and wider health and social care system. Our Chief Nurse/Deputy Chief Executive is the Executive with overall Board responsibilities for Health Equality.

The three patient-focused themes are:

1. The external environment, how we connect with our communities and use this to inform our business as usual planning and includes digital inclusion [lead Director of Transformation and Partnerships]
2. The lived experience, with initial focus on families accessing our maternity service [lead Chief Nurse/Deputy Chief Executive and Executive lead for Health Inequalities]
3. Health inequalities data and how we use this to compliment clinical prioritisation and our post Covid-19 delivery model for both planned and unplanned care [lead Chief Operating Officer].

In addition to the three patient focussed themes there is also a workforce related programme around health inequalities, diversity and inclusion. It is essential that we have a workforce that reflects our population at all levels, that we are proactive in the planning and support provided to colleagues and that this is reflective of individual needs. Delivering a workforce and organisational development programme around Health Inequalities, diversity and inclusion and ensuring equal opportunities for all. [lead Director of Workforce and Organisational Development].

A single overarching programme will be launched for all four elements.

To support this key agenda, we have built on the excellent data capture of ethnicity and other Health inequalities data with an ever evolving section in our Knowledge Portal+. Through this we can identify the patients who require access in line with the agreed priorities and monitor delivery of these.

A small Clinical Reference Group has been established to work through any potential health inequality issues in relation to the backlogs and overall waiting lists. This will include developing models that better align with the needs of patients where health inequalities are identified or start to emerge and will include:

- Dedicated capacity for patients who also have a learning disability
- Reviewing pathways for example, isolation and swabbing for patients who are unable to adhere to the guidance to ensure they also receive timely access
- Ensuring communications and models of care can respond to the heightened concerns of BAME patients in relation to their increased risk profile

A Learning Disabilities Improvement Programme has commenced, building on the agreement to prioritise these patients. This includes:

- Ensuring all patients with a Learning Disability have a flag on the electronic patient record (EPR), including children and young people
- Developing a FastTrack pathway from referral to treatment with a patient support navigator
- Working with Locala (provider of Community services in Kirklees) to support patients with dental needs to access CHFT services more promptly
- Raising awareness of the needs of people with a Learning Disability
- Building capacity and therefore resilience in the team involved in the care of patients with a Learning Disability.

As part of the Trust's revised Performance Management and Accountability Framework being introduced in 2021/22, a separate area of the IPR will be dedicated to Recovery and Stabilisation for the period of our Recovery framework, including key indicators

relating to Health Inequalities. This will be for the whole of 2021/22 as a minimum and will include a trajectory for recovery of backlogs based on the agreed Board of Directors' principles and priorities. The modelling work for Outpatients, Inpatients and Diagnostics will form the basis of any trajectory and will ensure that we are clear on what success looks like and can track it as part of our performance management of Recovery.

Referral rates and how activity, both elective and non-elective, and capacity are managed will be crucial to our successful delivery of this unprecedented task and the Trust's credibility in the eyes of our patients and stakeholders.

Performance against our goals

The Performance Overview section detailed our Trust plan for key areas of delivery during 2020 - 2021 to support the achievement of each of the four goals of the Trust which are:

Transforming and improving patient care	Keeping the base safe	A workforce for the future	Sustainability

The Board received a report on progress against each of our objectives to achieve our goals during 2020/21. By March 2021, 15 of the 19 deliverables were rated as either fully completed or on track to be completed. These were:

- we have implemented a programme of transformation based on learning from the Covid-19 pandemic to deliver 'Business Better than Usual'
- we are on track for Trust Board approval of reconfiguration business cases for Huddersfield Royal Infirmary and Calderdale Royal Hospital
- we have progressed implementation of the Trust's Clinical Strategy working with partner organisations across West Yorkshire.
- Trust Board approval of a 5-year digital strategy supported by an agreed programme of work and milestones
- developed an outcome-based performance framework and delivered against key metrics
- delivered the actions in the Trust's 2020/21 Health and Safety Plan
- developed and implemented flexible recruitment and redeployment processes to improve our skill mix and improve our vacancy rate for Nurse staffing and specialist medical roles, thus retaining a turnover below 10%
- developed an approach to talent management that further embeds our approach to succession planning, whilst maintaining fair and equal opportunities of employment, resulting in an increased number of internal promotions
- rolled out our Leading One Culture of Care and Management Essentials programme to support managers to successfully lead their teams
- developed an approach to inclusive recruitment panels and assessment processes to ensure a senior management team that reflects the diversity of the workforce
- we assigned a wellbeing champion to each Ward/Department/Service to improve our health and wellbeing of colleagues, resulting in an improved health and wellbeing score in the annual staff survey
- we delivered the 2020/21 regulator approved financial plan
- we demonstrated improved performance against Use of Resources key metrics

- Trust Board approved a 10-year sustainability plan to support reduction in the Trust's carbon footprint
- we collaborated with partners across West Yorkshire and in place to deliver resilient system plans.

During 2020/21 the monitoring of the use of resources (UOR) score has been suspended by NHS England / NHS Improvement in recognition of the different operational and financial position driven by the Covid-19 pandemic. During the year we worked within the integrated care system financial regime and progressed key workstreams with our West Yorkshire acute hospital Trust partners.

The year-end financial performance from a regulatory perspective is shown below. The Trust Group successfully delivered a £355k surplus against a planned £1.9m deficit. This is an adjusted position from the 2021/22 annual accounts as certain accounting elements are excluded from the regulator's judgement of our performance.

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Adjusted financial performance (control total basis):				Restated
Surplus / (deficit) for the period (annual accounts position)	(9,399)	(338)	(9,551)	(808)
Remove net impairments not scoring to the Departmental expenditure limit	12,670	453	12,670	453
Remove I&E impact of capital grants and donations	(2,247)	(65)	(2,247)	(65)
Remove net impact of inventories received from DHSC group bodies for COVID response	(669)	-	(669)	-
Adjusted financial performance surplus / (deficit)	**355**	**50**	**203**	**(420)**

Four of the deliverables were rated as amber as being 'off-track' at that point (i.e. slightly delayed) but with a clear plan for improvement in place. These areas are expected to be progressed in 2021/22:

- Use population health data to inform actions to address health inequalities in the communities we serve.
- Stabilise the delivery of services in response to the Covid-19 pandemic to minimise the loss of life and protect colleagues' safety
- Maintain the Trust CQC overall rating of 'good' and increase the number of services achieving an outstanding' rating
- Involve patients and the public to influence decisions about their personal care and improve patient experience by:
  - responding to the needs of people from protected characteristics groups
  - implementing "Time to Care"
  - achieving patient safety metrics.

In terms of digital technology, we continue to use technology to improve the way we care for our patients. The Trust was delighted to be one of 23 Trusts chosen nationally as part of the Digital Aspirant Programme (DAP) which supports Digital Transformation by accelerating our transformation plans and strategy to enable us to provide safe and efficient care.

Whilst CHFT is a leader in the use of digital technologies in the provision of healthcare across the UK, further investment is required to both maintain this position but more

importantly to continue to push the boundaries and to deliver further benefits to patients and colleagues. The DAP funding and the funding received from the National Scan4safety programme has provided an additional £9m to our investments plan.

We continue to work with partners across Calderdale and Huddersfield as well as West Yorkshire to develop and deliver high quality, compassionate health care services for our patients. Further detail on partnership working is given in the Accountability Report section.

Sustainability and sustainable development

There have been several exciting developments across 2020/21. This financial year the Trust's Green Plan has received approval from the Transformation Programme Board and was approved at the Board in early May 2021. This strategy comes alongside an ambitious Sustainability Action Plan (SAP) which addresses key themes relating to carbon, biodiversity, waste, recycling and ethical procurement. A newly named Green Planning Committee has been formed to deliver our interventions, which reports into the Transformation Programme Board which oversees key developments across the Trust. The Green Plan replaces the Trust's existing Sustainable Development Action Plan.

We have made some significant progress in determining our carbon baseline and we estimate that between 2013 and 2018 the Trust reduced its emissions by 31% (approximately 6,000 tCO2e). This is a direct result of reduced emissions associated with our electricity supply and a 43% reduction in grid carbon intensity. Further carbon reduction has also been achieved following our procurement of renewable electricity contracts and by investing in LED technology. Work will continue across 2021/22 to further develop our baseline figure. Additionally, Calderdale and Huddersfield Solutions Ltd (CHS) is working to develop a long-term plan for meeting our 2040 target for carbon neutrality.

Sustainability has also been embedded into upcoming Capital projects. All new clinical buildings will work towards BREEAM (Building Research Establishment Environmental Assessment Method) standards to ensure that sustainable design principles are considered. Our aim is to achieve a BREEAM rating of "very good". In addition, a Travel Plan has been developed for the Trust, which promotes active travel and journeys by public transport. A target has also been set to reduce single occupancy journeys by 5% across both hospitals.

CHS has also introduced low / ultra low emission vehicles into its Transport and Estates fleet. A review of electric charging provision is currently underway to ensure that staff, visitors, and members of the public are able to charge their vehicle onsite.

Looking at waste, we have recently appointed a contractor for clinical waste. This has significantly reduced associated transport costs and supported our ambition to invest in local providers. CHS has also increased recycling facilities in our canteens and hospital entrances. An order has also been placed to improve provisions in office areas across the Trust.

We are continuing to engage with key stakeholders and working to align our emerging strategies with local authority plans for sustainability.

Modern Slavery Act 2015

The Trust has a Board approved anti-slavery and human trafficking statement which is published on its website at www.cht.nhs.uk/publications.

Equality, Diversity and Inclusion

Equality, diversity and inclusion activities and principles are fundamental to the Trust's work to improve the experience and health outcomes for everyone in its care. Details of work that has taken place across the Trust between January and December 2020 is published on the Equality and Diversity section of the Trust's website at: https://www.cht.nhs.uk and further information is given within the Staff Report within the Performance Report.

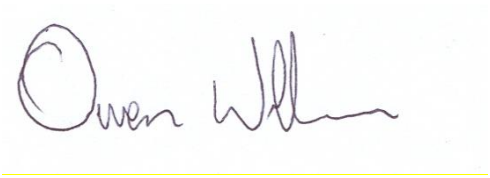
Important events since the end of the financial year 2020/21

There are no important events to note since the end of the financial year 2020/21.

Overseas operations

The Trust has no overseas operational activity and has received £44K commercial income from overseas activity during the year.

Signed



Dr Owen Williams, OBE

Chief Executive

22 June 2021

The whole effort at CHFT won the 2020 Examiner Community Awards Special Achievement Award

3. ACCOUNTABILITY REPORT

Directors' Report

Governance and Organisational Arrangements

The Directors' Report has been prepared under direction issued by NHS England / NHS Improvement, the independent regulator for Foundation Trusts, as required by Schedule 7 paragraph 26 of the NHS Act 2006.

The governance structure of all NHS Foundation Trusts include:

- Public and staff membership
- A Council of Governors
- A Board of Directors

The Trust is fully compliant with the requirements of the NHS Constitution.

Composition of the Board of Directors

The Board of Directors is a unitary Board and brings a wide range of experience and expertise to its stewardship of the Trust. The Board believes that it is balanced and complete in its composition with seven Non-Executive Directors and six Executive Directors with an appropriate balance of clinical, financial, business and management background and skills appropriate to the requirements of the organisation.

All the Non-Executive Directors are considered independent.

Responsibility for the appointment of the Chair and Non-Executive Directors resides with the Council of Governors and should it be necessary to remove either the Chair or any Non-Executive Director, this shall be undertaken by the Council of Governors in accordance with the Foundation Trust's Constitution.

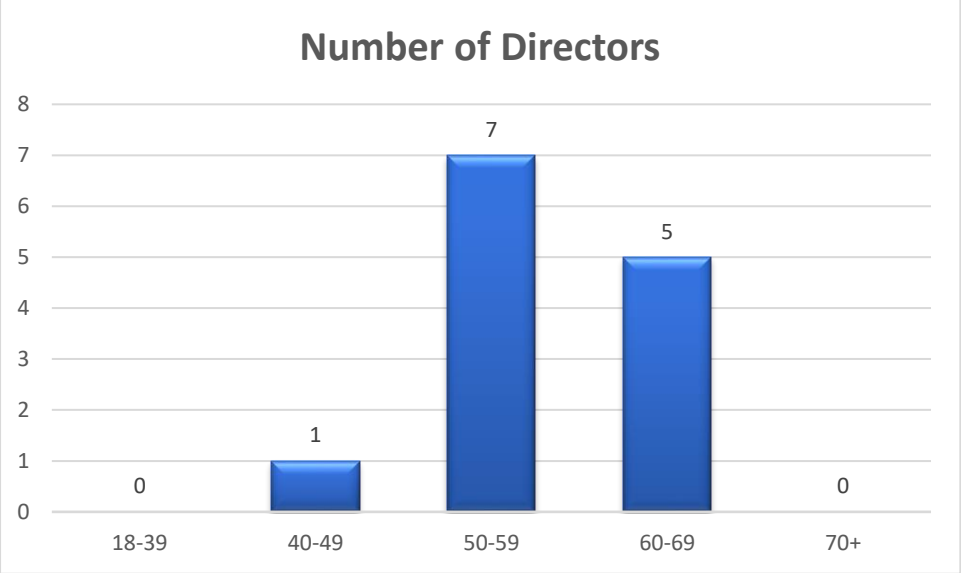
All Board members have confirmed that they are fit and proper persons to hold the office of Director in the Trust and have no declarations to make that would be contrary to the requirements.

At the year end, the Board comprised the Chief Executive plus five Executive Directors, three non-voting Directors and seven Non-Executive Directors, including a Non-Executive Chair, ensuring the balance of power on the Board rests with the Non-Executive Directors.

The gender balance of the Board of Directors as at 31 March 2021 was:

Non- Executive Directors	
Executive Directors	
Non-Voting Directors	

The age profile of the Board of Directors as at 31 March 2021 was:



Biographies of the Board of Directors

Philip Lewer
Chair
Appointed: April 2018
Philip was born in Lancashire and has lived in Yorkshire for over 40 years. His professional career began as a Mental Welfare Officer. He has worked for Bradford Council and was the Group Director for Health and Social Care at Calderdale Council and a Regional Director for the Department of Health where he also served on the government's Standing Commission on Carers. He was chair of 'Mind the Gap' theatre company and a Non-Executive at Calico Housing. He was, until February 2018, Chair of NHS Leeds South and East Clinical Commissioning Group for over 5 years.

Dr Owen Williams OBE
Chief Executive
Appointed: May 2012
Dr Owen Williams OBE has been the Chief Executive of Calderdale and Huddersfield NHS Foundation Trust since 2012 having consecutively served as the Chief Executive Officer of Rossendale District and Calderdale Metropolitan Borough Councils. In 2020 he was granted the degree of Doctor of Business Administration by the University of Huddersfield following the successful completion of his thesis which commenced 6 years previously in 2014. He was also invited by the Board of NHS England / NHS Improvement to Chair a National Task and Finish Group focused on addressing health inequalities in NHS provision and outcomes.

Prior to working in the Public Sector, he worked in commercial business including his first employment at the Yorkshire Building Society. He is passionate about reducing health inequality and ensuring that no communities - regardless of race, colour or creed - get left behind.

Helen Barker
Chief Operating Officer
Appointed: January 2016
Helen joined the Trust substantively as Chief Operating Officer on 1 January 2016; she held a similar post for the previous two years in Bradford having spent her career before that working in acute trusts in West Yorkshire. Helen is a nurse by background and remains committed to providing the best experience possible for both patients and staff. With experience of leading performance improvement and transformational change programmes she brings this expertise to services across the Trust and wider community.

Dr David Birkenhead
Executive Medical Director
Appointed: June 2014
David has been working in the Trust as a Consultant Microbiologist since 2000. He has held a number of senior clinical leadership roles in the Trust and was appointed to the post of Interim Medical Director in June 2014 and then to a permanent post in July 2015. In addition to his medical degrees, David was awarded a Doctorate from the University of Manchester for his research into Campylobacter bacteria. As Medical Director, David shapes and leads the clinical services delivered by the Trust in order to drive the best health outcomes. He is also the Executive lead for Infection Control and the Trust's Director of Infection Prevention and Control.

Current large-scale projects include reviewing how the Trust delivers care across the community and the hospitals, the development of seven day services, and the ongoing implementation and development of an electronic patient record. He is the Medical Director lead for Pathology across West Yorkshire and Harrogate. The Medical Director provides a professional lead for medical staff and, as the Trust's Responsible Officer, makes recommendations to the General Medical Council around medical revalidation. David also takes the lead on education and training, research and development and infection control.

Gary Boothby
Executive Director of Finance
Appointed: November 2016
Gary Boothby has been Finance Director since November 2016. Previously he was the Deputy Director of Finance from March 2016. Gary joined the Trust from the Mid-Yorkshire Hospitals NHS Trust where he had been the Deputy Director of Finance. Gary has over 25 years NHS experience and is both a Chartered Management Accountant and a Chartered Public Finance Accountant.

A large part of his career has been in senior divisional finance roles at both Mid Yorkshire Hospitals NHS Trust and at Pennine Acute Hospitals where there was a strong track record of working closely with clinical teams to deliver both patient improvements and financial efficiencies.

In addition to his role as Finance and Contracting lead, Gary also has responsibility for the Pharmacy Manufacturing Unit and client relationships with Estates and Facilities partners across the Trust.

Ellen Armistead
Executive Director of Nursing/Deputy Chief Executive
Appointed July 2019
Ellen started her career in the NHS as a nursing auxiliary in elderly care settings. She has held a number of leadership positions across the country as both Chief Nurse and Chief Executive in acute and community services. Most recently Ellen was Deputy Chief Inspector of Hospitals with the Care Quality Commission.

Ellen's passion is to ensure patients are at the heart of everything we do and the experiences of those in our care are continuously improving.

Ellen believes the key to providing care to the highest standards in terms of safety and outcomes is ensuring leaders at all levels are developed and empowered to lead with compassion for our patients and colleagues.

Suzanne Dunkley
Executive Director of Workforce and Organisational Development
Appointed: February 2018
Suzanne joined the Trust in 2018 with experience across both the private and public sector in strategic HR roles. Beginning her career at Pinderfields Hospital, Suzanne spent eight years leading a dotcom business before moving into Local Authority and Transport Sectors. Suzanne believes that the role of HR is to spot talent and help it grow, that a great employee experience leads to a great patient experience.

Alastair Graham
Non-Executive Director
Appointed: December 2017
Alastair is the Chair of Calderdale and Huddersfield Solutions, which is a wholly owned subsidiary of the Trust. He is also a member of the Trust's Transformation Programme Board and sits on the Research and Innovation Committee.

Until recently Alastair was the Director of Golden Lane Housing (GLH), a leading UK charity providing housing for over 1,700 people across England, Wales and Northern Ireland. Alastair has helped GLH to develop innovative new ways of enabling people with a learning disability to live and thrive as part of the mainstream community. Prior to this role, Alastair led one of the largest regeneration programmes in the north of England as Director of the Oldham Rochdale Housing Market Renewal Pathfinder. Alastair has also worked in housing in a variety of housing and support roles in London and in Buckinghamshire. Alastair has a degree, a Diploma in Management Studies and the Chartered Institute of Housing Professional Qualification. He has two sons and has lived in Calderdale for the past 26 years.

Karen Heaton
Non-Executive Director
Appointed: March 2016
Karen lives in Hade Edge, Holmfirth and is Director of Human Resources at the University of Manchester where she is responsible for developing and implementing people strategies to support the University's goal to be a world leading research led University by 2030.

Karen has held a number of senior human resource positions across different sectors including the not-for-profit and private sectors. As a member of the Chartered Institute

of Personnel and Development she has operated as a Director of Human Resources for over 25 years and is very experienced in transformational change within complex organisations. Karen is a member of the CBI's employment and skills Board.
Until recently Karen served as a Non-Executive Director of One Manchester and Chair of the Remuneration Committee. She has also served as an independent member of the Prison Service Review Body advising the Government on pay and terms and conditions for staff in the prison service. Karen is Chair of the Workforce Committee at the Trust. Karen is also a member of the Trust's Quality Committee and Nominations and Remuneration committee of the Board of Directors.

Richard Hopkin
Non-Executive Director
Appointed: March 2016
Richard Hopkin is a chartered accountant with 20 years' commercial experience as Finance Director / Company Secretary with two PLCs and a large private company, following 11 years in the accounting profession with a major international firm. He now runs his own business, providing financial consultancy advice, primarily to small and medium-sized enterprises and voluntary sector organisations. Since 2011 he has worked extensively with Age UK on both a local and national level and, until recently, was a Non-Executive Director of a housing association, Derwent Living for several years. Richard is also Treasurer of the Community Foundation for Calderdale. Within the Trust, Richard has been the Senior Independent Non-Executive Director (SINED) and Deputy Chair since January 2020, chairs the Finance and Performance Committee and is a member of the Audit and Risk Committee, the Charitable Funds Committee and the Pharmacy Manufacturing Unit Board. Richard is married with two children.

Andy Nelson
Non-Executive Director
Appointed: October 2017
Andy is an experienced Technology and Business Transformation executive with a successful 30-year track record in Central Government, Management Consulting, Retail and Finance sectors. Key positions held include being the group executive with global responsibility for Strategy, IT and turnaround programmes at RSA Insurance and several large-scale Chief Information Officer (CIO) roles in the private and public sectors including HM Government CIO. Within the Trust he chairs the Audit and Risk Committee and is a member of the Transformation Programme Board. He also chairs the Green Planning Committee, the Security and Resilience Governance Group and attends The Health Informatics Service Executive Board. He is a volunteer with the Princes Trust providing business mentoring to young people. He is married with three grown-up sons and has lived in Barkisland since 1996.

Peter Wilkinson
Non-Executive Director
Appointed October 2019
Peter is a Chartered Surveyor with significant executive level experience for over 30 years at both a Big4 consulting firm and Real Estate firm, where he was an equity partner. Peter has particular expertise in advising on the delivery of business transformation across property, infrastructure & capital projects, leading on programme and project management incorporating wider business teams and stakeholders for both public and private sector clients.

Peter's leadership of organisational wide transformation with solid and practical use of Managing Successful Programmes (MSP), PRINCE2 and Portfolio Management is especially useful as the Trust progresses with its large and complex Reconfiguration of Services at both Halifax and Huddersfield.

Peter currently has his own consultancy business, based in Holmfirth, and has a number of other Non-Executive Director roles and Consultancy commissions across the North of England. He is married with one son and has lived in Holmfirth for over 20 years.

Peter is the chair of the Transformation Programme Board, and attends Finance and Performance Committee, Charitable Funds Committee and Pennine Property Partnership Board.

Denise Sterling
Non-Executive Director
Appointed October 2019
Denise is an Occupational Therapist by profession with 38 years' experience within the NHS and has held a variety of clinical, managerial and professional leadership positions. Most recently until retirement she held the position of Head of Occupational Therapy at the Leeds Teaching Hospitals Trust.

Denise led on the delivery of a wide range of quality improvements in clinical practice with positive outcomes for patients. She believes it is essential that people work together for the best interests of patients and truly listen to patients and the communities served to understand what they need. Denise has worked closely with colleagues across health, social and voluntary sectors to develop and deliver patient-centred health and care services.

A member of the Royal College of Occupational Therapists, Denise has served as Council Member and Chair of the Equalities Committee. Denise has a special interest in education and in an advisory capacity supports local universities in the development and accreditation of undergraduate and post graduate programmes. She is also a Trustee and Chair of the Secondaries Committee for Bradford Diocesan Academies Trust.

Denise is the Chair of the Quality Committee and attends Audit and Risk Committee and Workforce Committee and chaired the Oversight Committee.

Meetings of the Board of Directors

The Board of Directors is responsible for exercising all the powers of the Foundation Trust and is the body that sets the strategic direction, allocates the Foundation Trust's resources and monitors its performance.

The Board has an annual schedule of business which ensures it focuses on its responsibilities and the long-term strategic direction of the Foundation Trust. It meets six times a year to conduct its business. The Board also meets six times a year to discuss matters requiring strategic debate and for training**.**

The Board of Directors met seven times during 2020/2021 including the Annual General Meeting. In April 2020, following Government restrictions and NHS guidance on groups

of people meeting in public, the Trust Chair took the decision to suspend holding Board meetings in public from May 2020. Board meetings continued to be held remotely via digital technology. The Lead Governor was invited to each of the Public Board meetings to represent the Council of Governors and a number of publicly elected governors were invited on a rotation basis. The agenda and minutes have continued to be made available and published on the Trust website for all Board meetings held. From September 2020 the Board meetings have been recorded, with the recordings published on the Trust website.

Attendance at Board of Directors meetings

The attendance of members of the Board during 2020/2021 is given below:

Name	Role	Date Commenced in CHFT	Board of Director Meetings Attended
EXECUTIVE DIRECTORS			
Dr Owen Williams	Chief Executive	14.05.2012	7/7
Helen Barker	Chief Operating Officer	01.01.2016	7/7
David Birkenhead	Executive Medical Director	01.12.1999	7/7
Gary Boothby	Executive Director of Finance	07.03.2016	7/7
Ellen Armistead	Executive Director of Nursing/ Deputy Chief Executive	01.07.2019	7/7
Suzanne Dunkley	Executive Director of Workforce & Organisational Development	01.02.2018	7/7
NON-VOTING DIRECTORS			
Mandy Griffin	Managing Director – Digital Health	19.01.2009	7/7
Anna Basford	Director of Transformation & Partnerships	15.07.2013	7/7
Stuart Sugarman	Managing Director – Calderdale & Huddersfield Solutions Limited	30.09.2019	7/7
NON-EXECUTIVE DIRECTORS			
Philip Lewer	Chair	01.04.2018	7/7
Richard Hopkin	Non-Executive Director Senior Independent Non-Executive Director *	01.03.2016	7/7
Andy Nelson	Non-Executive Director Chair of Audit & Risk Committee	01.10.2017	7/7
Alastair Graham	Non-Executive Director	01.12.2017	7/7

	Chair of Calderdale & Huddersfield Solutions Limited		
Karen Heaton	Non-Executive Director Chair of Workforce Committee	01.03.2016	5/7
Denise Sterling	Non-Executive Director Chair of Quality Committee	01.10.2019	7/7
Peter Wilkinson	Non-Executive Director Chair of Transformation Project Board	01.10.2019	7/7

Declarations of Interest of Board of Directors

At each meeting of the Board of Directors a standing agenda item requires all Executive and Non-Executive Directors to make known any interest in relation to the agenda and any changes to their declared interests.

The Trust holds a register detailing any interest declared by a member of the Board of Directors. The Board of Directors undertakes an annual review of this register of declared interests which details company directorships and other positions held, particularly if they involve companies or organisations likely to do business or seeking to do business with the Trust. There are no interests which may conflict with their management responsibilities as per the requirements of the NHS Improvement Code of Governance. The Chair declared he had no other significant commitments that affected his ability to carry out his duties to the full and was able to allow sufficient time to undertake those duties.

A copy of the register of declared interests for the Board of Directors is held by the Foundation Trust's Company Secretary and is available for public inspection on the Trust's website at www.cht.nhs.uk.

Committees of the Board of Directors

The Board of Directors has had seven Committees during 2020/21. Two are required as set out in the Trust's Standing Orders:

- Nominations and Remuneration Committee of the Board of Directors
- Audit and Risk Committee

In addition, the Board has established five Committees to carry out detailed scrutiny and provide assurance on key areas of the Trust business:

- Quality Committee
- Finance and Performance Committee
- Workforce Committee
- Transformation Programme Board
- Oversight Committee (in response to Covid-19 and time limited - see Annual Governance Statement).

Each Committee is chaired by a Non-Executive Director/independent member and is supported by Executive Directors and managers from across the Trust.

Details of the Nominations and Remunerations Committee of the Board of Directors can be found in the Remuneration Report section of this annual report. Information on the Audit and Risk Committee is detailed below and in the Annual Governance Statement. The Transformation Programme Board, established in July 2019, oversees and provides assurance on complex transformation programmes.

Information on the Quality Committee, Finance and Performance Committee, Workforce Committee and Oversight Committee can be found in the Annual Governance Statement within this Accountability Report.

The Trust continues to benefit from the receipt of charitable donations which are monitored and allocated separately through the Charitable Funds Committee. This Committee is chaired by the Trust Chair and reports to the Trust Board. We are extremely grateful to members of the public and local organisations for their support in providing donations, particularly during the Covid-19 pandemic.

Audit and Risk Committee

The Audit and Risk Committee provides the Board of Directors with an independent review of financial and corporate governance and the assurance processes on which the Board places reliance, to ensure the long-term viability of the organisation. The Committee is charged with ensuring the adequacy and effective operation of the overall control systems of the organisation, with specific focus on the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives.

The Audit and Risk Committee has Board approved terms of reference which are reviewed annually. A self-assessment of the Committee's performance against the terms of reference is conducted annually and any actions for the forthcoming year identified to improve its effectiveness. Minutes and a verbal update where appropriate are provided by the Committee Chair to the Trust Board following each meeting.

Membership of the Audit and Risk Committee for the financial year 2020/2021 was in line with good practice recommendations. The Committee met five times during the year, with a meeting in June which specifically looked at the Annual Report and Accounts.

Membership and attendance at the Committee for the financial year 2020/2021 is detailed below:

Audit and Risk Committee Membership and Attendance 2020/2021

Member	Meetings Attended Actual / Possible
Andy Nelson, Non-Executive Director Chair	5/5
Richard Hopkin, Senior Independent Non-Executive Director and Finance & Performance Committee Chair	5/5
Denise Sterling Non-Executive Director and Quality Committee Chair	5/5

Support for the Committee was provided by the Board Secretariat and meetings were regularly attended by the Executive Director of Finance, Deputy Director of Finance, Managing Director for Digital Health, Company Secretary, Internal Audit and Counter Fraud Service representatives from Audit Yorkshire and External Auditors, KPMG LLP (KPMG). A governor from the Council of Governors was also invited to attend and observe each meeting.

The duties of the Audit and Risk Committee are set out below.

To provide assurance to the Board based on review of the establishment and maintenance of an effective system of governance, risk management and internal control across the Trust's activities that support the achievement of the organisation's objectives. The Audit and Risk committee was assisted in this duty by:

- the Quality Committee, which has responsibility for providing assurance in relation to clinical quality and safety aspects
- the Risk and Compliance Group, which reports into the Committee on risk and compliance matters. During the year this group revised its terms of reference and focus to risk and was renamed the Risk Group. Compliance matters, which are now being monitored by a CQC and Compliance Group, will be reported from 2021/22 into the Committee
- the Data Quality Board, the Health and Safety Committee and the Information Governance and Records Strategy Committee
- External audit, internal audit and counter fraud findings and performance

The Committee approved changes to financial governance in April to support the management of the Covid-19 pandemic.

Deep dive presentations to the Committee from reporting groups, which included Health and Safety and Information Governance and Risk Management, provided assurance about the effective functioning of these groups and current issues, supplementing routine reporting.

The Committee reviewed risk management systems during the year and reviewed on a regular basis the strategic risks described within the Trust's Board Assurance Framework.

The Committee reviewed the 2019/20 draft annual report and annual governance statement and signed off the annual report and accounts on behalf of the Board with delegated authority. It also received reports on topics including clinical audit, car parking strategy and controls, access to clinical records, internal audit, and counter fraud performance.

In terms of financial reporting, the Committee reviewed, with both management and the external auditor, the annual financial statements to determine their completeness, objectivity, integrity and accuracy. In addition, the review covered the quality and acceptability of accounting policies and practices, the clarity of the disclosures, compliance with financial accounting standards and the relevant financial reporting requirements and material areas in which significant judgements have been applied or there has been discussion with the external auditor. The Committee considered significant risks to the audit opinion highlighted by external auditors via their risk assessment in relation to the audit plan. The Committee received and supported a paper from the Director of Finance detailing the evidence to support the preparation of

the financial statement of the Trust on a going concern basis. The auditors provided the required reports on the financial statements and the Trust's value for money arrangements.

The Committee also reviewed proposed changes to the standing orders, standing financial instructions and scheme of delegation and other financial matters such as losses and special payments and standing order waivers.

The Audit and Risk Committee is authorised by the Board of Directors to investigate any activity within its terms of reference and to seek any information it requires from staff. In carrying out its work the Committee relies primarily on the work of the internal and external auditors. Last year, the Committee approved the internal audit, counter fraud and external audit work plans and received regular reports.

The external audit service is provided by KPMG. External auditors attended the Committee regularly, providing an opportunity for the Committee to assess their effectiveness. The Committee reviewed, approved and monitored the External Audit plan for 2020/21 to gain assurance of the quality and effectiveness of the service received from KPMG. The fee for the audit was £101K. The external auditors were appointed in 2017 following market testing in line with national guidance and approval by the Council of Governors, with a one year extension to the existing contract for 2020/21 approved by the Committee in April 2020 and noted by the governors. The external audit provider KPMG was not commissioned by the Trust during the year to undertake any significant non-audit work.

The internal audit and counter fraud service provided by Audit Yorkshire meets mandatory NHS Internal Audit standards and provides appropriate independent assurance to the Audit and Risk Committee. The Committee considered the major findings of internal audit work and the management response to them. An additional piece of audit work in year was undertaken in response to the Covid-19 pandemic which concluded that adequate and appropriate amendments to the Trust's governance arrangements, including financial governance, had been made. In monitoring progress with the annual plan, the Committee noted those areas where it had not been possible to progress elements of the plan due to the Covid-19 pandemic and agreed how these would be taken forward. The Committee received regular progress reports from internal audit enabling it to monitor progress by management with agreed actions from internal audits.

The Committee maintains an oversight function for expressions of concern, with the counter fraud specialist attending the Committee to highlight in confidence any concerns about possible improprieties in matters of financial reporting and control. The Trust Freedom to Speak Up Guardian and ambassadors encourage staff to speak up about matters of clinical quality, patient safety or other matters of concern and report on these to the Workforce Committee.

Compliance with NHS Foundation Trust Code of Governance

Calderdale and Huddersfield NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Board of Directors has established governance policies that reflect the principles of the NHS Foundation Trust Code of Governance. These include:

- Standing Orders of the Board of Directors
- Standing Financial Instructions
- Scheme of Reservation and Delegation
- Constitution.
- Terms of reference of the committees and sub-committees of the Board of Directors and Council of Governors
- Robust Audit and Risk Committee arrangements
- Going Concern Report
- Annual business cycle of the Board of Directors and its Committees
- Role description and appointment of Senior Independent Director
- Well-led Governance Review report
- Board of Directors skills and capabilities competency assessment
- Integrated Performance Report
- Provision of high quality reports for the Board of Directors and Council of Governors
- Board and Committee reports and supporting minutes
- Attendance records for Directors and Governors at key meetings
- Register of Interests for Directors, Governors and senior staff
- Annual declaration of compliance with the “fit and proper” persons test described in the provider licence for the Board of Directors and Governors
- Freedom to Speak Up: Raising Concerns Policy
- Fraud, Bribery and Corruption Policy
- Non-Executive Director candidate information pack and formal induction programme
- Nominations and Remuneration Committee for Executive Directors
- Regular private meetings between the Chair and Non-Executive Directors
- Performance appraisal process for the Chair and Non-Executive Directors approved by the Council of Governors
- Standing Orders of the Council of Governors
- Nominations and Remuneration Committee of the Council of Governors for Non-Executive Directors
- Non-Executive Director recruitment process
- Council of Governors Charter
- Dispute resolution procedure between the Council of Governors and Board of Directors
- Lead Governor role
- Monthly meeting between Chair and Lead Governor to review matters discussed at the Board of Directors
- Council of Governors agenda setting process
- Collective evaluation of the Council of Governors
- Council of Governors presentation of performance at the Annual General Meeting
- Governor led process for the appointment of the External Auditor
- Membership and Engagement Strategy
- Governor’s Recruitment Pack
- Comprehensive Induction Programme for Governors
- Policy for the expulsion of Governors

The Audit and Risk Committee conducts an annual review of the Code of Governance, monitors compliance and identifies areas for further development.

Directors

The Trust is headed by a Board; it exercises its functions effectively, efficiently and economically. The Board is a unitary board consisting of a non-executive chair, six Non-Executive Directors and six Executive Directors.

The biographies of the members of the Board can be found on page 35. There were no changes to the membership of the Board during 2020/21.

The Board provides active leadership within a framework of prudent and effective controls and monitors compliance with the terms of its licence. The Board meets a minimum of six times a year so that it can regularly discharge its duties.

The Board of Directors has reviewed its values and standards to ensure they meet the obligations the Trust has to its patients, members, staff and other stakeholders.

Annually the Board reviews the strategic aims and takes responsibility for the quality and safety of healthcare services, education, training and research. Day-to-day responsibility is devolved to the Executive Directors and their teams. The Board of Directors is committed to applying the principles and standards of clinical governance set out by NHS England/NHS Improvement, the Department of Health and Social Care and the Care Quality Commission.

Governance Arrangements

The Trust's Constitution was ratified in 2006 on authorisation as a Foundation Trust. Further changes have been made as required by changes in legislation and governance practice. The latest version of the Constitution is available on the Trust's website.

The Trust complies with its Constitution, requirements set by NHS Improvement, and relevant statutory and contractual obligations The Board has approved Standing Financial Instructions and a Scheme of Delegation and Reservation of Powers which outline the decisions that must be taken by the Board and the decisions that are delegated to the management of the Trust. These documents include instructions on budgetary control, banking arrangements, contracts and tendering procedures, capital investment and security of the Trust's property and data, delegated approval limits, annual accounts and reports, payroll, borrowing and investment, fraud and corruption, risk management and insurance. Amendments to these documents were approved in year to support the management of the Covid-19 pandemic.

The Board has direct access to the advice and services of a Company Secretary who is responsible for ensuring that the Board and Committee procedures are followed, and that sufficient information and resources are made available for them to undertake their duties. The Secretary is also responsible for advising the Board, through the Chair on all corporate governance matters.

The Non-Executive Directors hold Executive Directors accountable through scrutiny of performance outcomes, management of business process systems and quality controls, and satisfy themselves as to the integrity of financial, clinical and other information.

Financial and clinical quality control systems of risk management are robust and defensible.

In addition, members of the Board undertake an annual personal skills and knowledge assessment to satisfy the Board that it is fit for purpose and to inform recruitment processes to ensure that any gaps in knowledge that arise at short notice, or can be predicted through turnover, are filled.

Directors' Remuneration
The Non-Executive Directors, through the Nominations and Remuneration Committee of the Board of Directors, fulfil their responsibility for determining appropriate levels of remuneration of Executive Directors. The Committee is provided with benchmark data to support the decisions being made about the level of remuneration for the Executive Directors. More details about the Nominations and Remuneration Committee can be found on page 74.

Non-Executive Director Appointments
The appointment of the Chair and Non-Executive Directors forms part of the information included in the standing orders written for the Council of Governors.

The Chair
A clear statement outlining the division of responsibility between the Chair and the Chief Executive has been approved by the Board of Directors. The Chair is a Non-Executive Director who chairs both the Board and the Council of Governors.

The Senior Independent Non-Executive Director
The Senior Independent Non-Executive Director (SINED) provides an alternative route for communication with Governors if they feel unable to raise a particular concern through the Chair. The Senior Independent Non-Executive Director also undertakes the Chair's appraisal using a process agreed by the Council of Governors, after seeking feedback from the rest of the Board, and from Governors and partners.

Non-Executive Director Appraisal
Each year the Chair and Non-Executive Directors receive an appraisal, the outcome of which is reviewed by the Council of Governors.

The Chair appraises the performance of Non-Executive Directors using an agreed process with a programme of appraisals run during 2020/21. This includes seeking the views of governors on Non-Executive Directors to assess their independence and contribution to the Board of Directors and confirm that they are all effective independent Non-Executive Directors.

Governors

The role of the Council of Governors is:

- Appointment or removal of the Chair and other Non-Executive Directors
- Approval of the appointment (by Non-Executive Directors) of the Chief Executive
- Deciding the remuneration, allowances and other terms and conditions of office of Non- Executive Directors
- Appointment or removal of the Foundation Trust's external auditors
- Review and development of the Trust's membership strategy

The Trust has a Council of Governors which is responsible for representing the interests of the members of the Trust, partner, voluntary organisations within the local health economy and the general community served by the trust. The Council of Governors holds the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, including ensuring that the Board of Directors acts within the terms of the licence. Governors feed back information about the Trust to members and the local community through a regular newsletter and information placed on the Trust's website.

The Council of Governors consists of elected and appointed governors. More than half are public governors elected by community members of the Trust.

Information, development and evaluation

The information received by the Board of Directors and the Council of Governors is timely, appropriate and in a form that is suitable for members of the Board and Council to discharge their duty.

The Trust runs a programme of development throughout the year for Governors and Non-Executive Directors. All Governors and Non-Executive Directors are given the opportunity to attend training sessions during the year.

The Council of Governors has agreed the process for the evaluation of the Chair and Non-Executive Directors and the process for appointment or re-appointment of the Non-Executive Directors.

A robust annual appraisal process is in place for all Board members and other senior Executives. The Chair undertakes an appraisal of the Chief Executive and the Chief Executive undertakes the appraisal of the other Executive Directors against objectives. The Chair provides the Chief Executive with his view of the Executive Directors' performance in the Board meeting.

Performance evaluation of the Board and its Committees

During the year the members and attendees of each of the Committees undertake a self-assessed evaluation of the committee's effectiveness against compliance with the terms of reference and the annual work plan. The results of the self-assessment form a development plan for the Committee over the year. To assess and continually improve our Board governance the Trust completed an externally commissioned well-led governance development review during the year. Further information is given in the Annual Governance Statement.

The monitoring of progress of remaining actions from the CQC Well Led and Use of Resources inspections in 2018 was via a CQC action plan, the CQC and Compliance Group and the Board.

Resolution of disputes between the Council of Governors and the Board of Directors

The code of governance requires the Trust to hold a clear statement explaining how disagreements between the Council of Governors and the Board of Directors would be resolved.

The Board of Directors promotes effective communications between itself and the Council of Governors. The Board, through the Chief Executive and the Chair, provide regular updates to the Council of Governors on the developments being undertaken in the Trust. The Board encourages the governors to raise questions and concerns during the year and ask for further discussions at their public meetings where they feel further detail is required. The Chief Executive and any invited director or Non-Executive Director will ensure that the Governors are provided with any information when the financial standing of the Trust has materially changed or the performance of its business has changed or where there is an expectation as to performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the Trust.

Where there is a dispute between the Board and Council of Governors, in the first instance the Chair of the Trust would endeavour to resolve the dispute. If the Chair is not willing or able to resolve the dispute, the Senior Independent Director and the lead governor of the Council of Governors would jointly attempt to resolve the dispute. The Council of Governors also has access to the Senior Independent Non-Executive Director should there be any concerns which cannot be resolved with the Board in the course of normal business.

In the event of the Senior Independent Non-Executive Director and the lead governor not being able to resolve the dispute, the Board of Directors, pursuant to section 15(2) of Schedule 7 of the National Health Service Act 2006, will decide the disputed matter.

The Council of Governors has agreed clear and fair processes for the removal of any governor who fails to carry out their duties appropriately.

Understanding the views of the Council of Governors and members

Directors develop an understanding of the views of the Council of Governors and members about the organisation through attendance at members' events, Council of Governors' meetings, and attending the annual general meeting. The Directors also hold a joint workshop with the governors twice a year.

Board balance, completeness and appropriateness

As at year ending 31 March 2021 the Board of Directors for Calderdale and Huddersfield NHS Foundation Trust comprised of six Executive Directors, six independent Non-Executive Directors and an independent Non-Executive Chair.

The Board of Directors maintains a register of interests as required by the constitution and Schedule 7 section 20 (1) National Health Service Act 2006 published at www.cht.nhs.uk.

The Board of Directors requires all Non-Executive Directors to be independent in their judgement. The structure of the Board and integrity of the individual Directors ensures that no one individual or group dominates the decision-making process.

Each member of the Board of Directors upholds the standards in public life and displays selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

All Board members have confirmed that they do not hold any additional interests that are not declared in the Trust's Declaration of Interests.

The Board, in relation to the appointment of Executive Directors, has an annual meeting of the Nominations and Remuneration Committee which can be convened at other times if required.

Internal audit function
The Trust has an internal audit function in place that provides support to the management of the organisation. Details of the internal audit function can be found on page 45.

Attendance of Non-Executive Directors at the Meetings of the Council of Governors
All Non-Executive Directors have an open invitation to attend the Council of Governors' meetings. In addition, Non-Executive Directors are required to attend on a rotational basis. The Trust has also held joint Board of Directors and Council of Governors' workshops during the year which focussed on the development of strategy and the performance of the Trust.

Governors and Non-Executive Directors work together on other occasions through various groups and committees and meet on a one-to-one basis during the year.

Corporate Directors' remuneration
The Nominations and Remuneration Committee for Board of Directors meets on a regular basis and as a minimum once a year to review the remuneration of the corporate directors. Details of the work of the Nominations and Remuneration Committee can be found on page 74. The Council of Governors has a Nominations and Remuneration Committee which meets as required during the year. Part of the role of this Committee is to review the remuneration of the Non-Executive Directors. Details of the Council of Governors Nominations and Remuneration Committee can be found on page 72

Accountability and audit
The Board of Directors has an established Audit and Risk Committee that meets on a quarterly basis, as a minimum. A detailed report on the activities of the Audit and Risk Committee is on page 43.

Apart but working together to care for patients like never before - Intensive Care Unit Corridor, Huddersfield Royal Infirmary

Care Quality Commission Registration

The Trust is required to register with the Care Quality Commission (CQC) and has full registration without conditions.

CQC carried out an inspection of the Trust between 6 and 8 March 2018. The Trust was rated as good overall.

Well-led at Trust level was inspected in a separate inspection between 3 and 5 April 2018. The Trust was rated as good for well-led. Use of resources was rated as requires improvement due to the Trust's underlying deficit.

The combined rating for quality and use of resources is good. A summary of the domain ratings is given below, comparing this with those of the previous inspection.

The Trust achieved:

- 'Requires improvement' for the safe domain.
- 'Good' for all other core service areas.
- 'Requires improvement' for the Use of Resources inspection.

Reports from the CQC inspection were published on their website in June 2018 and can be found at the following link: https://www.cqc.org.uk/provider/RWY

Following the inspection in 2018, the Trust developed an improvement action plan to address all must-do and should-do recommendations. Governance of the action plan is through the CQC Compliance Group which has continued to meet, is chaired by the Executive Director of Nursing/Deputy Chief Executive and reports to Board through the Quality Committee.

Of the outstanding actions from the 2018 CQC inspection, the Trust had four actions to complete as at 31 March 2021. Due to progress during the year, three of these actions were able to be closed by 10 May 2021 (SD9 work to meet the Royal College of Emergency Medicine recommendations of 16 hours consultant presence in the department, SD3 development of processes to measure the outcomes of mental health patients in order to identify opportunities to improve care and SD6, the Trust strengthening of staff knowledge and training in relation to mental capacity act and deprivation of liberty safeguards).

In relation to the one remaining must do action "*The Trust must improve its financial performance to ensure services are sustainable in the future"* the Trust has submitted a five-year financial plan through the Integrated Care System and onward to regulators in line with the defined challenging Financial Improvement Trajectory. The Trust has successfully delivered financial performance in line with regulator expectations and this trajectory in each financial year since the recommendation was accepted. This is a significant achievement and incorporates the delivery of stretching efficiency targets and strong financial governance. The Trust continues to plan for service transformation in support of longer-term financial sustainability.

The pandemic has changed the way in which CQC regulates providers. There is no longer a set inspection plan that would mean organisations have an onsite inspection on an annual basis. Instead the Trust has and continues to comply with CQCs revised approach to regulation in line with the development of their future strategy. This involves frequent engagement meetings with the Trust's CQC Relationship and Inspection Manager and when requested, following the Transitional Monitoring Approach which includes:

- a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), so they can continually monitor risk in a service

- using technology and local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where we have concerns.

The Trust will be guided by the launch of CQC's new strategy, which is due to be published in May 2021. This will set out how CQC will regulate providers in the future.

Directors' Statements

Details of political donations
The Board confirmed that no political donations have been made during the year.

Compliance with HM Treasury cost allocation and charging guidance
The Trust has fully complied with all guidance relating to cost allocation and charging guidance.

Better payment practice code
Our Trust is committed to dealing fairly and professionally with all of our supplier partners. One way that we do this is by working to the Better Payment Practice Code. In short, this means that we aim to pay at least 95% of invoices within the agreed terms, unless there is a dispute. For most of our partners, this would be within 30 days of the date of invoice. Considerable performance improvement has been seen during the course of 2020/21 as seen in the cumulative annual data below. In the month of March 2021, the target was achieved for both NHS and non NHS organisations and action continues to maintain this standard.

Better Payment Practice Code – 2019/20						
Paid to	**Total Invoices paid - Volume**	**No Invoice's Paid on Time - Volume**	**% paid within target**	**Total Invoices paid - £**	**Value Paid on Time**	**% £ paid within target**
Non - NHS Organisa-tions	**71,477**	**45,789**	**64.06%**	**£158.1m**	**£110.4 m**	**69.85%**
NHS – Organisa-tions	**2,156**	**1,187**	**55.06%**	**£24.4 m**	**£19.8m**	**81.40%**

Better Payment Practice Code - 2020/21						
Paid to	**Total Invoices paid - Volume**	**No Invoice's Paid on Time - Volume**	**% paid within target**	**Total Invoices paid - £**	**Value Paid on Time**	**% £ paid within target**
Non - NHS Organisa-tions	**64,976**	**57,912**	**89.13%**	**£180.8m**	**£161.3m**	**89.23%**

NHS – Organisa-tions	**1,390**	**1,094**	**78.71%**	**£29.4m**	**£28.2m**	**96.02%**

Income disclosure

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that income from the provision of goods and services for the purposes of the health service in England must be greater than its income for the provision of goods and services for any other purpose. The Trust can confirm it has met these requirements. Note 6.1 to the accounts confirms that the Trust does not have income from fees and charges where the full cost exceeds £1m.

Disclosure to the Auditors

All directors have confirmed that, so far as they are aware, there is no relevant audit information of which the auditor is not aware. All directors have taken all the steps that they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

Preparation of the Annual Report and Accounts

All directors understand that it is their responsibility to prepare the annual report and accounts, and that they consider the annual reports and accounts, taken as a whole, to be fair, balanced, understandable, and to provide the information necessary for patients, regulators and other stakeholders to assess the performance of Calderdale and Huddersfield NHS Foundation Trust, including our business model and strategy.

Our accounts, at Section 4 of this document, have been prepared under a direction issued by NHS Improvement under the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

Partnership Working

The Board of Directors has ensured that there is satisfactory dialogue with its stakeholders during the year and partners and stakeholders are involved and engaged in the Trust's business as detailed below.

The Trust continues to work closely with members of the public and partners to provide safe, high quality healthcare to our local communities.

Patients and the Public

Engagement and involvement

In June 2020 CHFT undertook engagement to listen and learn from people's reflections on the service changes implemented during the pandemic and their aspirations for future service delivery. 1,377 patients and members of the public, 185 CHFT colleagues, 9 health and care partner organisations across Greater Huddersfield and Calderdale, provided input to this engagement. Feedback obtained through the engagement identified 12 strategic themes where members of the public, partner organisations and colleagues confirmed that they want to sustain and build on the transformation that has taken place during the pandemic. A programme of work to take this forward ("Business Better than Usual") has been agreed by the Trust Board and is being progressed.

Further work has been undertaken to involve patients, carers, families and wider stakeholders to understand what matters to them in relation to health care building design. During March 2021 members of the public were invited to learn more about the proposed service and estate development plans for Huddersfield Royal Infirmary and Calderdale Royal Hospital. Residents living locally received an information leaflet which included details on how to submit feedback via post, a dedicated website link and a phone number. The leaflet was posted to around 1,000 households in the vicinity of each hospital and to schools, businesses, and community groups near each hospital. Feedback from this will be used to inform the future design of buildings at Calderdale Royal Hospital and Huddersfield Royal Infirmary that will be submitted to Calderdale and Kirklees Councils in May 2021 to seek planning approval.

In November 2020 a public survey was undertaken to invite views in relation to travel to hospital, and this has been used to inform the development of the travel and transport strategy.

Working with Calderdale and Kirklees Healthwatch, members of the public and patients have been involved in the development of new pathways of care for the delivery of out-patient services and the use of digital technology to enable this. Engagement with service users that have protected characteristics regarding their experience of using new ways of digital access to services has been undertaken during 2020/21.

Responding to feedback, the Trust has:

- Implemented continuous testing and feedback on new pathways with over 100 patient volunteers
- Improved access to interpretation services including the use of British sign language during video consultations
- Undertaken specific work with Learning Disabilities Teams and Safeguarding regarding access
- Provided an option for Patient feedback on all video appointments that we can use to inform and adapt delivery models
- Provided remote appointment instructions translated into the 6 most requested languages.

Regular meetings of the Trust Board include patient stories, as well as staff stories.

Service improvement and development

The Trust uses feedback provided via the Trust's Patient Advice and Liaison Service and specific patient representative groups, the National Inpatient Survey (and other specific national surveys of areas including cancer services and maternity) and the results of Friends and Family Test surveys to inform service improvement and development.

The Trust is currently developing a Transforming Patient and Carer Experience Strategy which gives focus to the engagement approach for partnership working in continuous quality improvement.

A survey tool has been developed aimed at gathering peoples' experiences of using the complaints service and to recruit service users to work within the newly formed collaborative aimed at 'Making Complaints Count'.

The Medical Examiner service, which provides independent scrutiny of all deaths in the organisation, commenced in December 2020 and is still in a development phase. To date bereaved relatives have consistently comment that they are grateful for what they view as independent advocacy for their deceased loved ones and welcome the explanations that are offered.

A vision for a Children and Young Persons Charter has been codesigned with input from the Trust Youth Forum and nursing staff. Around 20 children from a variety of different ethnic groups and ages were involved, they were asked to give their opinions based on the question "What is important to you?". The opinions were used to create a new vision for Children's Services at CHFT, in a language that children and young people understand:

> *'We will look after you and your family, making sure you are treated well, kept informed and reassured, so you can trust and rely on us'.*

This has been approved by the Trust's Paediatric Forum, shared via the Children's Directorate and across the wider Paediatric team.

Young Service Users have been involved with recruitment of key staff e.g. Paediatric Consultant posts.

Improvements to bereavement facilities at the Trust have been co-designed with a family, the Trust charity and representatives from children's and maternity staff.

The Trust is engaging with the Pakistani community to look at cancer information needs for newly diagnosed patients. This is being facilitated through NHS England Cancer Improvement Collaborative and will result in the provision of appropriate and timely information designed and delivered in partnership with the community. This work has formed a template for engaging with other BAME communities to support co-production of other cancer services.

Work has commenced to understand the Lived Experience of women and families using maternity services in relation to the BAME population.

Discussions have started with Calderdale Disability Forum regarding a Quality improvement project looking at improving the experience of visually impaired patients, engagement work has started with the intention of ensuring people with lived experience are involved.

The Cancer Management Team with the support of the Macmillan Cancer Information Service has continued to engage with the CHFT Cancer Patient Focus Group.

Technical support was given to patients and carers over several days to enable the group to meet via Microsoft Teams.

In August 2020 one of the quarterly patient focus groups was used to discuss the impact of Covid-19 on cancer patients.

During the summer and autumn of 2020 members of the CHFT Cancer Patient Focus Group participated in two events to co-design the strategy and content of the Virtual Cancer Health and Wellbeing Programme.

The Trust has taken various opportunities to seek information about the services provided:

- Experience of contact with CHFT during the early stages of the Covid-19 pandemic, including how services could be delivered in the future
- As part of the introduction of video appointments, there was testing and feedback with volunteer test patients which included staff, volunteers and members of the BAME network

Partners
The Trust has worked to strengthen it working relationships with our system partners throughout the year. Details of the many activities and outputs are detailed below:

- The Trust has regular system level performance discussions with commissioners, NHS England/NHS Improvement and local Councils.
- CHFT is a member of the West Yorkshire and Harrogate Health and Care Partnership (ICS) and during 2020/21 has worked collaboratively with partners to respond and provide services during the Pandemic.
- The Trust has continued to work with the Calderdale and Kirklees Joint Scrutiny Committee regarding plans for service reconfiguration across the two hospital sites.
- The Trust is a member of the Health and Wellbeing Boards in both Calderdale and Kirklees and collaborates with each Council. There are also regular executive level system leadership meetings in each place.
- Across the CHFT footprint there are established committees for partnership working with local commissioners and providers – for example this includes the A&E Delivery Board, the Outpatient Transformation Board and the Partnership Transformation Board.
- The Trust meets regularly with representatives of the Calderdale and Kirklees Local Medical Committees (LMCs) and also with the Clinical Director leads of the Primary Care Networks (PCNs) in Calderdale and Greater Huddersfield.
- During 2020/21 there has been extensive collaboration with primary care, SWYPFT, Locala, Yorkshire Ambulance Service (YAS), hospitals across West Yorkshire, nursing and care homes and with social care to support the delivery of services during the Pandemic and to implement the vaccination programme.
- Members of the Trust have joined the membership of a new Collaborative hosted by Calderdale CCG and made up of leads from key partner organisations with the

purpose of facilitating system-wide projects, involvement or campaigns to deliver the system wide strategy of 'involving people' in Calderdale

Partnership Working: Workstreams

- *Learning Disabilities*
  In response to the pandemic the Trust has worked closely with South West Yorkshire Partnership Foundation Trust to ensure individuals with a learning disability are flagged on the Electronic Patient Record. In addition, people were offered a VIP hospital passport and further supporting information called a 'Covid-19 grab sheet'.

- *Advanced Care Planning*
  The Trust, in conjunction with the West Yorkshire and Harrogate Healthcare Partnership, has produced a video with which encourages people to have a conversation about end of life and putting plans in place. Arrangements have been put into place which has enabled bereavement support for relatives.

- *Inequalities*
  The Trust has in place a Health Inequalities working group to look at a range of issues relating to deprivation (using the Index of Multiple Deprivation, IMDs). Working in partnership with the local authority the Trust has invested significant time into understanding how the BAME communities has been impacted by Covid-19. The process of clinical prioritisation of those patients where treatment may have been delayed as a result of the pandemic response has been mapped across to all IMD groups. Work is ongoing to understand any differential in relation to delays and IMD grouping.

- *Covid – 19 Response*
  During the pandemic the Trust worked with partners across local authorities and education to undertake a survey of women's experiences through Covid-19 and the findings from this survey influenced the development of information leaflets for women about what to expect during Covid-19.

- *Commitment to Carers*
  Considered in the Trust as a tenth protected characteristic group, a Carers workstream has been established as part of the Trust's 'Experience, Participation and Equalities programme'. The objective is to deliver against corporate priorities and national policy with the ultimate aim of transforming carers experiences of care at the Trust. Initial priorities include:

  - Introducing processes for early recognition of carers
  - Developing a charter to agree the role of recognised carers e.g. inclusion of the carer in the patient's journey and the provision of services such as free parking / discounted meals
  - Exploring a means of recognising carers e.g. lanyard
  - "Go see" work to identify good practice from other Trusts and Carer services

  The workstream has benefitted from building working relationships with the Local Authority, third sector community-based services and the West Yorkshire and Harrogate Health and Care Partnership carers leads

Colleagues
Throughout the year, engagement with colleagues across the Trust has taken place through a variety of themes and via a variety of methods.

Further work has been undertaken to involve colleagues in what matters to them in relation to health care building design. All services have been involved in working with the architects appointed by the Trust to develop the design proposals for future estate developments at Calderdale Royal Hospital and Huddersfield Royal Infirmary. Colleagues were also fully involved in the development and implementation of an upgrade to Ward 18 at Huddersfield Royal Infirmary (HRI) that was completed in December 2020. The involvement of colleagues has ensured that learning from the pandemic has informed the design and environment of care to increase safety and infection control and prevention into the future.

At the height of the pandemic, CHFT introduced a 'daily bulletin' for all Trust colleagues focusing on patient numbers and stories from colleagues regarding their experiences. These daily bulletins were accompanied by short video messages from the Chief Executive. In addition, the Trust recorded several videos to say 'thank you' to members of our communities and the Chief Executive recorded key messages for all CHFT colleagues to say thank you for their ongoing efforts.

Examples of Work Together Get Results (CHFTs own internal improvement methodology) were progressed throughout the pandemic, and Listening Events were held across all Trust Divisions to capture good news stories and improvements as well as to learn lessons and improve experiences both for patients and colleagues.

Workforce Committee 'Hot House' events continued throughout the year. 'Hot House' events are used to engage colleagues in key workforce activity. This engagement ensured that colleagues had the opportunity to take a break from Covid-19 and get involved in issues that would affect them in the future. The events were well attended and received good feedback.

Regular engagement forums were established weekly, including:

- A medical workforce forum, held every week and chaired by the Medical Director
- A senior nursing meeting, held every week and chaired by the Chief Nurse/Deputy Chief Executive
- A leadership meeting, held every week and chaired by the Chief Operating Officer

In addition, the Chief Executive held listening events for all leaders across CHFT every six weeks.

Externally, CHFT contributed to several joint pieces of work during the pandemic, including the West Yorkshire and Harrogate report on inequality in outcomes for BAME colleagues and members of the Community; Kirklees' Councils Gold Committee; West Yorkshire Association of Acute Trusts; NHS People Plan events and the NHS Confederation – all events focusing on the engagement of colleagues.

Our colleagues created a communications campaign that encouraged colleagues to have the Covid-19 vaccine with a particular emphasis on groups who were demonstrating low uptake of the vaccine.

One colleague on maternity leave made bandanas for pets to raise funds for our CHFT Charity

Council of Governors (CoG)

The Council of Governors

The Council of Governors advises the Trust on how best to meet the needs of patients and the wider community we serve. The Council of Governors has a number of statutory duties, including holding the Non-Executive Directors to account for the performance of the Board of Directors and representing the interests of Trust members and members of the public.

The Council of Governors works with the Board of Directors to shape the Trust's future strategy and is responsible for providing feedback from members and stakeholders on proposed strategic developments.

The Trust keeps the Council of Governors fully informed on all aspects of the Trust's performance through formal council meetings. Comprised of elected and appointed Governors, as detailed below, the Council of Governors has decision-making powers defined by statute. These powers are outlined in the Trust's Constitution and principally refer to the appointment, removal and remuneration of the Trust Chair and Non-Executive Directors; the appointment and removal of the Trust's external auditors; the approval of the appointment of the Chief Executive; and receiving the Trust's annual accounts, any report of the auditor on the accounts and the Annual Report.

While the Council of Governors is responsible for holding the Board, and in particular, the Non-Executive Directors, to account and ensuring that it is acting in a way that means that the Trust will meet its obligations, it continues to remain the responsibility of the Board of Directors to oversee the running of the Trust.

The Council of Governors met formally four times during 2020/2021.

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. The Trust ensured that there was regular communication with governors on the Trust response to Covid-19. From July 2020 the Council of Governors meetings were held remotely via digital technology and were not open to members of the public. The agenda and minutes have continued to be made available and published on the Trust website.

The number of meetings attended by individual governors is recorded, and attendance for 2020/2021 is shown below:

Register of Council of Governors 2020-2021

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	DATE OF LEAVING/ ELECTION DUE	MEETINGS ATTENDED
PUBLIC – ELECTED					
1 – Calder and Ryburn Valleys	Jude Goddard	19.7.18	3 years	2021	3/4
1 – Calder and Ryburn Valleys	Vacant Seat				
2 – Huddersfield Central	Sheila Taylor	19.7.18	3 years	2021	2/4
2 – Huddersfield Central	Christine Mills	19.7.18	3 years	2021	4/4
3 – South Kirklees	John Richardson	15.9.17 15.9.20	3 years 1 year (resigned mid-term)	2020 05.02.21	3/4
3 – South Kirklees	Chris Owen	17.7.19	3 years	2022	1/4
4 – North Kirklees	Veronica Woollin	15.9.16 17.7.19	3 years 3 years	2019 2022	2/4
4 – North Kirklees	Vacant Seat				
4 – North Kirklees (Reserve Register from 17.7.19)	Dianne Hughes	17.7.19	1 year	16.7.20	0/1
5 – Skircoat and Lower Calder Valley	Stephen Baines	15.9.16 17.7.19	3 years 3 years	2019 2022	4/4
5 – Skircoat and Lower Calder Valley	Brian Richardson	18.9.14 15.9.17 15.9.20	3 years 3 years 1 year	2017 2020 2021	0/4
6 – East Halifax and Bradford	Annette Bell	17.9.15 19.7.18	3 years 3 years	2018 2021	4/4
6 – East Halifax and Bradford	Paul Butterworth	15.9.17 15.9.20	3 years 1 year (resigned mid-term)	2020 21.10.20	0/2
7 – North and Central Halifax	Lynn Moore	18.9.14 18.9.17 18.9.20	3 years 3 years 1 year	2017 2020 2021	2/4
7 – North and Central Halifax	Alison Schofield	15.9.17 15.9.20	3 years 1 year	2020 2021	3/4
8 – Lindley and the Valleys	Vacant Seat				

8 - Lindley and the Valleys	John Gledhill	17.7.19	3 years	2022	3/4
STAFF – ELECTED					
9 – Drs/Dentists	Dr Peter Bamber	15.9.17 15.9.20	3 years 1 year (resigned mid-term)	2020 31.03.21	3/4
10 – AHPs/HCS/ Pharmacists	Sally Robertshaw	17.7.19	3 years	2022	3/4
11 – Management/ Admin/Clerical	Linzi Jane Smith	15.9.17 15.9.20	3 years 1 year	2020 2021	3/4
12 – Ancillary	Vacant Seat				
13 – Nurses/Midwives	Sian Grbin	15.9.17	3 years (resigned mid-term)	7.8.20	1/2
13 – Nurses/Midwives	Rosemary Hoggart	17.7.19	3 years	2022	0/4
APPOINTED					
University of Huddersfield	Prof Felicity Astin	16.1.18	3 years (resigned mid-term)	13.11.20	1/3
University of Huddersfield	Joanne Garside	01.01.21	3 years	2024	1/1
Calderdale Metropolitan Council	Cllr Megan Swift	3.10.17	3 years	2020	2/4
Calderdale and Huddersfield Solutions Ltd (CHS)	Jayne Taylor	17.7.19	3 years (resigned mid-term)	28.02.21	2/4
Calderdale and Huddersfield Solutions Ltd (CHS)	Robert Dadzie	01.03.21	3 years	2024	N/A
Kirklees Metropolitan Council	Cllr Lesley Warner	14.6.19	3 years	2022	3/4
Healthwatch	Helen Hunter	02.10.17 01.10.20	3 years 3 years	2020 2023	2/4
Locala	Chris Reeve	21.11.17 21.11.20	3 years 3 years	2020 2023	2/4
South West Yorkshire Partnership NHS FT	Salma Yasmeen	18.10.17 18.10.20	3 years 3 years	2020 2023	0/4

As at 31 March 2021 there were 23 seats on the Council of Governors: 12 seats for publicly elected governors, 4 for elected staff governors and 7 for appointed governors from partner organisations.

Lead Governor
In line with the Foundation Trust Code of Governance, the Council of Governors elects one of its governors to be 'Lead Governor' on an annual basis. The Lead Governor acts as the main point of contact for NHS England / NHS Improvement (NHSE/I) should the regulator wish to contact the Council of Governors on an issue for which the normal channels of communication are not appropriate.

As a result of the Covid-19 pandemic, the lead governor appointment was extended for a further year to 2021, in consultation with governors.

Elections held within the reporting period
Governor elections were due to take place starting in May 2020. However, due to the Covid-19 pandemic, the advice from NHS Providers was that elections should not be held for the foreseeable future, as this would divert resources at a time of crisis and be an unsatisfactory process in terms of democracy.

Different options were explored to allow for the fact that some elected governors would cease to be governors and could not be replaced with elected successors, leaving a number of vacancies on the Council of Governors.

In line with the Trust's Constitution a decision was taken to offer the outgoing governors the opportunity to be co-opted onto the council in a non-voting capacity for an additional period of 12 months. All the outgoing governors agreed to be co-opted in this way. This provided continuity for the Council of Governors during a turbulent period for the Trust.

Two new appointed governors joined the Council of Governors in 2020/21: Robert Dadzie representing Calderdale and Huddersfield Solutions Limited (replacing Jayne Taylor); and Prof Joanne Garside representing the University of Huddersfield (replacing Prof Felicity Astin).

Strengthening links between the Board and Governors and members
The Board of Directors is committed to working collaboratively with the Council of Governors. Executive and Non-Executive Directors value the role and contribution of governors and work openly and transparently with the Council.

There are four Council of Governor meetings per year, plus the Annual General Meeting. Board Directors are invited to attend and report on standing agenda items such as business planning, annual plans, service developments, quality and the Trust's financial position. Non-Executive Directors attend, giving governors the opportunity to hold them to account for the performance of the Board.

The Council of Governors receives the Integrated Performance Report at each of its meetings presented by the Chief Operating Officer and the Director of Finance.

The Chair of the Board of Directors also chairs the Council of Governors, providing a link between the two.

To strengthen the relationship further, a group of governors are invited to attend each Board of Directors meeting held in public. Governors are invited to meet with the Chair privately before each public Council of Governors meeting.

Governors sit on and observe each of the Board Committees, namely Finance and Performance, Audit and Risk, Charitable Funds, Quality, Workforce, Transformation Programme Board and the Nominations and Remuneration Committee of the Council of Governors. Governors also have representation on other Trust committees/groups such as the Mortality Surveillance Group and the Organ Donation Committee.

Divisional Reference Group (DRG) meetings between governors and senior divisional staff take place three times a year. They are chaired by a publicly elected governor. These meetings give governors the opportunity to ask questions of senior clinical and managerial Trust colleagues, and challenge decisions as necessary. Divisional plans and performance are discussed, along with compliments and complaints, staffing and clinical issues.

Due to service pressures caused by the Covid-19 pandemic the DRG meetings scheduled for November 2020 and February 2021 were cancelled. In February 2021 the governors received written summaries of the divisions' performance instead.

Details of how members can contact the Council of Governors are shown on the Membership and Council of Governors pages on the Trust's external website. A dedicated e-mail address is provided for this purpose.

Governor training and development

In order for governors to discharge their duties, the Trust provides a variety of training and development offerings. Governors are required to attend a two-day induction course and Holding to Account training at least every two years.

Optional training sessions are also provided to help our governors feel more confident in their duty to hold Non-Executive Directors to account for the performance of the Board. These include a session on NHS Finance and Understanding Quality and Patient Experience.

The Trust also has a programme of governor development sessions. These are held throughout the year and are attended by governors, the Trust Chair and Board Directors.

The Trust Chair meets regularly with the lead governor of the Council of Governors for an exchange of views and an update on current topics. In addition, each newly elected or appointed governor is offered the opportunity to meet with the Trust chair on a one-to-one basis. These meetings help to set expectations and clarify the role of the Council of Governors/the governors and the support available to them.

Governors meet with the full Board of Directors at a workshop twice a year. These workshops enable all parties to both look back and review progress on key developments and to look forward and jointly plan future strategic initiatives.

Governors also meet separately at least twice a year with just the Non-Executive Directors. These workshops allow everyone to learn about their respective roles, and share with each other their knowledge about, and involvement in, the Trust's services.

Governors are usually asked to consider and comment upon proposals for the Trust's forward plan and discuss this with the Board of Directors. Due to the Covid-19 pandemic there were changes to the financial regime and the 2021/22 priorities and operational planning guidance was issued late in the financial year, on 25 March 2021, with Trust plans not being required to be submitted until June 2021. The Director of Finance briefed the Council of Governors on this position at their meeting in January 2021 and will continue to update governors via formal meetings in 2021/22.

Governor self-effectiveness questionnaire
As part of the Council of Governors cycle of business, it undertakes a review of its own effectiveness annually to ensure that it continues to fulfil its role and discharge its responsibilities in an appropriate way and to strive for continuous improvement in the way it operates.

The annual governors' effectiveness questionnaire took place over the summer of 2020 and was split into the following three sections:

- Statutory responsibilities
- Council of Governors/Board sub-committee meetings
- Working Together

The responses were positive overall, with an action plan developed for the areas highlighted from the review.

Governor involvement at the Trust
In 2020/21 direct governor involvement has been affected due to the Covid-19 pandemic.

However, governors have received training which has allowed them to attend meetings virtually. Through the use of this technology, in January 2021 governors were able to resume sitting on "user panels" as part of the interview process for senior level posts in the organisation.

Governors have also been involved in reviewing patient literature throughout the year.

Expenses claimed by governors during 2020/21
Governors do not receive payment for their work with the Trust. However, any travel expenses incurred while on Trust business are reimbursed at a rate of 0.28p per mile.

During 2020/21 the following expenses were claimed, compared with 2019/20:

	2019/20	2020/21
Number of Governors	27	24
Number claiming expenses	5	1
Total expenses claimed	**£1795.86**	**£352.85**

Related party transactions
Under International Accounting Standard 24 'Related Party Transactions', the Trust is required to disclose, in the annual accounts, any material transactions between the

NHS Foundation Trust and members of the Council of Governors or parties related to them.

There were no such transactions for the period 1 April 2020 to 31 March 2021.

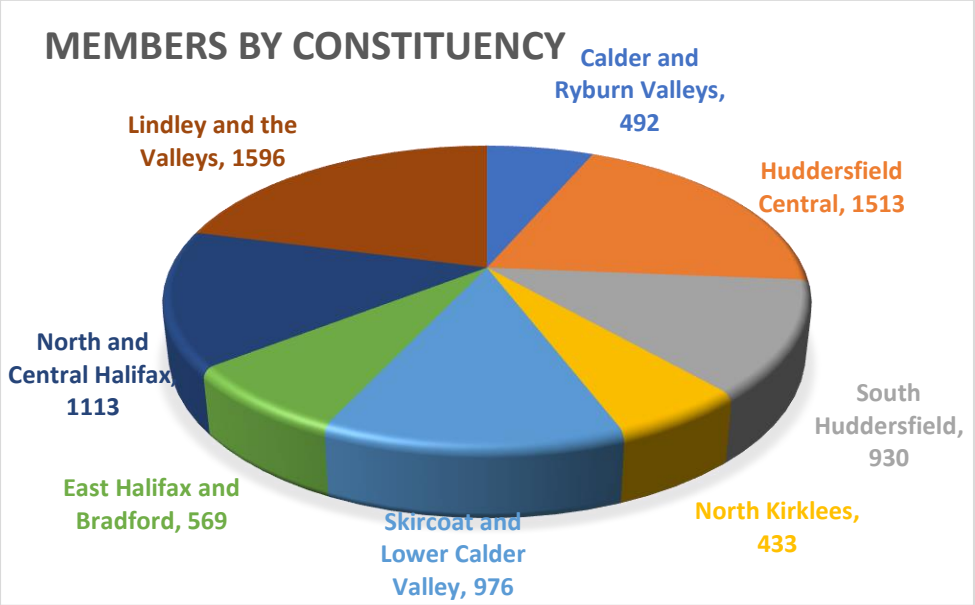
Our Membership

As an NHS Foundation Trust, we are required to have a membership community. A fundamental part of being an NHS Foundation Trust is the way the organisation is structured, based upon the involvement of local people, patients, carers, partner organisations and staff employed by the Trust.

Members share their views and influence the way in which the Trust runs and develops its services. The Trust considers its membership to be a valuable asset, which helps guide its work and the decisions it makes, while also holding the organisation to account and ensuring we adhere to NHS values.

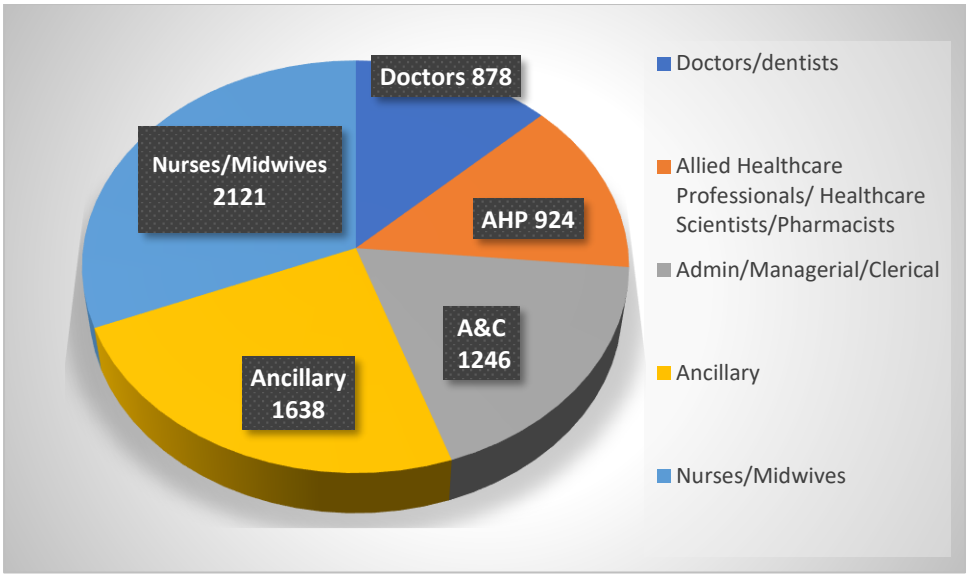
The Trust has two membership categories: public members, who are over 16 years of age and live within the Trust's catchment areas (broken down into eight constituencies), and staff members who are employees contracted to work for the Trust for at least one year.

The number of public members as at March 2021 is 7622, broken down by constituency is as follows:



We encourage membership applications from all sectors of our communities, to develop a wide and diverse membership, and we try to provide different ways for the people we serve to contribute to the success of our organisation.

The number of staff members as at March 2021 is broken down by staff group is as follows:



Membership and Engagement Strategy
The Trust has a Membership and Engagement Strategy covering the 3-year period 2020-2023.

The strategy outlines what we will do over the 3-year period to achieve our vision for membership and engagement, which is that we will be directly accountable to local people by making the best use of our membership communities. It describes the methods we intend to use to create and maintain a representative membership and strengthen engagement and communication with members over the period.

The strategy has 3 overarching goals:

- Our membership community will be active and engaged; be representative of our local communities and increase year on year;
- Our governors will have regular, meaningful, two-way engagement with our membership community and members of the public;
- 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.

The Trust has a large public membership which is compared on a regular basis with its local population to assess whether it is representative of the diverse communities that we serve. Data (see below) shows that we have under representation in three sectors of our communities, namely younger people, males and those with an ethnic group of Asian/Asian British:

	Members	% of total members	Eligible membership*	% of eligible membership
Age (years)				
17-21	33	0.5%	51927	8.2%

22+	7594	99.5%	571194	91.8%
Ethnicity				
White	6503	85.3%	529668	83.4%
Mixed	160	2.1%	9659	1.6%
Asian or Asian British	709	9.3%	79829	12.7%
Black or Black British	216	2.8%	10162	1.7%
Other	39	0.5%	3935	0.6%
Gender				
Female	5003	65.6%	325492	51.4%
Male	2623	34.4%	307761	48.6%
Transgender	1	0.01%	Not available	Not available

* 2011 Census Data

Totals approximate as not all Trust members declare their age or ethnicity

These groups have been given special focus during recruitment and engagement activities in 2020, although activities have been hampered to a great extent by the Covid-19 pandemic restrictions.

Actions we have taken to meet the goals within our Membership and Engagement Strategy include:

- Identified areas within our communities that have a high BAME population and targeted organisations/groups within those areas to encourage membership and engagement;
- Promoted membership and the governor role at the University of Huddersfield via its Pakistani Student Society, its BAME staff network and its BAME Ambassador Scheme;
- Established links with a number of organisations which either have a high BAME membership, or existing links with BAME communities;
- Established links with Conscious Youth, a community interest company based in Kirklees to explore ways in which we can engage with their youth membership;
- Made contact with the Ahmadiyya Muslim Association (99% of whose members are from BAME communities, with many being young males) to investigate methods for recruiting members from their local branches in Huddersfield and Halifax and developing engagement opportunities with them;

- Published a series of videos recorded by our governors on YouTube, as a means of engaging with members virtually whilst face-to-face engagement is not possible. Members are asked to send in questions for the governors in advance which the governors then respond to in the recording. The videos are to be produced and published three times per year going forward;
- Increased the number of editions of our members' newsletter from two to three per annum, allowing us to share developments and feedback on changes to our members more frequently;
- Erected pull-up banners promoting membership and the governor role in main entrances and areas with high patient footfall on both hospital sites and some of our community premises;
- Introduced a "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;
- Made more use of social media to engage with our members and members of the public.

Register of Council of Governors' interests

All Governors have a responsibility to declare relevant interests as defined in our Constitution. These declarations are made to the Company Secretary and are reported to the Council and entered into a register.

The public can access the register at www.cht.nhs.uk or by making a request in writing to:

The Company Secretary
Calderdale and Huddersfield NHS Foundation Trust
Acre Street
Lindley
Huddersfield HD3 3EA

The Chair of the Board is also required to disclose any other significant commitments to the Council of Governors. The Chair did not have any other significant commitments to disclose during 2020/21**.**

Membership of Committees

The Council of Governors has established a Nominations and Remuneration Committee to consider the pay and succession arrangements for the Non-Executive Directors.

Nominations and Remuneration of Non-Executive Directors

The Nominations and Remuneration Committee (Council of Governors) met on 8 September 2020 and 18 January 2021. The following items were discussed at the meetings:

- Reviewed and agreed revised terms of reference.
- Reviewed and agreed Non-Executive Director tenures.
- Received the outcome of the Chair's appraisal.
- Reviewed and agreed the re-appointment of the Trust Chair.

The Nominations and Remuneration Committee (Council of Governors) during 2020/2021 comprised a majority of Governors. The membership for the Committee was:

Philip Lewer, Chair
Richard Hopkin, Senior Independent Non-Executive Director
Stephen Baines, Public Governor
Veronica Woollin, Public Governor
Alison Schofield, Public Governor
Christine Mills, Public Governor
Lynn Moore, Public Governor
Paul Butterworth, Public Governor (until 21.10.2020)

Attendance at the Nominations and Remuneration Committee (Council of Governors) meetings were as follows:

NAME	**Role**	**08.09.2020**	**18.01.2021**
Philip Lewer	Chair	✓	✓
Richard Hopkin	Senior Independent Non-Executive Director	✓	✓
Stephen Baines Lead Governor	Publicly Elected Governor	✓	✓
Veronica Woollin	Publicly Elected Governor	✖	✓
Alison Schofield	Publicly Elected Governor	✖	✓
Christine Mills	Publicly Elected Governor	✓	✓
Lynn Moore	Publicly Elected Governor	✓	✓
Paul Butterworth	Publicly Elected Governor	✖	N/A

How to get in touch
If you would like to get in touch with a governor, or would like to find out more about becoming a member of the Trust, please contact the Membership Office on 01484 347342 or email: membership@cht.nhs.uk or write to The Membership Office, Calderdale and Huddersfield NHS Foundation Trust, Acre House, Acre Street, Lindley, Huddersfield HD3 3EA.

Alternatively, visit our website at www.cht.nhs.uk.

Remuneration Report

I am pleased to present the Remuneration Report for 2020/2021. At Calderdale and Huddersfield NHS Foundation Trust we recognise that our remuneration policy is important to ensure that we can attract and retain skilled and experienced leaders who are able to deliver our ambitious plans for delivering compassionate care. At the same time, it is important to recognise the broader economic environment and the need to ensure we deliver value for money.

The Nominations and Remuneration Committee (Board of Directors) is established for overseeing the recruitment and selection process for Executive Directors and for setting the remuneration of the Executive Directors and the other executives who have authority or responsibility for directing or controlling the major activities of the organisation. The following posts have been designated as fitting the criteria by the Committee and are collectively referred to as the Executives within this report:

- Chief Executive
- Chief Operating Officer
- Director of Finance
- Director of Nursing/Deputy Chief Executive
- Medical Director
- Director of Workforce and Organisational Development

The Committee also considers other director-level posts that are not members of the Board.

Details of the membership of the Nominations and Remuneration Committee (Board of Directors) and individual attendance can be found below.

Annual statement on remuneration
The Nominations and Remuneration Committee (Board of Directors), in setting the pay of the Executive Directors, based its decisions on pay guidance from NHS England/NHS Improvement (NHSE/I) and available benchmarking data.

The membership of the Committee during 2020/2021 was as follows:

Philip Lewer – Chair
Alastair Graham – Non-Executive Director
Karen Heaton – Non-Executive Director
Denise Sterling – Non-Executive Director
Peter Wilkinson – Non-Executive Director
Richard Hopkin – Non-Executive Director
Andy Nelson – Non-Executive Director, for nomination items only

Professional advice to the Committee was provided by the Deputy Director of Workforce and Organisational Development at the meeting on 7 December 2020 and the Director of Workforce and Organisational Development at the meeting on 12 February 2021.

During 2020/2021 two meetings were held and were attended by all required members except Peter Wilkinson for the meeting on 7 December 2020.

The following items were discussed:

- Pay Award for Very Senior Managers for 2020/2021
- Review of Terms of Reference
- Board Succession Plan
- Recruitment of Director Posts
- Interim Director of Finance, Calderdale and Huddersfield Solutions Limited

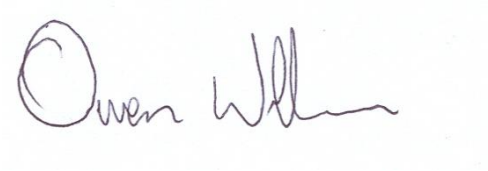
The Trust remuneration report is subject to a full external audit and details of remuneration and pension information are detailed on pages 77 - 82.

Remuneration Policy
The Trust's remuneration policy applies equally to Non-Executive Directors, Executive Directors and non- Board Directors and is based upon open, transparent and proportionate pay decisions. All pay decisions are based on pay guidance issued by NHS England/NHS Improvement, market intelligence from the NHS and where appropriate non-NHS sectors and are designed to be capable of responding flexibly to recruitment imperatives to secure high calibre people.
When setting levels of remuneration, the Trust's Nominations and Remuneration Committees take into account the remuneration policies and practices applicable to our other employees, along with any pay guidance received from the sector regulator and the Department of Health and Social Care. The Committees, when required, also access professional independent reports which capture objective evidence of pay benchmarking across a range of NHS and non-NHS comparators. The way in which the Committees operate is subject to audit scrutiny. The Committees are subject to an independent level of scrutiny by the Audit and Risk Committee and this scrutiny can be exercised at any time. This scrutiny role is set out in the Terms of Reference for the Audit and Risk Committee. The Audit and Risk Committee Chair does not sit on the Nominations and Remuneration Committee when remuneration is being considered.

The Trust has well established performance management arrangements and each year I undertake an appraisal for each of the executives and I am appraised by the Chair. The Trust does not have a system of performance-related pay and therefore in any discussion on remuneration an individual's performance is considered alongside the performance of the executive team and the organisation as a whole.

The Executive Directors and non-Board Directors are employed on permanent contracts with a six month notice period. Where a contract is terminated without the executive receiving full notice, compensation would be limited to the payment of the salary for the contractual notice period. There would be no provision for any additional benefit over and above standard pension arrangements in the event of early retirement. Non-Executive Directors are requested to provide six months' notice should they wish to resign before the end of their tenure. They are not entitled to any compensation for early termination. The Trust has no additional service contract obligations.

Salary and pension contributions of all Executive and Non-Executive Directors
Information on the salary and pensions contributions of all executive and Non-Executive Directors is provided in the tables on the following pages. The information in these tables has been subject to audit by our external auditors KPMG LLP.



Dr Owen Williams, OBE
Chief Executive
22 June 2021

Salary, Expenses and Pension entitlements of senior managers

A. Remuneration

It is the view of the Board of Directors that the authority and responsibility for directing and controlling the major activities of the Trust is retained by the Board of Directors and is not exercised below this level. For the year ended 31 March 2021.

Name and Title	2020-21					
	Salary	Taxable Benefits	Annual Performance Related Bonuses	Long Term Performance Related Bonus	*Pension Related Benefits	Total
	(bands of £5,000) £000	£	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
P Lewer ~ Chair	50 - 55	0	0	0	0	50 - 55
R Hopkin ~Deputy Chair and Chair of Finance & Performance Committee, Senior Independent Non Executive Director	10 -15	0	0	0	0	10 -15
K Heaton ~ NED - Chair of Workforce Committee	10 -15	0	0	0	0	10 -15
A Nelson ~ NED - Chair of Audit and Risk Committee	15 - 20	0	0	0	0	15 - 20
A Graham ~ NED - Chair of Calderdale and Huddersfield Solutions Ltd.	10 -15	0	0	0	0	10 -15
P Wilkinson ~ NED -Chair of Transformation Programme Board	10 -15	0	0	0	0	10 -15
D Sterling ~ NED - Chair of Quality Committee, Chair of Oversight Committee	10 -15	0	0	0	0	10 -15
G Boothby ~ Director of Finance	135 -140	0	0	0	20 - 22.5	155-160
S Dunkley ~ Director of Workforce and Organisational Development	125-130	0	0	0	27.5 -30	155-160
D Birkenhead ~ Medical Director	230-235	0	0	0	0 - 2.5	230-235

E Armistead – Deputy Chief Executive/Director of Nursing	150-155	0	0	0	107.5 -110	260 -265
H Barker ~ Chief Operating Officer	135-140	0	0	0	30 -32.5	165-170
O Williams ~ Chief Executive	190-195	0	0	0	5 -7.5	195-200
Additional disclosure						
Band of the highest paid Director's total remuneration	230 - 235					
Median Total (£'000)	27,354					
Remuneration ratio	8.50					

Name and Title	**2019 - 20**					
	Salary	**Taxable Benefits**	**Annual Performance Related Bonuses**	**Long Term Performance Related Bonus**	**Pension Related Benefits**	**Total**
	(bands of £5,000) £000	**£**	**(bands of £5,000) £000**	**(bands of £5,000) £000**	**(bands of £2,500) £000**	**(bands of £5,000) £000**
P Lewer ~ Chair	50 - 55	0	0	0	0	50 - 55
L Patterson ~ Chair of Quality Committee (Note A)	5 - 10	0	0	0	0	5 - 10
P Oldfield ~ Deputy Chair and Chair of Finance & Performance Committee, Senior Independent Non-Executive Director (Note B)	10 - 15	0	0	0	0	10 - 15
Prof P Roberts ~Independent Member (Note C)	0 - 5	0	0	0	0	0 - 5
R Hopkin ~Deputy Chair and Chair of Finance & Performance Committee, Senior Independent Non-Executive Director, Chair of Audit and Risk Committee (Note D)	15 - 20	0	0	0	0	15 - 20
K Heaton ~ NED - Chair of Workforce Committee	10 - 15	0	0	0	0	10 - 15
A Nelson ~ NED - Chair of Audit and Risk Committee (Note E)	10 - 15	0	0	0	0	10 - 15

A Graham ~ NED - Chair of Calderdale and Huddersfield Solutions Ltd.	10 - 15	0	0	0	0	10 - 15
P Wilkinson ~ NED (Note F)	5 - 10	0	0	0	0	5 - 10
D Sterling ~ NED (Note G)	5 - 10	0	0	0	0	5 - 10
G Boothby ~ Director of Finance	135-140	0	0	0	20 - 22.5	155-160
K Archer - Director of Finance - 01.11.19 (Note H)	20-25	0	0	0	0 - 2.5	20-25
S Dunkley ~ Director of Workforce and Organisational Development	125-130	0	0	0	27.5 -30	155-160
D Birkenhead ~ Medical Director	230-235	0	0	0	0 - 2.5	230-235
J Murphy ~ Director of Nursing (Note I)	40-45	0	0	0	0 - 2.5	40-45
E Armistead – Deputy Chief Executive/Director of Nursing (Note J)	110-115	0	0	0	0 - 2.5	110-115
H Barker ~ Chief Operating Officer	135-140	0	0	0	5 -7.5	140-145
O Williams ~ Chief Executive	190 -195	0	0	0	0 - 2.5	190 -195
Additional disclosure						
Band of the highest paid Director's total remuneration	230-235					
Median Total (£'000)	29,330					
Remuneration ratio	7.93					

Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pension related benefits for Non-Executive Directors.

Notes:

A. L Patterson - left 30.12.19

B. P Oldfield - left 22.12.19

C. Prof P Roberts - left 28.06.19

D. R Hopkin - Chair of Audit and Risk Committee, until December 2019, appointed Deputy Chair and Chair of Finance & Performance Committee, Senior Independent Non-Executive Director, 22.12.19

E.A Nelson - appointed Chair of Audit and Risk Committee, 10.01.20

F. P Wilkinson - appointed 01.10.19

G. D Sterling - appointed 01.10.19

H. K Archer - Director of Finance - Acting period 01.11.19 - 17.01.20
I. J Murphy - Left 19.07.19
J. E Armistead – appointed 01.07.19

***Pension Related Benefits**

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.
This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit
being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Additional disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in Calderdale and Huddersfield NHS Foundation Trust in the financial year 2020/21 was £230k - £235k (2019/20 was £230k - £235k). This was 9 times (2019/20, 8) the median remuneration of the workforce, which was, £27,354 (2019/20, £29,330).
In 2020/21 2, (2019/20, 4) employees received remuneration in excess of the highest paid director. In 2020/21 remuneration ranged from £280k to £324k (2018/19 £260k to £344k).

The salary for the Medical Director is their total remuneration package. In 2020/21 and 2019/20 the Medical Director had no direct clinical activity, for which payment was made.

The Trust's remuneration policy applies equally to Non-Executive Directors, Executive Directors and non- Board Directors and is based upon open, transparent and proportionate pay decisions. All pay decisions are based on pay guidance issued by NHS England/NHS Improvement, market intelligence from the NHS and where appropriate non-NHS sectors and are designed to be capable of responding flexibly to recruitment imperatives to secure high calibre people.

When setting levels of remuneration, the Trust's Nominations and Remuneration Committees take into account the remuneration policies and practices applicable to our other employees, along with any pay guidance received from the sector regulator and the Department of Health and

Social Care. The Committees when required also access professional independent reports which capture objective evidence of pay benchmarking across a range of NHS and non-NHS comparators. The way in which the Committees operate is subject to audit scrutiny. The Committees are subject to an independent level of scrutiny by the Audit and Risk Committee and this scrutiny can be exercised at any time. This scrutiny role is set out in the Terms of Reference for the Audit and Risk Committee. The Audit and Risk Committee Chair does not sit on the Nominations and Remuneration Committee when remuneration is considered.

The Trust has well established performance management arrangements and each year I undertake an appraisal for each of the executives and I am appraised by the Chair. The Trust does not have a system of performance-related pay and therefore in any discussion on remuneration an individual's performance is considered alongside the performance of the executive team and the organisation as a whole.

The Executive Directors and non-Board Directors are employed on permanent contracts with a six month notice period. Where a contract is terminated without the executive receiving full notice, compensation would be limited to the payment of the salary for the contractual notice period. There would be no provision for any additional benefit over and above standard pension arrangements in the event of early retirement. Non-Executive Directors are requested to provide six months' notice should they wish to resign before the end of their tenure. They are not entitled to any compensation for early termination. The Trust has no additional service contract obligations.

B) Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real Increase in Lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2019 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2019	Real Increase/(Decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2020	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
G Boothby ~ Director of Finance	0 - 2.5	0 - 2.5	55 - 60	75 - 80	791	42	846	0
S Dunkley ~ Director of Workforce and Organisational Development	0 - 2.5	0 - 2.5	5 -10	0 - 5	57	28	85	0
H Barker ~ Chief Operating Officer	2.5 - 5	0 - 2.5	65 - 70	150 -155	1,257	61	1,340	0
O Williams ~ Chief Executive	0 - 2.5	0 - 2.5	80 - 85	0 - 5	1,089	42	1,149	0
E Armistead – Director of Nursing and Deputy Chief Executive	5 - 7.5	7.5 -10	65 - 70	155- 160	1,216	137	1,374	0

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase/ (Decrease) in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Staff Report

We employ 5983 colleagues (6430 including Calderdale and Huddersfield Solutions Limited) across our two hospitals and in the community in Calderdale.

Gender

Board of Directors	8 (56%) Male 	5 (44%) Female 
Other employees (CHFT)	18% 	82% 

Staff costs

Staff costs				
	Group			
	Permanent	**Other**	**2020/21 Total**	**2019/20 Total**
	£000	**£000**	**£000**	**£000**
Salaries and wages	214,732	25,190	**239,922**	208,674
Social security costs	20,148	-	**20,148**	19,393
Apprenticeship levy	1,008	-	**1,008**	996
Employer's contributions to NHS pension scheme	36,176	-	**36,176**	35,521
Pension cost - other	106	-	**106**	75
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	4,529	**4,529**	7,096
NHS charitable funds staff	-	-	**-**	-
Total gross staff costs	**272,170**	**29,720**	**301,889**	**271,754**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**272,170**	**29,720**	**301,889**	**271,754**
Of which				
Costs capitalised as part of assets	409	-	**409**	267

Average number of employees (WTE basis)				
	Group			
	Permanent	**Other**	**2020/21 Total**	**2019/20 Total**
	Number	**Number**	**Number**	**Number**
Medical and dental	627	26	**653**	610
Ambulance staff	-	-	**-**	-
Administration and estates	965	61	**1,026**	980
Healthcare assistants and other support staff	1,580	121	**1,701**	1,614
Nursing, midwifery and health visiting staff	1,618	114	**1,732**	1,694
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	733	14	**747**	732
Healthcare science staff	-	-	**-**	-
Social care staff	-	-	**-**	-
Other	-	-	**-**	-
Total average numbers	**5,523**	**336**	**5,859**	**5,630**
Of which:				
Number of employees (WTE) engaged on capital projects	11	1	**12**	14

Reporting of compensation schemes - exit packages 2020/21			
The payment represents a mutually agreed settlement based on contractual obligations.			
Number of compulsory redundancies		**Number of other departures agreed**	**Total number of exit packages**
	Number	**Number**	**Number**
Exit package cost band (including any special payment element)			
<£10,000	-	1	**1**
£10,000 - £25,000	-	-	**-**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**-**	**1**	**1**
Total cost (£)	£0	£1,000	**£1,000**

Reporting of compensation schemes - exit packages 2019/20			
Payment in one case was made following an Employment Tribunal Ruling, in the second case after an agreed judicial mediation process			
Number of compulsory redundancies	**Number of other departures agreed**	**Total number of exit packages**	
	Number	**Number**	**Number**
Exit package cost band (including any special payment element)			
<£10,000	-	-	**-**
£10,000 - £25,000	-	2	**2**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**-**	**2**	**2**
Total resource cost (£)	£0	£22,000	**£22,000**

Off payroll engagements

Table 1: For all off-payroll engagements as of 31 March 2021, for more than *£245* per day and that last for longer than six months

Number of existing engagements as of 31 March 2020	0
Of which...	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2021, for more than *£245* per day and that last for longer than six months.

Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2021 of which:	0
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021

Number of off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0

Consultancy Spend

During 2020/21 the Trust spent £867K on consultancy.

2020 Staff Survey

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2020/21 survey among Trust staff was 50% (2019/2020 45%). Scores for each indicator together with that of the survey benchmarking group that comprises 128 acute and acute/community trusts are presented below:

	2020/21		2019/20		2018/19	
	Trust	Bench-marking Group	Trust	Bench-marking Group	Trust	Bench-marking Group
Equality, diversity and inclusion	9.2	9.1	9.1	9.0	9.1	9.1
Health and wellbeing	5.9	6.1	5.5	5.9	5.6	5.9
Immediate managers	6.7	6.8	6.7	6.8	6.6	6.7
Morale	6.1	6.2	6.0	6.1	6.0	6.1
Quality of appraisals	-	-	5.2	5.6	5.2	5.4
Quality of care	7.4	7.5	7.4	7.5	7.4	7.4
Safe environment – bullying and harassment	8.1	8.1	8.0	7.9	8.0	7.9
Safe environment – violence	9.3	9.5	9.4	9.4	9.4	9.4

Safety culture	6.8	6.8	6.4	6.7	6.7	6.6
Staff engagement	6.9	7.0	6.9	7.0	6.9	7.0
Team working	6.3	6.5	6.4	6.6	-	-

The scores for the 2020 survey show a statistically significant improvement when compared to the 2019 survey in the scores in three areas:

- Health and wellbeing
- Morale
- Safety culture.

Improvement by 4% or more in scores between 2019 and 2020 were seen in the following areas:

Q11d. organisation definitely takes positive action on health and wellbeing – 10% increase from 22% at 32%

Q18c. would recommend organisation as a place to work has improved from 57% to 64%

Q4f. have adequate equipment and materials to do my work has increased from 49% to 58%

Q7c. Able to provide the care I aspire to has increased from 63% to 68%

Q17c. would feel confident that organisation would address concerns about unsafe clinical practice rose from 57% to 61%

Q18d. If a friend/relative needed treatment would be happy with standard of care provided by organisation increased from 67% to 72%

Q19c. I am not looking to leave this organisation rose from 58% to 62%

Areas where our scores reduced by 4% or more were:

Q2b always/often enthusiastic about my job has decreased from 75% to 71%

Q4i team often meets to discuss teams effectiveness from 56% to 52%

Q13d when last experienced harassment, bullying or abuse at work did you report it reduced from 47% to 43%

We have identified five priorities for 2021/2022 which are aligned to the NHS People Plan:

1. Health and wellbeing (NHS People Plan – looking after our people/belonging)

    - Consolidation of our health and wellbeing offer, developing skills for line managers to put health and wellbeing at the centre of conversations, wellbeing ambassador development, wellbeing hour evolution

2. Leadership development (NHS People Plan – growing for the future)

    - Review, evaluate and further develop/enhance our existing programme for leaders with people responsibilities – Leading One Culture of Care, Empower and implement a Future Leaders Programme

3. Development opportunities for all (NHS People Plan – growing for the future)

    - Create professional and personal development offers that mean development opportunities are available and accessible to all

4. Inclusion (NHS People Plan - new ways of working/belonging)

    - Year 2/3 of 5 year Inclusion Plan - Inclusive Leaders/Allies (awareness and development), capability to authentically communicate and role model Inclusion and each leader has a EDI objective

5. I am a member of Team CHFT (NHS People Plan – belonging)

    - Create tools and resources to support local communication and enhance teamwork.

The Workforce Committee oversees performance in the staff survey, the Trust response to feedback and progress in improving our scores and the overall colleague experience.

Investors in People

We are an Investor in People Silver accredited organisation. Our next assessment will take place in Autumn 2021.

Redeployed colleagues join ward 5

Equality, Diversity and Inclusion (ED&I)
We continue to be highly committed to being instrumental in delivering a health service where equality, diversity and inclusion are embraced and communicated in our everyday lives. As an organisation, we recognise and celebrate the value the difference that diversity brings and how, through Inclusion, we can work together to get results. The Trust's 5-year inclusion strategy sets out how the organisation strives towards delivering change and our policy ensures that employment matters adhere to best practice and legislation. Performance is monitored by the Workforce Committee. When considering performance outcomes, the Committee will seek to ensure the outcomes align with overall business performance.

LGBTQ+
In the last 12 months, we've worked hard to develop our LGBTQ+ forum. Over 2500 colleagues wear their NHS Rainbow Lanyard with pride and they have all pledged to take action to support inclusion and accessibility to services. We flew our LGBTQ flag during LGBT History month and the network chair developed a LGBTQ History video. Our LGBTQ colleague network plays an important role in ensuring we value and celebrate diversity, sharing their experiences and highlighting important events.

Disability
We are committed to the employment and career development of people with disabilities, we are a Disability Confident employer. We have formed our Colleague Disability Action Group and we are working on our Workforce Disability Equality Plan. Our disabled colleagues contribute to proposals around service and policy changes through our Equality Impact Assessments.

Project Search

Through 'Project Search, the Trust offers young adults with learning difficulties, disabilities or autism, opportunities to support them on their employability journey through a blend of work experience and classroom learning. This is a tripartite agreement with the local council, local college and the Trust. During the pandemic the work experience was required to pause due to safety purposes, however, the learning and the networking between the three parties continued in order that the healthy relationship could continue post pandemic. We continue to recognise that positive action can help remove barriers to employment and pro-actively address the under-representation of disabled staff in employment.

Ethnicity

Our BAME network has over 100 members and during the pandemic we continued to meet quarterly via Microsoft teams. Members are actively involved in Equality Impact Assessments and Reconfiguration Plans. We continue to submit our Workforce Race Equality Standard (WRES) data and work together on our plans. There is still a long way to go and education and awareness is a vital element of our plan. Covid-19 has seen particular challenges for our BAME colleagues. We have developed a 'Step in Our Shoes' 'Unconscious Bias' module in our Leadership Development Programme and produced a range of materials during Anti-Bullying Week and a poster campaign during black history month. The 'Bullying and Harassment' campaign was promoted throughout our footprint to achieve an overarching cultural change to tackle bullying and support colleagues to respectfully challenge problem behaviours**.**

Gender

The Trust's gender pay gap position has not changed significantly in the last 12 months since first publication and remains strongly influenced by the pay and gender make-up of the medical and dental staff group (i.e. Doctors and Dentists). We host an annual International Women's Day event and are about to launch a 'Women's Voices' network in 2021.

Partnership with the Armed Forces

We recognise the importance that healthcare plays in supporting the country's defence and security, and so we are committed to supporting the UK's Armed Forces community, from cadet adult volunteers to reservists, veterans and their families. We have demonstrated this commitment by signing the Armed Forces covenant. There is significant support from senior leaders as well as management champions, clinical champions and Human Resources who work together to promote the Forces and ensure both staff and patients are supported and not disadvantaged. Some of the ways staff are supported include:-

- Guaranteed interviews for service leavers, veterans and reservists who meet the essential criteria for roles
- Supporting reservists and their managers with mobilisation and demobilisation
- Creation of the Armed Forces staff network.

The core values of the Trust and the Armed Forces are closely aligned, with a focus on people and partnerships, pioneering services and staff pride in what they do. As a result, we strive to ease the path for service leavers to work in healthcare

Support to Speak Up
The Public Interest Disclosure Act protects workers from detrimental treatment or victimisation by their employer if they, in the public interest, 'blow the whistle' on wrongdoing. We take our responsibilities under the Act very seriously and we employ a Freedom to Speak Up Guardian. During 2018 nine Freedom to Speak Up Guardian reports were received, The Trust recognised that more awareness raising was required. Since employment of the Guardian, cases from members of staff have been increased from 70 in 2019 to 90 in 2020. This is a direct result of the awareness raising campaign that took place including the distribution of posters, social media campaigns and open drop-in sessions at all Trust sites. We also have 30 Freedom to Speak up Ambassadors who come from a range of roles/backgrounds/locations and volunteer to ensure colleagues have a safe space to speak up, chat through their concerns and we act appropriately. In addition to the Freedom to Speak Up Guardian, a number of other routes are open for colleagues to voice concerns such as:-

- Freedom to Speak up portal (available on the internet and external website)
- Ask Owen (via website)
- Chaplaincy service
- Trades unions
- Workforce and Organisational Development

The Board received two reports on Freedom to Speak Up activity during the year highlighting themes and next steps.

Equality Delivery System 2 (EDS2)
The Equality Delivery System is designed to specifically support service delivery that is fair, providing equality of access to employment and delivery of services that meets the needs of a diverse population. The Trust and Group introduced the audit tool a number of years ago and annually undertakes a full grading exercise. The outcomes are reported to the Trust Board annually and the equality and diversity action plan is updated as appropriate.

Reporting/Action Plans
The Trust publishes its Gender Pay Gap Report annually on its own website and the designated government website. It has an action plan to address the issues identified. The Trust uses Workforce Race Equality Standard data to track progress against nine metrics to identify and help eliminate any differential in the treatment of staff. Information is presented to the Workforce Committee and a Workforce Race Equality Standard action plan is agreed. The Trust is cognisant of the national requirements outlined in the NHSE/I 2019 'Model Employer' strategy to increase Black, Asian, Minority Ethnic (BAME) representation at senior level across the NHS and action plans are in place to develop and achieve this ambition. The Trust has established equality networks for BAME, disability and LGBTQ+. These groups help review and inform the Trust's action plans, policies and procedures. The terms of reference for these groups include provision:

- to promote a work environment in which colleagues feel supported and valued, whilst enabling them to fulfil their potential and contribute fully to the benefit of the service and our patients
- to challenge discrimination and to positively promote equality
- to manage a network that can offer advice and support to others

- to ensure that good practice and initiatives to promote issues are shared
- to provide a forum for discussion and debate which draws on knowledge and experience
- to act as a driving force to promote continuous practice improvement
- to develop and coordinate an action plan for positive change and ensure Trust policies are inclusive
- to assist the Trust in meeting its obligations regarding its duty under the Equality Act and NHS Equality Delivery System (EDS)
- to provide a place for colleagues to receive peer support i.e. raise concerns and ideas in a safe and confidential environment

Equality and diversity is a Trust essential safety training requirement for all colleagues. Compliance with this training was 97.43% for 2020/21.

Empower – Inclusive Personal Development Programme
This programme is for colleagues who would like to grow / invest time in their self-development and who are passionate about making a difference in their role and in our local community.

The programme has a senior sponsor, each participant will have a dedicated mentor, and colleagues get to hear from senior leaders, as well as other leaders from other sectors, regarding achieving their aspirations. The programme lasts for 12 months, there are 27 delegates on the programme. The aim is to stretch participant thinking through interactive learning activities, personal insight and discussion and determine how to use this learning to support individual goals and aspirations. Delegates are asked to hold self and other 'Empower' colleagues to account, and the programme is peer assessed.

Health and Wellbeing
One Culture of Care is at the heart of our colleague wellbeing approach. Accessibility, trust and simplicity have been vital to ensure each one of our colleagues understands that support is available to them should they need it. All the opportunities to access support are communicated via 130 volunteer wellbeing ambassadors in order that they can promote the package locally within their teams. Our focus on positive mental and physical health encourages colleagues to talk openly about their health issues, raise awareness and reduce stigma.

The Board receives a quarterly report from the Guardian of Safe Working Hours which provides an overview and assurance of the Trust's compliance with safe working hours for junior doctors and highlights any recommendations.

We have used the results of the 2020 NHS Staff Survey to inform and target appropriate interventions across the Trust to address and improve the overall package:

- Introduced a Health and Wellbeing Risk Assessment for all colleagues – over 4000 colleagues have completed the assessment
- 24/7 helpline – supported thousands of colleagues through the pandemic
- Listening events – Teams and face to face events sharing thoughts, feelings and experiences
- Socrates – dedicated support for colleagues suffering traumatic event / PTSD

- Halsa Wellbeing – 'live' and recorded webinars supporting self care and relaxation, sleep, reflexology, working from home, meditation – 250 colleagues accessed this service
- Wellbeing Coaching for Anaesthetists
- Launched an Employee Assistance Programme
- Dedicated Schwartz Rounds
- Manager guides – tools and resources made available via 'The Cupboard', our people strategy
- Self-care guides and resources
- Communicating and promoting the basics of nutrition, hydration, sleep.

Going forward the health and wellbeing of colleagues is at the centre of everything we do – and the link to compassionate patient care should be explicit. There will be a balance of support for mental and physical health and wellbeing, we will promote the basics of hydration, nutrition, sleep, facilities, and regular breaks via our wellbeing advisors/wellbeing ambassadors. Health inequalities will be our first and last thought.

Wellbeing Hour
The wellbeing hour is just one small element of our Health and Wellbeing Strategy. Colleagues have the opportunity to take one hour a week or 4 hours a month to take time for self through exercise, volunteering, developing and/or taking part in one of our 'colleague forums'. This is a clear symbol of our commitment to One Culture of Care. We believe this is vital to keep colleagues well and delivering outstanding performance and make the difference in supporting colleagues through the pandemic and beyond. Colleagues exercise choice to take the hour and work together as a team to make it happen.

Staff engagement
Our aim is to develop a workplace where colleagues care for each other and themselves, and an environment that delivers high performance for our patients and service users whilst enabling our colleagues to feel empowered and cared for.

In the last year, we have continued to engage colleagues and enabled our workforce to get more involved in 'the way we do things around here' building channels to hear 'the colleague voice', building and supporting colleague networks and highlighting these voices to the senior team, in order that we all understand what is important and develop plans to deliver tangible change.

Our engagement team used social media/podcasts/cupboard to engage, promote and encourage participation. The increased utilisation of social media has successfully enabled the Trust to engage more directly with both prospective and current employees, support the recruitment and retention strategy as well as build a platform from which to promote our one culture of care 'brand'. We use these channels to reinforce our support for our colleagues. One of our key areas of focus as we worked during a pandemic was colleague health and wellbeing. We developed a 24/7 Friendly Ear Service in March 2020 and since then our small wellbeing team have spoken to thousands of CHFT colleagues. The more we spoke to colleagues, they more we understood their experiences. This then led to further development of our health and wellbeing package, tailoring support to suit their needs.

Our commitment to developing our colleagues did not stop during the pandemic. In fact, we enhanced the offer and developed an on-line leadership development programme that can be accessed by any colleagues wanting to develop, not just leaders. We recognise that leadership is key to enabling staff to reach their potential. Our leadership development offer provides a range of learning options, and one particular success in the last year has been the introduction of an Empower programme, an Inclusive Personal Development Programme where colleagues work on achieving their goals through working with a mentor and a challenge and support group which enables colleagues across divisions to work and to learn together.

Attendance Management
Sickness absence data for 2020/2021 is published by NHS Digital and the information for the Trust can be found at the following link:-
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

The Trust recognises that colleague health and wellbeing is a key determinant of safe and high quality services. It is a core feature of our people strategy. High rates of absenteeism are costly, from a financial point of view, impact morale levels in the organisation and result in a loss of continuity of patient care. The Trust has a policy which supports regular attendance at work that enables managers to manage attendance fairly, with a focus on rehabilitation and return to work wherever possible. In addition, colleagues are telling us that we can do more to support their health and wellbeing – in the 2020 staff survey we've seen a 10% increase in the colleagues telling us the organisation takes positive action on health and wellbeing. This has been an important issue during the pandemic and the Trust is committed to progressing a range of wellbeing interventions and ensuring access to support that makes a positive impact on the overall colleague experience.

Appraisal and Essential Safety Training
The Trust maintained its commitment to ensuring that colleagues were able to discuss their performance, development and health and wellbeing in an appraisal meeting with their line manager. An appraisal season ran from July to October 2020. A total of 95% of colleagues had an appraisal discussion. We also ensured that there was an emphasis on being compliant with essential safety training, mostly through e-learning. Our training ensures that colleagues can demonstrate they undertake their job roles safely and maintain a safe and healthy work environment.

Trade Union (Facility Time Publication Requirements) Regulations 2017
The Trade Union (Facility Time Publication Requirements) Regulations 2017 which implement section 13 of the Trade Union Act 2016 came into force on 1 April 2017. The Regulations require public sector employers (including NHS Foundation Trusts) to publish the cost of paid facility time taken by employees who are union officials. Employers must report the required information for each 12-month period from 1 April to 31 March on their websites, in their annual reports, and on the gov.uk website. The Trust met this requirement for 2019/20. No penalties or enforcement mechanisms have been set out in the Regulations. The intent is accountability through visibility to stakeholders, the public and the media.

The Trust introduced a Recognition and Facilities Agreement in January 2019 which sets out clear procedures on time off for trade union duties. This recognises the valuable work

undertaken by trade unions working in partnership with the Trust. The Trust believes that partnership working brings significant benefits to service users and staff and the spirit of the Agreement is in keeping with these principles.

The Recognition and Facilities Agreement requires trade union representatives to record their time off under these Regulations and they are required to record their time off under the Electronic Staff Record (ESR) Employee Self Service function or e-Roster as appropriate. This in turn facilitates the production of reports on time off for trade union duties. The exception to this requirement to record time off on ESR concerns those doctors undertaking trade union duties such as Local Negotiating Committee work and who have agreed time within their job plans for this purpose.

Time off data for 1st April 2020 to 31st March 2021
This data represents approved time off for trade union duties for medical and non-medical local trade union representatives

Category	Total
FTE days used for trade union duties:	251.76
Estimated cost of trade union duties:	£53,338
Number of staff undertaking trade union duties:	24

Reporting Trade Union Data on the GOV.UK website
The Trust will also publish information on the GOV.UK website as required under Schedule 2 of the Trade Union (Facility Time Publication Requirements) Regulations. The deadline for this is normally 30th September but was delayed last year due to Covid-19. This year's deadline for the on-line reporting service is yet to be confirmed by the Cabinet Office. The unofficial benchmark set by the Government (according to NHS Employers) is 0.06% of the pay bill spent on trade union duties, meaning that any figure above this may attract further scrutiny. The Trust's figures since reporting began in 2018/19 have been 0.02% each year which is well below the benchmark figure.

Gender Pay Gap
Information on our gender pay gap can be found on the Cabinet Office website (https://gender-pay-gap.service.gov.uk/).

The requirement by Government to provide a gender pay gap report was suspended entirely for the 2019/2020 reporting year (which used a snapshot date of either 31 March 2019 or 5 April 2019). Employers do not have to report their gender pay gap information for the 2019/20 year and will not be expected to do so at a later date.

Due to the continuing impact of the Coronavirus (Covid-19) pandemic, the Equality and Human Rights Commission (EHRC) announced that employers will have an additional six months after the current deadline to report their gender pay gap information. All employers now have until 5 October 2021 to report their gender pay gap information. The changes relate to gender pay gap information that is due to be published by 30 March 2021 for most public authority employers, or 4 April 2021 for private, voluntary, and all other public authority employers. All employers now have until 5 October 2021

to report their gender pay gap information using a snapshot date of either 31 March 2020 or 5 April 2020. No enforcement action will be taken if they report by that date.

Employers are also able to report gender pay gap information for the next reporting year which will use a snapshot date of either 31 March 2021 or 5 April 2021 from the beginning of April 2021.

Further additional information on the Trust's gender pay gap can be found on our own website at https://www.cht.nhs.uk/publications/gender-pay-gap-reporting/.

Medical Education Services (including Library and Knowledge Service and Clinical Skills and Simulation) 2020/2021

As for any other department the past year has been very different for Medical Education Services. The Covid-19 pandemic meant we had to adjust how we worked and how we delivered training programmes for our doctors. However, we achieved this – we moved a lot of our training packages to Microsoft Teams, we presented live virtual induction programmes, and a host of other initiatives were introduced. It has been a challenging year. However, what has been impressive is that at a time when the clinical workload was unprecedented, a significant number our doctors in training not only stepped up to the mark to support the additional clinical workload but they explored different opportunities for delivering teaching and training, and a number of exciting new initiatives were born (for example the CHFT Academia Group and the Bridging the Gap training events – both developed and facilitated by our doctors in training)

- In July 2020 we hosted once more the 'CHFT's Got Medical Talent' Awards to recognise the fantastic contribution our doctors in training make to the organisation. Whilst the awards ceremony was virtual, it was still a great event and a wonderful opportunity to recognise what our junior doctors do.
- In October 2020 we moved out of the Learning and Development Centre premises at Huddersfield Royal Infirmary and we are currently working with the Estates team to develop exciting new facilities.
- We submitted a successful bid to Health Education England and secured over £125,000 of funding to purchase simulation equipment, with some new additions to our inventory which will allow us to expand the training events we offer in the future.
- The clinical and simulation service continues to develop, with an expanding number of courses available. We have upgraded a number of our medium fidelity manikins.
- Working with Human Resources we created temporary 'Medical Student Support Workers'. These were 5th year medical students from Leeds Medical School who worked shifts in Acute Medicine to help support the Covid-19 clinical workload. The shifts were designed to be of educational value to the students as well as supporting the team in Acute Medicine.
- The Library and Knowledge Service (LKS) was amongst a handful of libraries from the health, academic and public sector that remained opened and staffed throughout the pandemic.
- Although it has been a relatively quiet year in terms of footfall, LKS have had a very busy year in terms of demand for expert literature searches from CHFT staff. These were to support departmental research projects, patient related queries or to assist with academic study. There has been a similar increase in requests for literature skills training from staff which have been facilitated online whenever possible.

- LKS has continued to be active in the Health and Wellbeing role securing speakers for the now virtual Schwartz Round which included Rounds to support staff from the acute floor.
- LKS managed to renew the subscription to UpToDate with the support of funds from the Calderdale and Huddersfield NHS Charity providing access for staff to a point of care information tool which was well received by all staff especially by clinicians.

Volunteers
We are incredibly proud to work with volunteers from our local communities who are committed in their support for local NHS services and patient care. We continue to see individuals offer their time and energy in volunteering and we also benefit from the partnerships we have established with volunteer organisations including the League of Friends. We are grateful for their continued involvement and their significant contribution.

The Calderdale and Huddersfield NHS Foundation Trust Charity has been greatly supported by our local people through charitable donations during the pandemic. Much of what has been kindly donated by local companies as well as individuals has helped colleagues employed in the Trust to maintain their health and wellbeing.

Patient Care
Details of work relating to caring, patient experience, continuous quality improvement, quality governance and learning from insight is given below - this includes patient feedback and surveys, patient experience work and quality improvement
More information on quality governance is included within the Annual Governance Statement in the Accountability Report.
The Trust confirms that there are no material inconsistencies between the Annual Governance Statement, the annual and the quarterly Board statements.

Caring
We continue to use learning from patient and staff experience through continuous testing and measurement aligned to local and national drivers to develop services and improve patient care.

We have continued to work with patients, members, commissioners, regulators and colleagues to identify our patient care and improvement priorities.

Throughout the year the Trust Board received a quality report on progress and activity in relation to a range of quality indicators, including those in the quality account, the quality account priorities and the Trust focussed priorities.

Over the last year extensive work has been undertaken to strengthen the governance and reporting arrangements to ensure that the groups and meetings feeding into the Patient Safety Board and Quality Committee give assurances for effective and efficient reporting to the Board.

Work continues to strengthen and streamline reporting into quality meetings to help to reduce duplication; divisions are supported in order to ensure reporting in a meaningful way from "ward to Board" thus giving assurances on the quality of care we deliver. A key element of which is to ensure we are able to share learning across the Trust on areas of good practice as well as learning from when things have gone wrong. Work continues to look at innovative ways of sharing learning and demonstration of change and good quality outcomes.

The Trust Board received an annual report on the work of the Quality Committee.

During 2020/21 we have continued our ward to Board assurance programme, by maintaining visibility of senior leaders and Board members across the organisation within the limits of the pandemic. Whilst quality assurance clinical visits had to be stood down, key areas have had virtual reviews which included the Emergency Departments and Maternity services. Infection prevention controls walk-arounds and audits have continued to ensure compliance for the NHS E/I infection prevention and control (IPC) board assurance framework. The Trust has held weekly IPC gold command meetings attended by IPC and divisional colleagues and Executive Directors.

For 2020/21 work is underway on the development of a ward accreditation to include Observe and Act, a patient experience observation tool. This will be piloted in areas across the Trust ahead of the full roll out and further detail is given below.

The Exemplar Ward Accreditation Programme is based on continuous improvement principles and provides the clinical areas with a structured assessment of how well they deliver high quality and safe care. It highlights areas of good practice and also a clear plan for improvement where we fall short of expectations of those in our care.
The Trust continues to optimise our use of digital technology, a key element of which is the use of our electronic patient record and the Knowledge Portal. Both of these allow clinical leaders to see at a glance and in real time the quality of care being delivered.

Ongoing work is planned to further strengthen digital capability to include optimisation of the Clinical Record through in-depth analysis of the current process around electronic documentation, benchmarking and the setting of standards. Use of the Digital White Board is being trialled within the hospital setting in two designated areas.

The Trust has revised its Risk Management Strategy and Policy to amalgamate into one Strategy and the Senior Risk Manager's role has been reviewed and changed to the Head of Risk and Compliance.

The Trust continues to work with their local partners within the West Yorkshire and Harrogate footprint. Collaborative work has taken place across the system on the approach for the management of Hospital Acquired Covid-19 infection and incident management as a whole.

Patient Experience and Continuous Quality Improvement
A structured programme which lends support to the ongoing Trust wide activities has been progressed throughout the year. These support the programme objectives to:

1. Establish and deliver an annual Transforming Patient and Carer Participation and Experience Programme
2. Support the principles of the NHS Long Term Plan (2019) to provide high-quality services that are accessible and convenient for patients and a commitment to prioritising more integrated care
3. Ensure that patient experience and participation is embraced as part of organisational business / activities - Lord Darzi 'High Quality Care for All' (2008) established patient experience as one of the three elements of high-quality care, alongside clinical effectiveness and safety.
4. Lead an organisational understanding of the relevant legal and policy requirements e.g. Equality Act 2010 and public involvement under the National Health Services Act 2006 (as amended by the Health and Social Care Act 2012).

Key programme priorities have included:

- Commitment to carers
- Reducing noise at night
- Making complaints count
- Embedding a volunteer presence
- Introduction of an understanding people's experiences tool: Observe and Act
- Friends and family test – implementation of national changes
- Quality priority - Learning lessons to improve patient experience

Progress with these projects is detailed below. For each project, actions and plans are in place for the continuation of the project during 2021/22.

Commitment to Carers
An assessment of NICE guidance - Supporting adult carers, issued in January 2020 has been used to direct the priorities for the Trust, which includes developing processes to involve carers more fully and for them to be seen as partners in care. This includes:

- Identifying unpaid carers
- Referring carers to third sector carer support organisations (who will take responsibility to refer for formal carer assessments and signpost carers to information and support
- Recognising carers in the Trust (via a lanyard and ID card) and providing them with support such as reduced parking rates, refreshments, discounted meals and access to the ward. Also agreeing involvement in care and treatment discussions (with patient consent).

Contacts have been made from within the local community to explore more effective ways of working together:

- West Yorkshire and Harrogate Health and Care Partnership carers leads
- Local Authority carer leads and commissioners
- Local third sector service providers.

Reducing Noise at Night

The results of the 2020 inpatient survey (of patients discharged in July 2019) identified the following question about noise at night as scoring low, when benchmarked with other Trusts was ***'****Were you ever bothered by noise at night by hospital staff ?'*

The Trust had previously collaborated with the University of Huddersfield on a joint research project to explore the characteristics of night-time noise levels and in-patients' self-reported sleep. An opportunity was taken to use this knowledge to develop an improvement package, which included:

- Educational online resource
- Presentations at key meetings
- Posters for wards
- Ward based 'sleep champions'
- Resources promoted through Trust 'comms'
- Clinical waste bin selection (soft-close)
- Looking into use of noise metre
- Adding information to elective surgery letters about ear plugs.

The Professor of Nursing leading the research influenced a revision to the National survey question, changing to one that is more focused on sleep:

Were you ever prevented from sleeping at night by any of the following?

- Noise from other patients
- Noise from staff
- Noise from medical equipment
- Hospital lighting
- Something else
- None of these

Making Complaints Count

A cross-divisional improvement collaborative has been established which is responsible for ensuring that the Trust is compliant with the statutory and regulatory requirements for complaints management. Further information on concerns, complaints and compliments for 2020/21 is given on page 109.

A review of our complaints practice against the Parliamentary and Health Service Ombudsman (PHSO framework /standards (ahead of the final standards being published in April 2021) has been undertaken and is being used to prioritise the work to improve complaints processing. This has been informed by previous reports and audits, resulting in a combined project plan.

The collaborative is supported by an operational group which is leading the development of processes, procedures, and policies to create a consistent approach across the Trust.

The ambition is to develop a complaints service which is responsive to service user requirements. This is being tested through a survey that will gather feedback on the following statements (published by the PHSO and developed in conjunction with

patients and service users): My expectations for raising concerns and complaints; Parliamentary and Health Service Ombudsman, November 2014:

Embedding a Volunteer Presence

Successful bids made to the NHS England / NHS Improvement (NHSE/I) 'winter and Covid 19 volunteering programmes', has created an opportunity to fund temporary co-ordinator project posts within the Quality Directorate.

The purpose of this funding is to support the use of volunteer services in order to reduce pressure on NHS staff and services.

The project incorporates a detailed induction and on-boarding programme in line with the Trust's additional governance requirements for voluntary services to maintain safety of the volunteers. This includes monitoring progress, evaluating impact, and identifying emerging volunteer leaders.

Volunteer roles that form part of the project are:

- Establishing and embedding a robust front of house / meet and greet service (to include monitoring of Covid-19 requirements (use of hand gel, wearing a face covering, maintaining social distancing). This role will also support the 'Belongings to Loved Ones' service, once a full rota is in place
- Exploring how the service can maximise the opportunities to support patients and carers on discharge from hospital
- Introducing ward based 'safety guardians' to work as part of the clinical team to provide 'eyes on' support

In addition, the project co-ordinators will work with the volunteers who wish to look at opportunities to apply for paid work within the Trust.

The pilot "*Front of House***"** rotas have now commenced, running over four mornings, the volunteers are providing feedback after each session based on reflection at the end of their shift re their observations of good practice, along with any concerns they encountered / noted.

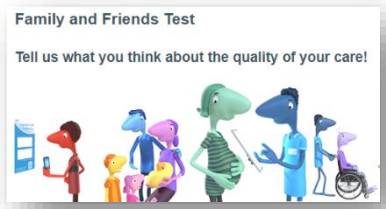
Regarding supporting patients and carers on discharge: agreement has been reached to test processes with the Discharge Lounge initially, with baseline data being collected to identify what support patients currently receive. We are also using a 'go see' approach to learn from other Trusts who are using volunteers to support the discharge process and how this is managed, including the use of the Royal Voluntary Service support offer.

The role of the ward based 'safety guardians' has been explored with ward managers to gain an agreement of suitable tasks, these include answering telephones, sitting with patients, supporting mealtimes and being involved in the 'time to clean' sessions.

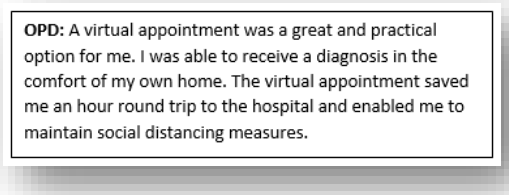
Observe and Act – Testing and Implementation of Patient Experience Observation Tool

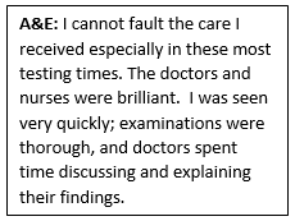
- Project work commenced in 2020 to introduce 'Observe and Act' within the Trust. This national 'through the patient eyes' observation / improvement tool is to be utilised virtually as part of the focussed support framework approach.
- The Trust is currently testing this approach using virtual mechanisms and is the first Trust in the country to test this approach.
- This module will be predominately supported/ delivered by volunteers, governors, members and Non-Executive Directors.
- One of the key elements of this module relates to observing how our patients and carers with accessibility, inclusion and diversity needs are cared for.
- Key findings at each observation then drives local improvement at ward level in the Trust.

Friends and family test (FFT) – Implementation of National Changes



- The national FFT question was due to change on 1st April 2020, with the question being revised from one which asked whether patients would recommend the service to friends and family to one which asks how patients would 'rate' the care they received.
- However, notification was received 30th March 2020 to advise that in order to reduce the burden and release capacity to manage the Covid-19 pandemic, the submission of FFT data to NHSE/I was to be suspended from all settings until further notice.
- Where SMS messaging was used to capture responses (Outpatients, OPD and Emergency Departments, ED) this could be continued. In these areas, useful feedback was received to indicate whether changes implemented to address the pandemic were providing an experience that met patient needs.





- Notification was received from NHSE/I that the submission of FFT data was to recommence with effect from December 2020.
- The reporting format has moved away from response rates with a greater focus on driving improvement, supporting comments of what went well and what can we do better will help to inform the improvements.
- Numbers of responses have been low for inpatient, community and maternity services, low figures relate to staffing pressures and priorities, along with adapting to new processes; higher numbers were achieved in the ED and OPD where SMS messaging is the main method of response.
- Various approaches are in place to increase responses: relaunch / improvements to the digital platform, hospital posters with the URL link and QR code, senior colleague as service leads responsible for promotions and briefing of teams in line with the standard operating procedure.

2020/21 Performance

	19/20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	YTD
Friends & Family Test															
Friends & Family Test (IP Survey) - % Positive Responses	96.88%	96.44%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	98.19%	99.24%	in arrears	98.66%
Friends and Family Test Outpatients Survey - % Positive Responses	91.98%	92.08%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	93.17%	92.97%	in arrears	93.07%
Friends and Family Test A & E Survey - % Positive Responses	84.54%	86.25%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	90.10%	90.98%	in arrears	91.00%
Friends & Family Test (Maternity) - % Positive Responses	99.20%	99.50%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	91.70%	100.00%	in arrears	94.12%
Friends and Family Test Community Survey - % Positive Responses	96.32%	93.91%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	100.00%	100.00%	in arrears	100.00%

Quality Priority - Learning Lessons to Improve Patient Experience
Initial work during 2020/21 has now concluded. The focused quality priority agreed was to be more innovative in our approach to learning lessons by developing:

- An interactive Learning Portal which will provide staff with useful learning resources, such as powerful real-life patient experiences to understand the emotional and physical impact.
- A fully illustrated staff guide, on how to identify learning and more importantly what to do with it, when there has been a problem.
- A draft process, which has been designed and is being tested, to identify 'topics' from across the range of quality activities (for example insight, incidents, quality improvement) that will translate into learning and impact material.
- The process includes how this can be cascaded through Divisions to achieve maximum coverage for teams and individuals.
- The concept of an integrated 'learning from' report is under development (incidents, complaints, concerns, compliments, feedback, legal claims).

Surveys
National Surveys

CHFT participates in all the national patient experience surveys. The annual programme of surveys has been delayed this year and will be reported on in the 20221/22 annual report. The current position with the surveys is detailed below:

Surveys currently in progress:	Sampling months for future national surveys	Current status
National Urgent and Emergency Care Survey 2020	September 2020 patients	Anticipate early release of survey results from Trust's approved survey contractor – April 2021 CQC official results expected September 2021

National Inpatient Survey 2020	November 2020 patients	Anticipate early release of survey results from Trust's approved survey contractor – May 2021 CQC official results expected November 2021
National Children and Young People Survey 2020	November/December 2020 patients	Anticipate early release of survey results from Trust's approved survey contractor – August 2021 CQC official results expected November 2021
National Maternity Survey ***2020 -*** survey was cancelled	**Feb 2021 births**	Anticipate early release of survey results from Trust's approved survey contractor – September CQC official results expected January 2022
Cancer Patient Experience Survey 2020	Patient cohort April – June 2020	CHFT taking part in the survey which is happening on a voluntary basis this year

Local Service User Feedback & Surveys

Local surveys have continued to be conducted in response to issues / subjects that are important to the trust and local services. This year these have included:

- Maternity Covid-19 survey sought women's feedback regarding experience of all aspects of maternity care including infant feeding support during the pandemic.
- An outpatients Covid-19 survey asked for feedback on the impact of appointments / treatment being cancelled / postponed and views of video and telephone appointments, with results used to inform training for appointment centre staff. It has also informed projects that have started in the outpatient transformation since the survey was completed.
- Survey of young people who are transitioning from Paediatric to Adult diabetes services which is being used to inform how the Paediatric team can better prepare the young person and their parents / carers for this change.
- A survey is currently underway to capture views from staff and the public about the future of face to face visiting to help shape what visiting will look like over the coming months.
- A survey has been designed to capture the views of people who have used the Trust's complaints service – results will be used to inform the Trust's ambition to achieve a user led approach to making complaints count.

Other Corporate and Divisional Initiatives: Enhancing the Experience of Patients and Carers

In addition to the Trust wide priorities, various initiatives and improvements have been delivered through the corporate services and divisional teams, many relate to the impact of Covid-19 on patient experience and the approaches taken to overcome them. These are described below and have been mapped to show how they support the delivery of the Responsive and Caring domains within the CQC framework and the key lines of enquiry related to these domains.

Compassionate care (caring):

- The Enhanced Care and Support Team have continued to provide increased one-to-one care for our most vulnerable patients during the acute period of their care. They have supported patients who were unable to see their families during the Covid-19 restrictions making arrangements for virtual visits and contacting family members to obtain information to further enhance personalised patient centred care for the individual patient by completion of the *"See who I am"* care plan.

- Colleagues in the Prevention of Delirium team introduced pocket-sized selfies based on Kate Granger's "Hello my Name Is" initiative. Wearing masks, goggles and or face shields has made it difficult, so the card is aimed at supporting communications and keeping care personalised.

Emotional support (caring):

- A bereavement support service was developed to support relatives that, due to restricted visiting, may not have been able to spend the last days and hours with their loved one. A bereavement box with a handwritten bereavement card, bereavement support numbers, a knitted heart and marigold seeds have been sent out to the next of kin of everyone who has died since 23 March 2020. At around 7-10 days, a call is made to the next of kin to check how they are and offer any support. Feedback has been good and bereaved relatives are appreciative of the call and the box.

- A child friendly display (window of rainbows) on the Paediatric ward is in place to explain to children why staff need to wear masks, along with child friendly information booklets explaining what -19 is about

- The Lead Nurse for Children and Young People and the Play and Family Support team worked with NHS E/I to support a virtual Halloween live streaming a short story and recording a film to promote the importance of 'play & distraction' in helping children to feel less anxious when attending hospital for treatment.
- Distraction packs have been developed for children and younger people who are isolated during their care and treatment.

Understanding and involving (caring):

- The Trust is engaging with the Pakistani community to look at cancer information needs for newly diagnosed patients. This is being facilitated through NHS England Cancer Improvement Collaborative and will result in the provision of appropriate and timely information designed and deliver in partnership with the community. This work has formed a template for engaging with other BAME communities to support coproduction of other cancer services.
- The Cancer Management Team with the support of the Macmillan Cancer Information Service engaged with the CHFT Cancer Patient Focus Group. Technical support was given to patients and carers over several days to enable the group to meet via Microsoft Teams. One of the quarterly patient focus groups was used to discuss the impact Covid-19 on cancer patients, with another to co-design the strategy and content of the Virtual Cancer Health and Wellbeing Programme.

- Outpatients transformation team engaged with patients and wider stakeholders in relation to video appointments and about how CHFT outpatient services could be delivered in the future.

Understanding and involving patients (caring):

- The Trust has continued to engage in the NHS England / NHS Improvement Learning Disability Improvement Standards data collection which took place from October 2020 to January 2021. 100 patient surveys were distributed to adults with a learning disability who used the Trust services over a 12-month period, and 50 staff surveys were also completed. The Trust is awaiting the final report due out in 2021.
- Advanced Care Planning - The Trust, in conjunction with the West Yorkshire and Harrogate Healthcare Partnership, has produced a video with which encourages people to have a conversation about end of life and putting plans in place.
- A Young Persons Charter has been co-created with children from the Youth Forum and nursing staff, involving around 20 children from a variety of different ethnic groups. They were asked to give their opinions openly and honestly to answer a simple question "What is important to you?" The opinions were used to create a new vision for Children's Services at CHFT, in a language that C&YP understand: *'We will look after you and your family, making sure you are treated well, kept informed and reassured, so you can trust and rely on us'*

Meeting the needs of local people (responsive):

- Many services adapted appointments to virtual (telephone and or video) consultations, to minimise risk to patients
- Appointments requiring an Interpreter including British Sign Language have taken place using Microsoft Teams
- Drive through arrangements introduced, including for pre –operative assessment Covid-19 screening service and for Children's Diabetes service HBA1C tests
- Audiology - Due to Covid-19 patients became unable to contact the service to order batteries for hearing aids as drop-in repair sessions were stood down. An online order form was implemented to allow patients to order which has been positively received by both staff and patients.
- The Trust has in place a Health Inequalities working group to look at a range of issues relating to the Index of Multiple Deprivation (IMD). Working in partnership with the local authority the Trust has invested significant time into understanding how the BAME community have been impacted by Covid-19. The process of clinical prioritisation of those patients where treatment may have been delayed as a result of the pandemic response has been mapped across to all IMD groups. Work is ongoing to understand any differential between delays and IMD grouping.

Meeting individual needs (responsive):

- 'All about me' document introduced in ICU - this includes information from family members about family dynamics and what is important to the patient.
- Distraction packs have been provided for children and young people who are isolated.
- Play team/Clinical Manager supporting MRI scanning of children to avoid / reduce the use of sedation
- The Quest for Quality team in the Community Division is, along with colleagues from the Mental Health Trust, implementing the CLEAR dementia programme into Care homes across Calderdale. CLEAR Dementia Care © helps to consider all the factors that contribute to a person's behaviour. The aim is to help us to see the whole

person with dementia in order to understand the perspective of the person and find ways to reduce distress. The expected outcome is appropriate support and enhanced quality of life for the person with dementia.

- Covid-19 information on the Trust website includes easy read leaflets, information promoting the availability of British Sign Language and signposting to approved national websites
- In response to the pandemic the Trust has worked closely with South West Yorkshire Partnership Foundation Trust to ensure individuals with a learning disability are flagged on the Electronic Patient Record. In addition, people were offered a VIP hospital passport and further supporting information called a 'Covid-19 grab sheet'.
- The Trust is ensuring people with a learning disability are high priority on the health inequalities work it is undertaking, especially during the reset work post Covid-19. This includes looking into learning disability friendly theatre environments and focusing on the patients rather than the specialty they are under and ensuring that they are not delayed any longer than necessary regardless of priority status
- The matron lead for learning disabilities and the vaccination team held a dedicated clinic for people with learning disabilities to receive their vaccine. This was held on a Saturday when the environment is much quieter. This was supported with an easy read leaflet, longer time slots and showing YouTube videos in the Calderdale Royal Hospital lecture theatre to make it feel like a cinema (individual bags of sweets and popcorn provided)
- A Lead Nurse for Children and Young People, with a portfolio for the Voice of the Child across the Trust has been appointed.
- The Trust has developed guidance for young people admitted with mental health needs including improved risk assessment /care plans. Daily professionals' meetings between CAMHS and the Children's ward to support the young person's pathway have been introduced
- The chaplaincy team have continued to provide pastoral support for families through appropriate telephone calls and virtual sessions
- Virtual services of worship and prayer took place at Remembrance Day and a Christmas service was delivered by the hospital Chaplain
- In light of national guidance, the Trust's visiting approach was impact assessed and revised arrangements put in place to support families during birth
- 2020 has seen the comprehensive introduction of Personalised Care and Support Planning across services supporting cancer patients. This takes into consideration what really matters to individuals and their families receiving care at Calderdale and Huddersfield NHS Foundation Trust. The Macmillan eHNA (electronic Holistic Needs Assessment) platform supports the development of focussed care plans, developed in partnership with the patient that set out responsibilities for health and social care staff as well as responsibilities for the patients. These care plans are shared across relevant health and social care platforms to support continuity of care

Timely access (responsive):

- During the Covid-19 pandemic the Trust committed to exploring other ways by which patients and relatives could be connected. This led to the formation of the Relatives' Line where a designated relative can contact a dedicated team to provide them with up to date information about the patient's condition.
- Virtual in hospital visiting was also set up which allows face to face calls predominantly for our elderly patients who do not have the ability to be able to instigate such a call using a device of their own.

- The Trust has worked with the British Sign Language (BSL) interpreting provider to set up a suitable platform to enable video consultations during the pandemic. Appointments requiring BSL are able to take place using MS Teams.
- The Trust worked with The Big Word interpreting service to set up a suitable platform to enable video consultations during the pandemic.

Learning from feedback (responsive):

- Medicine Patient Safety Quality Board commissioned a task & finish group after identifying a theme from incident reports that patients' belongings, i.e. dentures, spectacles, and hearing aids were going missing, causing distress for patients.
- The Paediatric ward has been successful in a bid for charitable monies to purchase additional parent camp beds - overnight facilities being an issue of concern reported in the National Children & Young People's survey.
- Following some patient feedback via the Disability Partnership, Calderdale, the Trust has commenced a quality improvement project, working with service users and carers to improve the experience of patients with a visual impairment.
- Maternity services linked with the Maternity Voices Partnership (MVP) to review the CQC National Maternity Experience Survey results and feedback received by MVP, with a joint action plan to address the issues raised.
- Maternity Covid-19 survey sought women's feedback regarding experience of all aspects of maternity care including infant feeding support during the pandemic.

Concerns, Complaints and Compliments – 2020/21

Complaints and concerns remain an important focus area for the Trust. Not only does effective handling of complaints and concerns help to resolve difficulties and grievances for individual patients and families, this also offers an invaluable mechanism for identifying and addressing care and service delivery problems within the Trust. Whereas incidents primarily reflect staff reported problems and experiences, complaints and concerns are driven by the users of our service and offer an invaluable source of feedback.

All formal complaints are dealt with in accordance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009. Formal complaints are typically detailed contacts identifying problems and issues relating to episodes of care that have already happened (for example, questions as to why a diagnosis was not made at an earlier time). All complainants are contacted by the lead investigator following the acknowledgment of their complaint in order to discuss and agree the issues that they wish to be investigated and addressed. A full investigation is undertaken, and a written response is then provided. The response details the investigation outcome, along with any learning points and actions that have been identified.

In contrast to formal complaints, concerns often consist of one or more problems that have recently happened and can be addressed and resolved verbally, or future problems that need resolving quickly. Examples of concerns are dissatisfaction with signage for Covid-19 testing, or an appointment that was expected but has not yet been received.

A large amount of positive feedback is also received. Compliments received by the Patient Advice and Complaints Service are shared with the relevant specialty and are

logged as such on Datix. Compliments are also regularly received directly by a service and shared appropriately. All compliments are valued by staff and are a useful source of intelligence on what the Trust is doing well.

During the year we have focused on:

- Improving the timeliness of responses for complainants, so we respond in the timescale agreed. We have also ensured lead investigators keep complainants updated about the progress of their complaint and ensuring that processes are in place to escalate any delays.

- Improving how we respond to complaints following feedback we have received from service users.

- Responding quickly and effectively to service users' concerns, so that their problems are resolved and do not develop into a formal complaint.

- Creating a 'Making Complaints Count' Improvement Collaborative with expertise across the divisional and corporate teams to help deliver long term and sustainable improvements to complaints handling within the Trust.

- Ensuring that the considerable operational pressures from the Trust's Covid-19 pandemic response had as limited an impact as possible on those patients and family members contacting the Patient Advice and Complaints team to raise concerns during those periods of peak pressure from the virus. However, we also recognise that it was not possible to mitigate the impact entirely and the patience shown to the team by the public during the difficult periods of the pandemic has been much appreciated.

Performance during 1 April 2020 to 31 March 2021 for the Trust:

316 **Formal complaints**	This is a significant decline from 2019/20 (505). This is likely to be attributable to an enhanced emphasis on addressing concerns quickly and effectively via PALS and changing patterns of contact as a result of the Covid-19 pandemic.
63% **Complaints closed within target timeframe**	This figure represents a substantial improvement in complaints responded to within the target timescale compared to 2019/20 (42%). However, it is recognised that more work needs to be done to drive further improvements. This is being addressed through quality improvements initiated via the Making Complaints Count Collaborative and through close monitoring of, and support for, timely performance at divisional and corporate levels.
2289 **PALS cases**	This is a reduction in total cases compared to 2019/20 (2518) and likely represents the impact of the Covid-19 pandemic on overall contacts with the Trust. This figure represents all general PALS contacts – including concerns, feedback, and enquiries.

1781 **Concerns**	There is a slight increase from 2019/20 (1724) in concerns handled. This is out of step with the overall fall in PALS cases. This may represent changing patterns of contact during the Covid-19 pandemic and also some cases that would previously have been handled as formal complaints being dealt with as concerns.
496 **Compliments**	Total number of compliments received during the year

NHS Improvement's Single Oversight Framework

All NHS foundation trusts require a licence from Monitor (now NHS Improvement) stipulating the specific conditions they must meet to operate, including financial sustainability and governance requirements.

NHS Improvement's (NHSI) Single Oversight Framework (SOF) provides the framework for overseeing providers and identifying potential support needs.
The SOF aims to enable NHSI to identify the support needed by Trusts to deliver high quality, sustainable healthcare services and to help providers attain and maintain CQC ratings of 'good' or 'outstanding'.

The SOF assesses providers' performance against five themes:

1. Quality of care
2. Finance and use of resources
3. Operational performance
4. Strategic change
5. Leadership and improvement capability (well-led)

Depending on the extent of support needs identified through its oversight process and performance against the above measures, NHSI segments providers into one of four categories. Segmentation is based on:

- All available information on providers – both obtained directly and from third parties
- Identifying providers with a potential support need in one or more of the above themes
- Using NHS E/I's judgement, based on relationship knowledge and/or findings of formal or informal investigations, or analysis, consideration of the scale of the issues faced by a provider and whether it is in breach or suspected breach of licence conditions (or equivalent for NHS trusts).

Of the five themes, providers are clearly assessed in two areas: finance and use of resources; and operational performance.

Finance and use of resources metrics

During 2020/21 the monitoring of the use of resources (UOR) score has been suspended by NHS Improvement in recognition of the different operational and financial

position driven by the Covid-19 pandemic. In the prior year, 2019/20 the Trust had a UOR score of 3 on a scale of 1(best) to 4.

During 2020/21 existing Department of Health and Social Care (DHSC) interim revenue and capital loans of £141m were extinguished and replaced with the issue of Public Dividend Capital. This is expected to have a positive impact on the UOR score in future periods if the monitoring is reinstated.

In January 2015 Monitor / NHS Improvement (the regulator of foundation trusts at that time) declared the Trust to be in breach of licence as a result of an unplanned year-end deficit position of £4.3m and set out the undertakings it expected of the Trust.

NHS Improvement issued the Trust with a certificate of compliance for two of the three undertakings relating to Board governance and effectiveness and general action.

The remaining undertaking requires the Trust to 'ensure the Licensee's clinical and financial stability is maintained from the end of the financial year 2016/2017'. The Trust's reconfiguration business case represents the planned route to financial stability, and this continues to be progressed through the stages of approval to secure funding. In the meantime, the Trust remains in an underlying deficit position and therefore NHS Improvement has not certified compliance with this final undertaking.

The Trust has however, delivered financial performance in line with agreed regulator expectations in each of the last four years. The Trust Group's adjusted financial performance (as measured by NHSI) was a surplus position in both 2019/20 and 2020/21. Significant improvement has been driven in key metrics such as reducing agency expenditure. Challenging and transformational Cost Improvement Programme schemes have been delivered and the plans for the reconfiguration business case continue to be progressed.

Operational performance metrics

The Trust continued to perform well in its key metrics during 2020/21 despite the Covid-19 pandemic. Cancer performance was excellent throughout the year culminating in all targets being achieved during March 2021. Nationally the Trust had the second best performance for Cancer 62 day referral to treatment.

Although the Trust missed the Emergency Care 4-hour standard during 2020/21 it has benchmarked extremely well nationally. When its two key metrics (Emergency Care and 62 day Cancer) are considered together the Trust was placed second out of 109 acute organisations.

Dr Owen Williams, OBE

Chief Executive

22 June 2021

Statement of the chief executive's responsibilities as the accounting officer of Calderdale and Huddersfield NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require [name] NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of [name] NHS foundation trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust’s performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

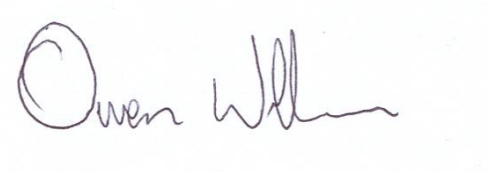
The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust’s auditors are unaware, and I have taken all the steps that I ought to have taken to

make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed



Dr Owen Williams, OBE
Chief Executive
22 June 2021

ANNUAL GOVERNANCE STATEMENT 2020/21

1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Calderdale and Huddersfield NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Calderdale and Huddersfield NHS Foundation Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

3. Leadership for risk management and capacity to handle risk

As Chief Executive I am responsible for overseeing risk management across the Trust's clinical, financial and organisational activities, with the Board of Directors responsible for reviewing the effectiveness of the system of internal control.
The Board approved Risk Management Strategy and Policy clarifies accountability and, delegated responsibility for risk and the reporting arrangements for the management of risk within the Trust and the wholly owned subsidiary (Calderdale and Huddersfield Solutions Limited). The strategy:

- aims to promote a positive culture towards the management of risk and minimise risk to all of its stakeholders
- sets out the responsibility of the Executive Directors, senior managers and specialists in respect of leadership in risk management
- details the Committee governance structure that supports decision-making for key organisational risks
- confirms the roles and responsibilities of all staff in relation to the identification, management and control of risk
- defines the framework, processes and policies in place to pro-actively identify, manage and eliminate or reduce risks to a tolerable level and maintain sound internal control.

The Director of Nursing is responsible for ensuring the Risk Management Strategy and Policy is implemented effectively, and together with the Medical Director, is responsible for quality governance. The Director of Finance oversees the operation of the Trust's

standing financial instructions and finance risks, the Chief Operating Officer is responsible for performance and operational services risks and the Director of Workforce and Organisational Development is responsible for staffing risks. All Executive Directors report to me and I hold them to account for their performance individually and as a team to deliver the objectives of the Board and ensuring that a strong risk management approach is embedded in all clinical and non-clinical activities of the Trust.

The Board has set out the minimum requirements for staff training required to control key risks through a mandatory training programme. Staff are trained and equipped to manage risk in a way appropriate to their role, through targeted training, for example risk register training and investigation training.

A range of policies are in place and available to staff via the Trust's intranet which describes the roles and responsibilities in relation to the identification, management and control of risk. The risk management team provides additional support, guidance and expert advice to staff on risk management.

Lessons learnt when things go wrong are shared through directorate governance systems through various dissemination methods including newsletters and bite size learning.

4. The Risk and Control Framework

The Trust works within one culture of care, providing compassionate care for both our patients and staff, manages premises and finances and understands that these activities have an inherent degree of risk that cannot be eradicated.
The Trust's Board approved Risk Management Strategy and Policy and Risk Appetite guides staff in managing clinical and non-clinical risk which requires commitment, collaboration and participation from all members of staff.

The Risk Management Strategy and Policy confirms the Board Committee structure that provides assurance on and challenge to the Trust's risk management process. Board Committees are chaired by a Non-Executive Director providing independent scrutiny and these are key in ensuring quality, safety and management and monitoring of risk throughout the Trust, with an independent assurance through reports from the Committee Chairs to the Board of Directors. The Board Committees have oversight and scrutiny responsibility for risks within the remit of their own terms of reference, with the Non-Executive Chair reporting on assurances or escalating matters as necessary. Board Committee responsibilities for risk management are summarised below.

The Risk Management Strategy and Policy provides the framework for pro-active risk identification and management of risk, through risk assessment, risk registers, compliance registers and the Board Assurance Framework (BAF), with consideration of this through the governance structure, which was revised as part of a review of the Risk Management Strategy, which was combined with the Risk Management Policy during the year. It sets out how risks are pro-actively and systematically identified and evaluated using a risk assessment matrix to assess potential impact and likelihood of a risk, controls for managing risks, as well as actions to address any gaps in risk control treatment. The Risk Management Strategy and Policy provides guidance for staff to help identify, assess, score, action and monitor risk and when to escalate risks.

Each division and directorate are responsible for maintaining their own risk register, ensuring that risks are identified from the bottom up. These risk registers are reviewed regularly by directorate and divisional forums and specialist risk groups such as the Health and Safety Committee. Where a risk rating warrants it, risks are escalated for consideration for inclusion on the high-level risk register. This high-level risk register details significant operational risks, the controls in place to mitigate and manage the risks and provides assurances that the controls are effective. It is reported to formal meetings of the Board.

The Risk Group, which revised its terms of reference in year to focus solely on risk, comprises both senior clinical leadership and senior management representation from all divisions. This group reviews the Trust's risk profile and oversees all risk management activity, including both the Board Assurance Framework and high-level risk register and reports directly to the Audit and Risk Committee.

The governance framework in place for CHS details how risks are managed and reported within CHS via monthly Board meetings and to the Joint Liaison Committee between CHS and the Trust.

The risk and control framework for the management of Covid-19 risks is detailed below.

Risk and Control Framework for the Management of the Covid-19 5.
The Trust response to the Covid-19 pandemic was managed through a full command and control structure via an Incident Management Team with supporting workstreams covering all aspects of the Trust. This provided a robust and transparent way of mitigating and responding to the demands of the Covid-19 pandemic and the delivery of the Covid-19 vaccination programme. At Executive level, two Director groups were established, with an Inner Core of Directors which focused their attention on minimising loss of life and colleague safety, whilst an Outer Core of Directors supported the Inner Core and considered issues requiring objective assessment and decision-making such as the discontinuation of key services. Scrutiny of decisions was by an Oversight Committee of Non-Executive Directors.

The Incident Management Team (IMT), comprising Directors, senior managers and clinicians, met daily Monday to Friday, with senior tactical meetings on week-ends and Bank Holidays. This provided a single point for organisational decision making and escalation relating to Covid-19. The Incident Management Team maintained a specific-Covid-19 risk register using the processes identified in the Risk Management Strategy and Policy. Covid-19 risks were identified and mitigated against, reported on a weekly basis, escalated and considered through established risk governance processes and included in the Trust's high level risk register escalation and monitoring process.

The Trust also contributed regionally and nationally to manage the pandemic through collaboration with local partners across West Yorkshire and Harrogate.

Embedding risk within the Trust
In addition to risk registers and the Covid-19 pandemic risk and control framework, other ways risk management is embedded within the Trust include:

- delegation of operational responsibility for risk management to individual teams

- an open reporting culture and encouraging staff to report incidents through the electronic incident reporting system Datix

- Policy, guidance and training provided to staff on the reporting, management and investigation of incidents

- Equality impact assessment (EQIA) - this is part of Trust core business, is considered in all Board and Committee papers and is a focus of continuing Board monitoring and improvement. A revised equality impact assessment process for proposed service changes was introduced, with strengthened EQIA governance and management processes

- Risk registers continue to be used to support capital planning to understand the clinical and operational risk of schemes proposed, thereby informing decisions about which schemes are progressed.

Principal Risks and Opportunities
During 2020 the Trust agreed a ten-year strategy and a 2020/21 one-year strategy, which ensured focus on addressing clinical, operational and financial challenges. The principal risks to delivery of the Trust's strategic objectives and mechanisms to control them are identified through the Board Assurance Framework (BAF) and monitored through the Board Committee structure, with high level operational risks which could impact on these entered onto the high-level risk register.

During 2020/21 the Covid-19 pandemic continued to present a major challenge with business as usual arrangements suspended at the start of the year. During the year the Trust adjusted its operational activity according to the local impact of the different waves of the pandemic and planned for different scenarios in terms of capacity and recovery of backlog activity. Leadership by the Director team with support from the Non-Executive Directors, to maintain a sound system of internal control has been key to the Trust's response to managing the crisis and associated risks.

The impact of Covid-19 was reflected by new risks being added to both the BAF and the high-level risk register. Updates to existing strategic risks on the BAF were made, with revisions to some risk scores reflecting the inability to progress risk mitigation due to managing the pandemic.

As a part of the Trust's overall approach to continuous improvement, it uses a methodology described as the 3R's (i.e., Reality + Response = Result). There are four Result areas across both the ten and one year strategies and these are identified below. Within each of these Result areas, risks and opportunities are identified and structured around the Trust's four pillars of behaviour.

Transforming and Improving Patient Care:
Service Reconfiguration - the Trust continues to drive transformation by progressing the reconfiguration of service across the two hospital sites and community as described in the Strategic Outline Case (SOC) approved by NHS England / NHS Improvement (NHSE/I). These developments will enable improved clinical quality and outcomes, improved efficiency, improved compliance with statutory, regulatory and accepted best practices, better use of the available hospital estate and mitigation of the significant estate risks related to the age and condition of HRI and improved sustainability supporting progress to net zero carbon. These developments will also contribute

significantly to the local economic recovery required as a result of the impacts of the Covid-19 pandemic.

A detailed reconfiguration programme plan and timescale developed in March 2020 was revised due to the Covid-19 pandemic impact. However, whilst this has required adjustment of some key milestones, it has not impacted on the overall programme timescale, with completion of build of the new Accident & Emergency Department at Huddersfield Royal Infirmary in 2023 and completion of the hospital build at Calderdale Royal Hospital (CRH) in 2025 remaining on track.

The Trust intends to submit planning applications to Calderdale and Kirklees Councils in May 2021 and, subject to planning permission approval, an Outline Business Case (OBC) for CRH and a Full Business Case (FBC) for HRI will be submitted to NHSE/I and Department for Health and Social Care for approval in 2021.

Learning from the Pandemic –- through the involvement of colleagues, system partner organisations and members of the public 12 'Business Better Than Usual' 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.

These twelve themes include topics such as: integrated care delivery in the community, optimised use of technology to enable remote patient consultations and patient visiting, actions to reduce health inequalities, improving sustainability in the delivery of facilities and estate management, and supporting the wellbeing of colleagues.

Each theme is informing the Trust's longer term strategic transformation of service models.

Digital Capability - The Trust is one of the most digitally advanced in the country and this has been particularly important in responding to Covid-19, enabling rapid implementation of home working and virtual out-patient consultations at scale, enabling continuity and safe delivery of essential services where possible during the Covid-19 pandemic. It also meant the provision of substantial real time data across the organisation which enabled the rapid identification of any issues or trends which warranted further action.

During the pandemic there has been rapid acceleration in use of digital appointments and the Trust has undertaken public surveys via Healthwatch on patients' views in relation to digital access with the specific aim of ensuring that the use of technology does not result in digital exclusion and widening of health inequalities.

Fourteen Clinical Assessment Services (CAS) have been implemented and these new pathways provide more streamlined review of patients and reduce the need to attend hospital. The Trust is currently progressing these and aims to see rapid expansion of Patient Initiated Follow-up models of care in 2021-22 which aims to optimise use of the Patient Portal to enable more self-care.

Given the constantly evolving cyber security threats to the Trust as a digital healthcare organisation, the Board held a cyber security awareness session in year, ensuring a focus on cyber security awareness both at Board level and across the organisation. Cyber security risks will remain, and the management and mitigation of such risks is identified on the risk register.

Health Inequalities - the increased focus on health inequalities since the onset of Covid-19 has provided an opportunity for the Trust to develop its information systems to capture relevant patient information and to analyse this data to inform service planning and make progress in reducing health inequalities locally. This analysis is enabling the Trust to identify areas where it may have systemically contributed to health inequalities to inform current and future service models. Areas of focus to date have included:

- analysis of access to A&E and priority category and waiting lists by index of multiple deprivation and ethnicity
- data analysis which led to a decision to prioritise treatment for patients with learning disability
- focus on the implementation of the continuity of care standard for maternity services for BAME mothers.

The development of expertise in health inequalities data capture and analysis will be a continued focus during 2021/22 so that the Trust can use health inequalities data to inform stabilisation and reset planning and address any systemic custom and practice that may have led the Trust and its system partners to exacerbate health inequalities.

Keeping the base safe

Waiting times - risks include patients with prolonged waiting times as a consequence of Covid-19 restrictions for access to planned 'non-Covid-19' care and the potential for harm related to delays.

Quality and safety - Incident Management arrangements remain in place to manage Covid-19 related risks and the Trust has identified a set of focussed quality priorities to reflect these Covid-19 risks. A key risk will be in ensuring patients who have encountered a delay to treatment are treated during the recovery phase. A recovery plan has been developed, based on principles agreed by the Board of Directors, which ensures a needs based and health inequalities guided approach and clear governance in relation to the reporting of harm.

Compliance - there continue to be challenges meeting Emergency Department Royal College recommendations / standards.

Workforce

Staffing levels - a national staffing shortage in key professions across the NHS affects our ability to attract, recruit and retain an adequate substantive nursing and medical workforce to deliver safe, high quality care for our patients and this presents a continued risk. The vacancy position in the substantive medical workforce has improved significantly over the last year, however, there remain significant workforce pressures in Stroke, Radiology and Emergency Medicine. We will continue to focus on retention and recruitment to vacancies.

Health and Well-Being - there is a risk of staff fatigue from responding to the pandemic. Recognising the importance of supporting the health and well-being of our staff during the pressures of the pandemic, the Trust introduced a Covid-19 Health and Well Being Strategy, which included risk assessments and health interventions. We will continue to invest in the health and well-being of our staff.

New ways of working - the Covid-19 pandemic has provided an opportunity to fast-track and implement new ways of working. Redeployment of staff to new areas has enabled colleagues to develop new skills, which provides an opportunity in the future to enrich job roles, spread learning, support service integration models and inform the development of new 'generic' and multi-disciplinary workforce models in the future.

Financial Sustainability

The Trust 2020/21 **financial** plan and in-year reporting was adapted to reflect the national changes to the NHS financial funding regime during the year. Income flows in the first half of the year were on a block basis with retrospective Covid-19 funding awarded to cover costs to breakeven. For the last 6 months of the year set funding was awarded for Covid-19 costs and managed within an agreed overall financial envelope across the West Yorkshire & Harrogate Integrated Care System. The Trust implemented new financial governance arrangements and further safeguards to guard against fraud given the critical supply of products and the need to implement service changes at pace.

The future continues to pose risks and opportunities for financial sustainability. These are outlined below:

- In the immediate term the ability to exit from Covid-19 costs poses a risk, however the Trust will commence the year under the same funding regime which has operated in the latter part of 2020/21 which provides some stability.
- Exit from Covid-19 costs will have to be managed alongside a clinical activity backlog and recovery of services to deal with this. There is funding available nationally to address backlogs but this remains a financial risk if funding is not sufficient.
- The Trust entered the pandemic with an underlying financial deficit position and this structural challenge remains. However, the Trust plans to deliver a financial position in line with the Financial Improvement Trajectory set by NHSI which will enable receipt of Financial Recovery Funding to deliver a breakeven position.
- The extinguishing of £141m of revenue and emergency capital borrowing in 2020/21and replacement with non-repayable Public Dividend Capital strengthens the Trust's position going forwards.
- The finance regime for 2020/21 and the earlier part of 2021/22 applies focus to activity and workforce recovery but the latter half of 2021/22 will require renewed financial focus and a requirement to identify efficiencies. The Trust is reviewing its approach to traditional Cost Improvement Programmes (CIP) and aims to develop an approach that engages more colleagues and more enthusiasm for the inevitable efficiency challenge. In support of this, the Trust has a track record for successful delivery of efficiency programmes over a number of years.
- Current provision of dual services across two sites is a less efficient model, due to duplication of costs and the additional difficulties this presents in relation to recruiting and retaining staff.
- The Trust's estate presents financial challenges due to upgrade requirements and Private Finance Initiative contractual commitments.
- The Trust's plans for service reconfiguration continue to be progressed with £197m earmarked for capital investment to address these structural challenges and release efficiencies.

- National changes to NHS financial funding flows mean that the environment is changing with an ever-greater need to work together with other organisations across the West Yorkshire & Harrogate Integrated Care System.

Financial risks are identified and escalated for detailed scrutiny by the Finance and Performance Committee with high level strategic financial risks forming part of the Board Assurance Framework.

Board and Committee Structure
The Committee structure of the Board of Directors provides assurance on, and challenge to, the Trust's risk management process by managing and monitoring risk and providing assurance reporting to the Trust Board. Each Board Committee is chaired by a Non-Executive Director to enhance independent scrutiny. Executive Directors provide leadership on the management of key areas of risk commensurate with their roles and are represented across the Board Committee structure.
The Board Committee structure discharging overall responsibilities for risk management is summarised below:

- *Trust Board* has overall responsibility for risk management and having in place effective systems of risk management and internal control

- *Audit and Risk Committee, w*ith delegated authority from the Board, reviews the effectiveness of risk management and the system of internal control, governance and overall assurance processes across the whole of the Trust's activities that support delivery of the Trust's services and achievement of objectives. It has oversight of, and relies on, the work of the Risk Group to monitor the risks reported on risk registers within divisions. This Committee also ensures effective internal and external audit.

- *Quality Committee* provides assurance to the Trust Board and Audit and Risk Committee, via the Quality Committee Chair, that adequate controls are in place to monitor the quality and safety of care for patients. This assurance focuses across all services and ensures that the quality governance structure is continuously monitoring and improving safe and effective patient care.

- *Finance and Performance Committee* scrutinises the financial risks and targets, and monitors any significant risks to activity and performance, with oversight of operational performance targets. The Committee is responsible for ensuring that there are robust financial performance reporting systems in place and receiving reports from the Joint Liaison Committee in line with the governance framework between the Trust and senior leadership of the Trust's wholly owned subsidiary, Calderdale and Huddersfield Solutions Limited.

- *Workforce Committee* reviews workforce risks and provides assurance to the Board on the quality and impact of workforce and organisational development strategies and the effectiveness of workforce management, recruitment, retention and health and wellbeing.

- *Transformation Programme Board* oversees the development and delivery of complex transformation programmes in the Trust (including hospital and community reconfiguration) and maintains a detailed risk register to ensure that the risks

associated with the Transformation Programme are managed appropriately. It also oversees implementation and progress of the 12 "Business Better Than Usual" learning themes identified from new ways of working implemented during the pandemic.

- *Oversight Committee*, established by the Board for the duration of the pandemic, ensures oversight and scrutiny of decisions made by the Executive team in response to the Covid-19 pandemic.

In line with NHS England / NHS Improvement guidance to free up management capacity and resources to respond to the Covid-19 pandemic, Board and Board Committee meetings were held with streamlined agendas during wave 1 of the pandemic and the Quality Committee and Workforce Committee meetings were merged during May and June 2020.

A review by Internal Auditors of the Board approved revisions to governance arrangements during wave 1 of the pandemic provided independent assurance that these changes had enabled the Trust to react quickly in response to the Covid-19 pandemic without compromising the integrity and robustness of governance arrangements and internal controls. The review concluded the Trust had made adequate and appropriate amendments to its strategic, clinical, financial, workforce and information management governance arrangements.

Board Assurance Framework

The Trust Board is responsible for establishing the Trust's strategic objectives. During the year reports were provided to the Board on progress with the 2020/21 year strategic objectives in support of delivery of the ten year strategy.

Effective systems are in place to identify and manage the risks associated with achieving these strategic objectives and a standing operating procedure for the Board Assurance Framework is in place. Risks to the Trust strategic objectives are owned by Directors, reviewed regularly and reported to the Board of Directors and the lead Board Committee via the Trust's Board Assurance Framework (BAF), which provides the mechanism for the Trust Board to monitor risks, controls and the outputs of its assurance processes.

The Board, or identified responsible Board Committee, has oversight for each risk on the BAF. During 2020/21 there was a focus on Board Committees embedding a programme of review of BAF risks prior to reporting of the BAF to the Board. The spread of BAF risks by Committee is reviewed by Board Committee Chairs collectively to ensure that the risks are reviewed at the appropriate Committee, with any changes proposed taken to Board Committees for approval. Oversight of the BAF process is undertaken by the Audit and Risk Committee. The full BAF providing the organisation's strategic risk profile was presented to the Board three times during the year. This provided a regular opportunity to review progress against mitigating risks and consider new or emerging risks.

The heightened risks presented by the Covid-19 pandemic led to the addition of risks to the BAF during the year, with risks added regarding capacity and progress in reducing health inequalities.

The Trust's risk appetite categories and descriptions were adjusted following discussion with key Executive Directors and approved by the Board in September 2020. There was a focus on alignment of BAF risk target scores with the Trust's risk appetite, which confirms the nature and amount of risk the Board of Directors is willing to accept in seeking to achieve its strategic objectives.

The Board Assurance Framework has been independently reviewed by Internal Audit in March 2021 and an opinion of high assurance was given.

Engagement with public stakeholders in risk management
The Trust engages public stakeholders in identifying and managing risks to its strategic objectives which may impact on them in a number of ways:

- as a Foundation Trust we aim to make best use of members and the Council of Governors. Through relevant groups we engage regularly with our governors on strategic, service and quality risks, including consulting them on the selection of the Trust's quality priorities
- the public are involved in Trust activities with a range of communication and consultation mechanisms with relevant stakeholders
- The Trust is actively engaged in regional partnership working with health and social care services and integrated care system partners, regional acute providers via West Yorkshire Association of Acute Trusts and working relationships with Overview and Scrutiny Committees

Workforce strategies and safeguards
A People Strategy, which includes the Covid-19 Health and Well Being Strategy, is in place that has been considered and approved by the Board of Directors, and progress in its implementation is reviewed by the Workforce Committee. The strategy captures activities that will deliver and support sustainable, efficient and effective services including recruitment, retention, talent management, health and wellbeing and equality, diversity and inclusion. The strategy is consistent with the commitments set out in the NHS People Plan and has been tested against the West Yorkshire & Harrogate ICS Health Inequalities Review as it relates to Black, Asian and Minority Ethnic (BAME).

A Workforce Committee provides assurance to the Board on the quality and impact of workforce and organisational development strategies and the effectiveness of workforce management. Workforce risks are included in the Board Assurance Framework and the high-level risk register considered by the Board and the Workforce Committee regularly.

Workforce reports are submitted to the Board of Directors within the Integrated Performance Report which allow compliance and performance against the plan to be tracked. This is also reviewed and considered by the Workforce Committee. Hard Truths data reporting forms part of the monthly integrated quality, activity, finance and workforce performance report considered by the Executive Board and at the bi-monthly Board of Directors meeting.

Director led Performance Review Meetings with divisional management teams allow a focus on quality, activity, finance and workforce issues and ongoing testing of service plans.

The Board receives reports from the Trust's Guardian of Safer Working Hours and Freedom to Speak Up Guardian, the annual NHS staff survey and General Medical Council (GMC) doctors in training survey.

An established workforce planning toolkit is in place which 'makes workforce planning everyone's business'. The toolkit provides the platform on which conversations in relation to workforce requirements are held and plans identified. The Calderdale Framework, a systematic, objective method of reviewing skill, role and service design is part of the workforce planning resource the Trust has adopted. Workforce plans, using detailed clinical activity data, commissioning intentions and priorities and financial information, are created in specialty areas supported through annual planning events, further developed, critiqued and prioritised at divisional level and after testing approved by Directors to form a Trust wide workforce plan. An integrated quality, activity, finance and workforce plan is signed-off by Directors and the Board of Directors.

The Board received reports from the Executive Director of Nursing during the year on nursing, midwifery and care staffing capacity in line with national guidance. These confirmed that there were clear governance arrangements and oversight in place to ensure that safe and sustainable staffing levels are reviewed and monitored to ensure high quality compassionate care for patients across the Trust. A Nursing and Midwifery Workforce group provides the governance framework to ensure that workforce models are regularly reviewed and, where skill mix is altered, an assessment of the quality of care is undertaken.

A medical workforce group is established and has a focus on recruitment and retention, agency and bank activity, job planning and rostering.

The Trust has implemented e-rostering systems for nursing and is progressing e-roster and e-job planning implementation for medical staff.

5. Compliance and validity of the NHS foundation trust condition 4 (FT Governance): Corporate Governance Statement

Although it remains unclear as to what the future licensing regime will be as a result of the government white paper relating to integrated care systems, the Trust remains technically in breach of its licence and liaises regularly with NHS England/ NHS Improvement (NHS E/I).

On behalf of the Board of Directors the Audit and Risk Committee considers the validity of the Corporate Governance statement prior to submission to NHS E/I. All elements were confirmed when reviewed by the Audit and Risk Committee in April 2021 with no unmitigated risks to compliance identified. The assurance processes described in this statement allows the Board to issue an accurate Corporate Governance Statement, required under NHS foundation trust condition 4(8)(b) of NHS England / NHS Improvement's provider licence.

The Trust believes that effective systems and processes are in place to maintain and monitor the following conditions:

- The effectiveness of governance structures
- The responsibilities of Directors and Board Committees

- Annual review of each Committee's effectiveness
- Reporting lines and accountabilities between the Board of Directors, its Committees and the Executive team
- The submission of timely and accurate information to assess risks to compliance with the Trust's licence
- The degree and rigour of oversight the Board of Directors and its Committees has over the Trust's performance

6. COMPLIANCE STATEMENTS

Care Quality Commission Compliance
The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). Assurance on compliance with CQC requirements is achieved through the governance structure via a monthly CQC and Compliance Group and regular reports regarding CQC which are provided to both the Quality Committee and the Board.

A well-led inspection completed by the CQC in April 2018 focussed on the Trust's integrated governance and leadership across quality, finance, operations, organisational culture, improvement and systems working. These are consistent with the well-led framework from NHS England and NHS Improvement. The Trust received an improved overall rating of "good" by the CQC, with a "requires improvement" rating for Use of Resources. The Quality Committee oversees the Trust's progress with four ongoing actions from the CQC well-led inspection report, with Use of Resources also reviewed by the Finance and Performance Committee. This Committee has signed off completed action plans for all of the 'should do' recommendations received under the Use of Resources assessment and receives regular updates on the overall financial sustainability of the organisation where continued improvement against key performance indicators has now been delivered for a number of years.

With regard to the NHS E/I well-led framework, the "good rating" from the well-led inspection and progression of remaining actions from the CQC inspection support the Trust in improving the governance of quality.

The pandemic has changed the way in which CQC regulates providers and there is no longer a set annual on-site inspection plan. Instead the Trust has and continues to comply with CQC's revised approach to regulation in line with the development of their future strategy and ensures regular engagement with the CQC via the Relationship and Inspection Manager.

Well-led framework
During the year the Board continued with its developmental review against the CQC well-led framework which had begun in 2019/20, commissioned from an external quality organisation (Aqua). This work built on the phase one review which included a self-assessment against the well-led domains, a Board level questionnaire and key internal/external stakeholder interviews. Output from phase two was a well-led mapping review and identification of developments and areas for improvement, with discussion by the Board. Phase 3, an observation report based on two Board meetings, identified significant good practice in terms of assurance and decision-making processes and efficiency and effectiveness at Board meetings.

The Trust continues to progress recommendations from these external reviews and its own internal Board discussions on improving the efficiency of Board arrangements to continually develop its leadership and governance arrangements.

Register of Interests Compliance
The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. This can be accessed at the following address: https://cht.mydeclarations.co.uk/declarations

Compliance with NHS pension scheme regulations
As an employer with staff entitled to membership of the NHS Pension Scheme and the NEST Pension Scheme, control measures are in place to ensure all employer obligations contained within each of the scheme's regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the schemes are in accordance with the rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Compliance with equality, diversity and human rights legislation
Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Trust Impact on the environment
Calderdale and Huddersfield Foundation Trust has undertaken risk assessments and has approved a Green Plan which ensures that environmental interventions are implemented across the organisation which take account of UK Climate Projections (UKCP18). This Green Plan supersedes the existing Sustainable Development Management Plan. In addition, the strategy guarantees an integrated approach to sustainability which is aligned with clinical care models, resilience plans and our strategies for workforce engagement and corporate responsibility. The Green Plan provides a strategic framework that the Trust can use to address the three areas of concern that we will be focussing on:

- Reducing our carbon emissions
- Reducing our contribution to air pollution
- Reducing our generation of waste and improving recycling.

Our action plan ensures that the Trust meets its obligations for carbon reduction and neutrality, and requirements for adaptation reporting and resilience, complying with the Climate Change Act 2008 and Adaptation Reporting requirements.

7. Quality Governance Arrangements

The key elements of the Trust's quality governance are described below.

The Quality Committee is responsible for providing the Board with assurance on all aspects of the quality of clinical care, patient experience, clinical governance systems, clinical audit and standards of quality and safety. The Quality Committee structures its workplan around the CQC domains. It is a formal Committee of the Board and chaired by a Non-Executive Director and reports to the Board of Directors. The chair of the

Quality Committee attends meetings of the Audit and Risk Committee to strengthen the links between these two Board Committees.

The Quality Committee scrutinises the quality information within the monthly Board performance report, clinical risks within the Board Assurance Framework and any quality related internal audit reports with limited assurance.

The Quality Committee receives reports from specialist governance groups e.g. Safeguarding, Clinical Outcomes Group, Patient Safety Group and seeks assurance from divisional Quality Boards about the governance of the quality of their services.

The Quality Strategy has been developed to include a revised quality governance reporting structure. This has been approved by the Quality Committee and the Board. As part of the developments, the Patient Safety Group has been renamed the Corporate Patient Safety Quality Board with divisional Patient Safety Quality Boards now reporting into the Corporate Patient Safety Quality Board. Groups reporting into the Quality Committee and Corporate Patient Safety Quality Board have been reviewed together with the reintroduction of the Clinical Improvement Group.

8. Data Quality and Governance: Data driven performance framework

The Trust has in place policies to assure the Board on a range of issues to ensure high quality 'compassionate care' is provided to patients. Systems and processes are in place to assure data accuracy and validity into the Board ensuring there is robust ward to Board assurance on the quality of care we deliver. Policies and Standard Operating Procedures to this effect are reviewed on a regular basis.

Assessment of the quality of performance information
Assurance that the performance data used within the Trust is of a high standard is the responsibility of the Trust Data Quality Board, which reports to the Audit and Risk Committee with escalation into a weekly meeting of Executive Directors as appropriate. A Data Quality Group, which meets monthly and reports into the Data Quality Board, focuses on specific data quality measures from both a corporate and service position.

There is a Data Quality Policy that relates to all areas of data quality, including the Electronic Patient Record. It relates to all data produced by the Foundation Trust.

High quality data is a fundamental requirement for the Foundation Trust to conduct its business efficiently and effectively. It enables the delivery of the Trust's four pillars and is central to the Trust's on-going ability to meets its statutory, legal, financial and other contractual requirements.

With regard to elective waiting time data, the Trust is one of the 12 field sites selected in the summer of 2019 for the Elective Care Clinical Review of Standards and reports against the new measure which is an average wait standard. The field testing was suspended during the Covid-19 pandemic and will be reintroduced during 2021/22.

The Board reviews the quality of performance information via a comprehensive IPR. Assurance data within the IPR is reviewed monthly by the Executive team and Board Committees with detailed scrutiny each month by the Finance and Performance and Quality Committees. The monthly IPR uses a range of metrics that allows the triangulation of performance data for wider assurance including external benchmarking

and trend analysis. The Data Quality Board oversees deep dives on Key Performance Indicators (KPIs), for both those KPIs showing as delivering and those where performance is regarded as failing to ensure data accuracy. The IPR includes narrative on areas of concern with associated recovery actions and timelines.

The Trust is currently reviewing its Performance Management and Accountability Framework with a plan to introduce any revisions prior to performance reporting for April 2021. The refreshed framework will include an update to the Integrated Performance Report and reference to data quality alongside the development of a single combined narrative that seeks to include narrative that further triangulate performance for greater Board assurance.

The IPR will include renewed focus on:

- Covid-19 stabilisation and recovery
- Prioritisation of work to reduce health inequalities
- Outcome based indicators
- Quality priorities
- Triangulation between quality, workforce and finance

In addition to the IPR report, the Board receives a regular comprehensive quality and safety report which provides a detailed oversight of performance against nationally and locally agreed improvement requirements. This report will be further integrated into the IPR moving forward.

Programme of Deep-Dives
The Trust has continued its formal programme of deep dives across the key performance indicators (KPIs) within the Integrated Performance Report (IPR) which provide the Board with assurance on KPIs that regularly achieve target (Green RAG rating) and an understanding of the challenges of those that are currently missing their target (Red RAG rating) with a focus on improvement. Formal reporting is via the Data Quality Board and Quality and Performance WEB on a monthly basis with a programme established for the next 12 months.

The Trust has a comprehensive programme of “Getting It Right First Time” (GIRFT) which improves quality of care by bringing efficiencies and improvements. The GIRFT programme provides independent clinical assessment, challenge and benchmarking that drives quality and performance improvement. The Trust has been recognised as a national exemplar for this work.

Performance Review Meetings
Divisional Performance Review meetings were suspended during the Covid19 pandemic and recommenced from April 2021 with slightly revised terms of reference as described in the updated Performance and Accountability Framework. These are the single point for all performance related discussions with Divisions, allowing for the triangulation of the various domains and ensuring the interdependencies of decisions are identified. They combine performance management with performance support and the agendas are jointly developed by the Directors and the Divisional teams. The Chief Operating Officer is responsible for organising and leading the review meetings alongside the Executive Directors of the Board.

9. Financial Governance

The Trust is operating in an evolving financial environment with increased expectations of financial connectivity across the Integrated Care System and more recently the financial impact of Covid-19. This overlays the continued business as usual pressures such as maintaining clinical staffing ratios and managing a challenging hospital estate. The Trust also continues to be technically under enforcement action from its regulator NHS E/I following the breach of licence with an unplanned deficit in 2014/15.

This breach of licence resulted in a number of actions which have been formally acknowledged as completed with the exception of the undertaking to 'ensure the Licensee's clinical and financial stability is maintained from the end of the financial year 2016/2017' which is still largely connected to the successful implementation of the reconfiguration of hospital and community services. In 2020/21, as in previous years since the breach of licence was enacted, the Trust has successfully delivered a year-end financial position in line with the annual target position required by the regulator. In 2020/21 this has been managed whilst taking on the additional financial pressure of Covid-19 and within the parameters of a new national financial regime designed to support the pandemic response. Whilst the Trust's business case for reconfiguration sets out how clinical and financial stability can be achieved; the Trust remains in an underlying deficit position at present and therefore NHS England and NHS Improvement has not certified compliance with this undertaking.

In December 2018 the Department of Health and Social Care confirmed allocation of £197m public dividend capital to progress the reconfiguration. The Strategic Outline Case for Reconfiguration was approved at national level by NHS England / NHS Improvement Delivery and Quality Performance Committee in November 2019. The Trust is now working to develop the required Outline and Full Business Case that will enable the reconfiguration to be completed by 2025, subject to the relevant approvals.

10. Information Governance

The reporting and management of both data and security risks are supported by ensuring that all employees of the Trust are reminded of their data security responsibilities through education and awareness. Over 90% of staff members completed updated information governance staff training in 2020/21. Regular reminders and lessons learned are shared through staff communications, including where identified as a requirement following local incident reviews and risk assessments.

In addition to mandatory staff training, a range of measures is used to manage and mitigate information risks, including, physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks. In addition, a comprehensive assessment of information security is taken annually as part of the Data Security and Protection Toolkit (DSPT)and further assurance is provided from internal audit and other reviews. The effectiveness of these measures is reported to the Information Governance and Records Strategy Committee. This includes details of any personal data-related Serious Incidents, the Trust's annual DSPT compliance and reports of other information governance incidents and audit reviews.

All Trust laptops and USB data sticks issued to and used by staff are encrypted to protect the Trust IT systems from malware and cyber-attack. A password policy has

been developed and implemented which introduced stronger controls around the complexity and frequency of change of passwords, which conforms to national recommended standards.

Robust information governance is extremely important to the Trust. The Trust uses NHS Digital's DSPT to assist in the identification of risks and weakness in relation to its information assets, including the systems and media used in processing and storing of information. The existing framework is used for the process of identification, analysis, treatment and evaluation of potential and actual information governance risks, with risks being recorded on the relevant divisional or corporate risk register.

In accordance with the Information Asset Identification Project, a centralised major information asset register is in place which supports the role of the Trust's Information Asset Owners who report to the Senior Information Risk Owner (SIRO). Any concerns identified through the registration and management of the Information Assets will be pursued through the recognised and accepted managerial line. Failure to deal with a concern through that route will be taken up by the SIRO with the appropriate Information Asset Owner within the Trust.

The Trust's SIRO supported by information asset owners, is responsible for the information risk programme within the Trust and works closely with the Caldicott Guardian. Information Governance risks are managed in accordance with compliance with the standards contained within the Data Security and Protection Toolkit, and, where appropriate, recorded on the Corporate Risk Register. Detailed scrutiny of Information Governance risks is undertaken through the Information Governance and Records Strategy Committee Group, which reports to the Audit and Risk Committee. The Risk Group and The Health Informatics Executive Board receive ad-hoc reports when a significant issue is identified.

The Caldicott Guardian is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that the NHS, Councils with Social Services responsibilities and partner organisations satisfy the highest practicable standards for handling patient identifiable information.

The Trust's Data Protection Officer (DPO) is the point of contact for the public and Information Commissioner's Office (ICO). The DPO is in place to inform the organisation and its employees of their obligations under the data protection regime and monitors compliance with the law, including conducting audits and advising on data protection impact assessments.

The Chief Executive has overall responsibility for all aspects of information management, including security and governance, and is accountable to the Board of Directors. All Board members received training on cyber security during the year.

The organisation is continuing with significant areas of work to ensure that systems and processes are in place to meet the UK GDPR requirements as well as communicating what it means for staff and patients. The organisation has significant assurance regarding compliance to the regulations.

In the last 12 months a comprehensive review has been undertaken within the Trust relating to access to patient records. Following the review, the Trust has agreed and implemented recommendations via an action plan. Actions have included:

- educating all staff members on ‘Access to electronic patient record’ best practice, a review and update of security, access and appropriate use policies
- An increased emphasis on access to patient records on all platforms including the CHFT daily bulletin, screen savers, CHFT app, ESR Banner and meeting forums.
- A robust communications plan and the implementation of an unusual activity electronic alerting system which prompts further audit investigations associated to record access.
- In addition, regular proactive audits on user access to the Electronic Patient Record are being undertaken.

There has been one Information Commissioner’s Officer (ICO) reportable incident in the last 12 months reported in December 2020. This related to the inappropriate sharing of personal data. The incident has been closed by the ICO with no further action required. The Trust has implemented mitigation/lessons learned which are now in place.

Two further incidents in September 2020 and July 2020 were reported on the ICO/DHSC Data Security Incident Reporting Tool but were deemed as ‘Not required to report’

11. Review of Economy, Efficiency and Effectiveness of the Use of Resources

As Accounting Officer, I am responsible for ensuring that the organisation has arrangements in place for securing value for money in the use of its resources. To do this I have:

- Put in place systems to set, review and implement strategic and operational objectives;
- Monitored and improved organisational performance;
- Ensured that Scheme of Reservation and Delegation of Powers and Standing Financial Instructions are in place and reviewed; and
- Developed engagement processes with patients, staff, members and other stakeholders to ensure key messages about services are received and acted upon.

Auditors
The Trust makes use of internal auditors and external auditors to support governance arrangements, deliver economic, efficient and effective use of resources and ensure that controls are effective. Assurances on the operation of controls are reviewed by the Audit and Risk Committee and, where appropriate, the Committees of the Board of Directors as part of their annual cycle of business.

Internal Audit work was commissioned to review the adequacy of controls and assurances in place via a comprehensive audit programme agreed on behalf of the Board by the Audit and Risk Committee. The ability to complete all planned audits was affected by the Covid-19 pandemic.

There were 27 finalised reports during 2020/21 with:

- 8 high assurance opinions
- 14 significant assurance opinions
- 5 limited assurance opinions

There have been no “No Assurance” reports this year. Five internal audits received limited reports: complaints, Health and Wellbeing Assessments, delegated consent, portable medicines trolleys and Huddersfield Pharmacy Specials.

The Health and Well Being Assessment audit was requested at an early stage of the Covid-19 pandemic to identify improvements with assessments. Six of the eight recommendations have now been implemented including both recommendations that were prioritised as being major. A core group of colleagues have been meeting on a regular basis to review health and wellbeing actions including improving risk assessment response rates and as such, two recommendations remain on-going.

All reports where an opinion is provided have recommendations, with an action plan in place to address these recommendations and a target date set until all actions are completed.

The work of the internal auditors, including monitoring of progress with recommendations is reviewed by the relevant Committee and the Audit and Risk Committee.

External auditors carry out the audit of financial systems and comment specifically on the use of resources and going concern in their reports for the Audit and Risk Committee. External auditors provide independent assurance on the accounts, annual report and Annual Governance Statement.

Role of the Board

For 2020/21 the Trust produced a draft annual operational plan and supporting detailed financial plan. Prior to Board approval of a final financial plan this was overridden by a new national financial regime in support of Covid-19, which will continue into the start of 2021/22. The Board has received regular reports outlining the year to date and forecast financial performance against the requirements of this new temporary regime. At the time of writing for 2021/22 operational planning submissions to NHS E/I have been postponed due to Covid-19. The Trust will submit Board approved plans in accordance with the revised timescales.

These documents, together with internal audits of specific areas of internal control and the external audit, provide the Board of Directors with the information it requires to gain assurance that the Trust is meeting its objectives to protect patients, staff, the public and other stakeholders against risks of any kind, which allows the Board to support me in signing this Annual Governance Statement.

The resources of the Trust are managed through various measures, including a governance structure at Executive Management level and below, divisional performance review meetings, a robust budgetary control system and the consistent application of internal financial controls and effective procurement and tendering procedures. All budget holders are required to undertake regular finance training to support them to ‘manage our money’. In 2020/21 specific financial governance arrangements were approved and put in place to support expedient but legal decision making to deal with the pandemic situation.

12. Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of performance information available to me. My review is also informed by comments made by the external auditors in their management letters and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee, the Finance and Performance Committee and the Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

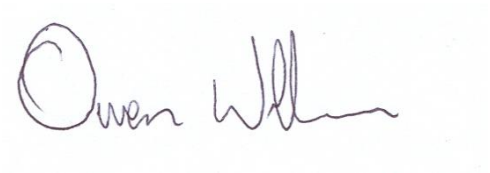
The system of internal control has been reviewed and modified in year as noted above. Assurance on the effective functioning of the Board was provided from the external well-led development governance review and recommendations made are being taken forward.

In accordance with NHS internal audit standards, the Head of Internal Audit provides me with an overall annual opinion statement to the Trust, based upon and limited to the work performed, on the assurance framework and overall adequacy and effectiveness of the Trust's risk management, control and governance processes, including the modifications to the system of internal control made in response to the Covid-19 pandemic. The Trust received a significant assurance opinion on the Trust's system of internal control from internal auditors, which I have taken into account when making this Annual Governance Statement.

13. Conclusion

This Annual Governance Statement requires me to consider whether there are any significant internal control issues facing the Trust. Risks regarding the impact of the Covid-19 pandemic and challenges regarding the recovery of activity are identified above.

I am assured that Calderdale and Huddersfield NHS Foundation Trust has an overall sound system of internal controls in place and that no significant internal control issues have been identified.



Dr Owen Williams, OBE
Chief Executive
22 June 2021

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Calderdale and Huddersfield NHS Foundation Trust ("the Trust") for the year ended 31 March 2021 which comprise the Group and Trust Statement of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Taxpayers Equity and Group and Trust Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Group's and Trust's affairs as at 31 March 2021 and of the Group's and Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and the Department of Health and Social Care Group Accounting Manual 2020/21.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of, the Group in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Group and Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Group's and Trust's business model and analysed how those risks might affect the Group's and Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the Directors' assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Group's and Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Group and Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit and Risk Committee and inspection of policy documentation as to the Group's high-level policies and procedures to prevent and detect fraud, including the internal audit counter-fraud function, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve the Financial Improvement Trajectory delegated to the Trust by NHS Improvement.
- Reading Trust Board and Audit and Risk Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the Group's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet financial improvement trajectory targets, we perform procedures to address the risk of management override of controls, in particular the risk that Group management may be in a position to make inappropriate accounting entries and the risk of bias in accounting estimates and judgements such as asset valuations and impairments. On this audit we do not believe there is a fraud risk related to revenue recognition due to the temporary NHS funding arrangements that have been in place throughout the financial year and we don't believe there to be an incentive to manipulate other operating income streams that are material.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals.

In determining the audit procedures we took into account the results of our evaluation and testing of the operating effectiveness of some of Trust-wide fraud risk management controls.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included entries made to unrelated accounts linked to the recognition of expenditure and other unusual journal characteristics linked to expenditure and cash.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Assessing the existence and accuracy of recorded expenditure through specific testing over accruals from period 12 onwards.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Group is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Group is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Group is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2020/21.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 110, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Group and Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006.
- any matters have been reported in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Calderdale and Huddersfield NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Clare Partridge
for and on behalf of KPMG LLP
Chartered Accountants
1 Sovereign Square,
Leeds
LS1 4DA

24 June 2021

4. Annual Accounts 2020/21

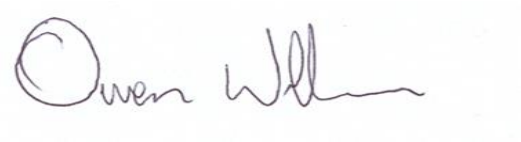
Calderdale and Huddersfield NHS Foundation Trust

Annual accounts for the year ended 31 March 2021

Foreword to the accounts

Calderdale and Huddersfield NHS Foundation Trust

These accounts, for the year ended 31 March 2021, have been prepared by Calderdale and Huddersfield NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.



Signed ……

Name **Dr Owen Williams, OBE**
Job title **Chief Executive**
Date **22.06.2021**

Consolidated Statement of Comprehensive Income

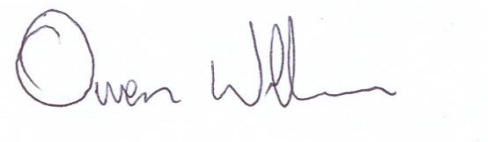
		Group		Trust	
		2020/21	2019/20	2020/21	2019/20
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	401,083	352,102	400,499	351,852
Other operating income	4	90,132	82,954	90,201	83,464
Operating expenses	6, 8	(488,068)	(421,219)	(487,006)	(421,262)
Operating surplus/(deficit) from continuing operations		**3,147**	**13,837**	**3,694**	**14,054**
Finance income	11	41	122	3,604	3,898
Finance expenses	12	(12,221)	(14,676)	(16,512)	(19,249)
PDC dividends payable		(636)	-	(636)	-
Net finance costs		**(12,817)**	**(14,554)**	**(13,543)**	**(15,350)**
Other gains / (losses)	13	298	488	298	488
Share of profit / (losses) of associates / joint arrangements	21	-	-	-	-
Corporation tax expense		(27)	(109)	-	-
Surplus / (deficit) for the year from continuing operations		**(9,399)**	**(338)**	**(9,551)**	**(808)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	-	-	-	-
***Surplus / (deficit) for the year**		**(9,399)**	**(338)**	**(9,551)**	**(808)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	7	(2,192)	(393)	(2,192)	(393)
Revaluations	20	-	-	-	-
Share of comprehensive income from associates and joint ventures	21	-	-	-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI	22	-	-	-	-
Other recognised gains and losses		-	-	-	-
Other reserve movements		-	-	-	-
May be reclassified to income and expenditure when certain conditions are met:					
Fair value gains/(losses) on financial assets mandated at fair value through OCI	22	-	-	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	13	-	-	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-	-	-
Total comprehensive income / (expense) for the period		**(11,591)**	**(732)**	**(11,743)**	**(1,202)**
Surplus/ (deficit) for the period attributable to:					
Non-controlling interest, and		-	-	-	-
Calderdale and Huddersfield NHS Foundation Trust		(9,399)	(338)	(9,551)	(808)
TOTAL		**(9,399)**	**(338)**	**(9,551)**	**(808)**
Total comprehensive income/ (expense) for the period attributable to:					
Non-controlling interest, and		-	-	-	-
Calderdale and Huddersfield NHS Foundation Trust		(11,591)	(732)	(11,743)	(1,202)
TOTAL		**(11,591)**	**(732)**	**(11,743)**	**(1,202)**

* The surplus / (deficit) for 20/21 includes £12.920m of impairments; for 19/20 this was £0.453m of impairments.
The Trust Adjusted financial performance Control total basis has been restated from £0.388m surplus to £0.420m deficit.

Statements of Financial Position

	Note	Group 31 March 2021 £000	Group 31 March 2020 £000	Trust 31 March 2021 £000	Trust 31 March 2020 £000
Non-current assets					
Intangible assets	15, 16	8,156	8,526	8,156	8,526
Property, plant and equipment	17, 18	163,503	162,001	163,049	161,711
Investments in associates and joint ventures	21	3,912	4,162	3,912	4,162
Other investments / financial assets	22	-	-	1,553	2,543
Receivables	25	3,908	4,045	62,692	66,462
Other assets	26	-	-	-	-
Total non-current assets		**179,479**	**178,733**	**239,362**	**243,404**
Current assets					
Inventories	24	7,458	6,509	5,430	4,832
Receivables	25	20,731	40,879	25,727	47,798
Other investments / financial assets	22	4,000	4,000	4,997	4,967
Other assets	26	-	-	-	-
Non-current assets held for sale	27.1	275	1,114	275	1,114
Cash and cash equivalents	28	48,222	9,289	46,958	7,655
Total current assets		**80,686**	**61,791**	**83,387**	**66,366**
Current liabilities					
Trade and other payables	29	(63,731)	(50,589)	(61,685)	(50,831)
Borrowings	31	(5,410)	(145,564)	(9,858)	(152,224)
Other financial liabilities	32	-	-	-	-
Provisions	34	(6,426)	(2,546)	(6,426)	(2,546)
Other liabilities	30	(4,682)	(3,304)	(4,682)	(3,304)
Liabilities in disposal groups	27.2	-	-	-	-
Total current liabilities		**(80,249)**	**(202,003)**	**(82,651)**	**(208,904)**
Total assets less current liabilities		**179,917**	**38,521**	**240,098**	**100,866**
Non-current liabilities					
Trade and other payables	29	(97)	(29)	(97)	(109)
Borrowings	31	(85,548)	(90,787)	(146,485)	(153,657)
Other financial liabilities	32	-	-	-	-
Provisions	34	(1,185)	(1,487)	(1,185)	(1,487)
Other liabilities	30	(893)	(1,027)	(893)	(1,027)
Total non-current liabilities		**(87,723)**	**(93,330)**	**(148,661)**	**(156,280)**
Total assets employed		**92,194**	**(54,809)**	**91,437**	**(55,414)**
Financed by					
Public dividend capital		281,004	122,410	281,004	122,410
Revaluation reserve		2,724	5,321	2,724	5,321
Financial assets reserve		-	-	-	-
Other reserves		-	-	-	-
Merger reserve		-	-	-	-
Income and expenditure reserve		(191,534)	(182,540)	(192,291)	(183,145)
Non-controlling Interest		-	-	-	-
Total taxpayers' equity		**92,194**	**(54,809)**	**91,437**	**(55,414)**

The notes 1 -42 on the following pages form part of these accounts



Name **Dr Owen Williams, OBE**
Position **Chief Executive**
Date **22.06.2021**

Consolidated Statement of Changes in Equity for the year ended 31 March 2021

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**122,410**	**5,321**	**(182,540)**	**(54,809)**
Surplus/(deficit) for the year	-	-	(9,399)	**(9,399)**
Other transfers between reserves	-	(165)	165	**-**
Impairments	-	(2,192)	-	**(2,192)**
Transfer to retained earnings on disposal of assets	-	(240)	240	**-**
Public dividend capital received	158,594	-	-	**158,594**
Taxpayers' and others' equity at 31 March 2021	**281,004**	**2,724**	**(191,534)**	**92,194**

Consolidated Statement of Changes in Equity for the year ended 31 March 2020

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**117,042**	**7,243**	**(183,732)**	**(59,446)**
Prior period adjustment	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2019 - restated	**117,042**	**7,243**	**(183,732)**	**(59,446)**
Surplus/(deficit) for the year	-	-	(338)	**(338)**
Other transfers between reserves	-	(186)	186	**-**
Impairments	-	(393)	-	**(393)**
Transfer to retained earnings on disposal of assets	-	(1,343)	1,343	**-**
Public dividend capital received	5,368	-	-	**5,368**
Taxpayers' and others' equity at 31 March 2020	**122,410**	**5,321**	**(182,540)**	**(54,809)**

Statement of Changes in Equity for the year ended 31 March 2021

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**122,410**	**5,321**	**(183,145)**	**(55,414)**
Surplus/(deficit) for the year	-	-	(9,551)	**(9,551)**
Other transfers between reserves	-	(165)	165	**-**
Impairments	-	(2,192)	-	**(2,192)**
Transfer to retained earnings on disposal of assets	-	(240)	240	**-**
Public dividend capital received	158,594	-	-	**158,594**
Taxpayers' and others' equity at 31 March 2021	**281,004**	**2,724**	**(192,291)**	**91,437**

Statement of Changes in Equity for the year ended 31 March 2020

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**117,042**	**7,243**	**(183,866)**	**(59,580)**
Prior period adjustment				**-**
Taxpayers' and others' equity at 1 April 2019 - restated	**117,042**	**7,243**	**(183,866)**	**(59,580)**
Surplus/(deficit) for the year	-	-	(808)	**(808)**
Other transfers between reserves	-	(186)	186	**-**
Impairments	-	(393)	-	**(393)**
Transfer to retained earnings on disposal of assets	-	(1,343)	1,343	**-**
Public dividend capital received	5,368	-	-	**5,368**
Taxpayers' and others' equity at 31 March 2020	**122,410**	**5,321**	**(183,145)**	**(55,414)**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statements of Cash Flows

	Note	Group 2020/21 £000	Group 2019/20 £000	Trust 2020/21 £000	Trust 2019/20 £000
Cash flows from operating activities					
Operating surplus / (deficit)		3,147	13,837	3,694	14,054
Non-cash income and expense:					
Depreciation and amortisation	6.1	11,007	10,103	10,952	10,058
Net impairments	7	12,920	453	12,920	453
Income recognised in respect of capital donations	4	(2,463)	(141)	(2,463)	(141)
Amortisation of PFI deferred credit		-	-	-	-
Non-cash movements in on-SoFP pension liability		-	-	-	-
(Increase) / decrease in receivables and other assets		20,973	(22,996)	26,530	(19,276)
(Increase) / decrease in inventories		(949)	106	(598)	648
Increase / (decrease) in payables and other liabilities		9,721	8,079	7,353	5,825
Increase / (decrease) in provisions		3,579	1,196	3,579	1,196
Movements in charitable fund working capital		-	-	-	-
Tax (paid) / received		(27)	(109)	-	-
Operating cash flows from discontinued operations		-	-	-	-
Other movements in operating cash flows		-	-	3	(4)
Net cash flows from / (used in) operating activities		**57,907**	**10,528**	**61,971**	**12,813**
Cash flows from investing activities					
Interest received		41	122	3,607	3,901
Purchase and sale of financial assets / investments		-	-	956	924
Purchase of intangible assets		(863)	(1,568)	(863)	(1,568)
Sales of intangible assets		-	-	-	-
Purchase of PPE and investment property		(19,008)	(9,196)	(18,788)	(9,131)
Sales of PPE and investment property		1,144	3,537	1,144	3,537
Receipt of cash donations to purchase assets		59	141	59	141
Prepayment of PFI capital contributions		-	-	-	-
Net cash flows from charitable fund investing activities		-	-	-	-
Investing cash flows from discontinued operations		-	-	-	-
Cash from acquisitions / disposals of subsidiaries		-	-	-	-
Net cash flows from / (used in) investing activities		**(18,627)**	**(6,964)**	**(13,886)**	**(2,197)**
Cash flows from financing activities					
Public dividend capital received		158,594	5,368	158,594	5,368
Public dividend capital repaid		-	-	-	-
Movement on loans from DHSC		(142,926)	18,654	(142,926)	18,654
Movement on other loans		-	-	-	-
Other capital receipts		-	-	-	-
Capital element of finance lease rental payments		(8)	(8)	(4,153)	(3,871)
Capital element of PFI, LIFT and other service concession payments		(1,833)	(1,698)	(1,833)	(1,698)
Interest on loans		(1,115)	(3,086)	(1,115)	(3,086)
Other interest		(1)	(6)	(1)	(6)
Interest paid on finance lease liabilities		-	-	(4,290)	(4,573)
Interest paid on PFI, LIFT and other service concession obligations		(11,732)	(11,535)	(11,732)	(11,535)
PDC dividend (paid) / refunded		(1,325)	-	(1,325)	-
Financing cash flows of discontinued operations		-	-	-	-
Net cash flows from charitable fund financing activities		-	-	-	-
Cash flows from (used in) other financing activities		-	(4,000)	-	(4,000)
Net cash flows from / (used in) financing activities		**(346)**	**3,689**	**(8,781)**	**(4,747)**
Increase / (decrease) in cash and cash equivalents		**38,934**	**7,253**	**39,304**	**5,869**
Cash and cash equivalents at 1 April - brought forward		**9,289**	**2,036**	**7,655**	**1,785**
Prior period adjustments			-		
Cash and cash equivalents at 1 April - restated		**9,289**	**2,036**	**7,655**	**1,785**
Unrealised gains / (losses) on foreign exchange		-	-	-	
Cash and cash equivalents at 31 March	28.1	**48,222**	**9,289**	**46,958**	**7,655**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

The accounting concept of Going Concern refers to the basis on which an organisation's assets and liabilities are recorded and included in the accounts. If an organisation is a going concern, it is expected to operate and not go out of business or liquidate its assets in the foreseeable future.

For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is evidence of going concern.

The Trust Board has assessed whether it is appropriate to prepare the accounts on a going concern basis in this context.
The following has been taken into account:

- The ongoing requirement for health services, such as those provided by the Trust, is set out in legislation including the Health Act and Health and Social Care Act
- The West Yorkshire Integrated Care System long-term plans incorporate the continued provision of the services provided by the Trust.
- The Trust has its own long-term plans, as outlined in the business case for reconfiguration of services which have the support of NHS England / Improvement.

Based on these indications the directors believe that it remains appropriate to prepare the accounts on a going concern basis

Note 1.3 Consolidation

NHS Charitable Funds
The Trust is the corporate Trustee to Calderdale and Huddersfield Foundation Trust NHS Charitable Fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The Trust has assessed that the values involved are not of a material nature and the Board of Directors has approved and agreed not to consolidate the charitable funds.

Other subsidiaries

The Trust has a wholly owned subsidiary company, Calderdale and Huddersfield Solutions (CHS) Ltd. The function of the company is to provide a managed health care facility to the Trust.

CHS Ltd. commenced trading on 1 September 2018. The year end for the company is 31 March to align with the Trust.

Joint ventures

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at an Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other Income

Other income for non patient care services is accounted for in the period in which the specific service is delivered. Where income is received for an activity to be delivered in a subsequent financial year that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Other Pension costs

The Foundation Trust Group offers an additional defined contribution workplace pension scheme, the National Employment Savings Scheme (NEST) for those staff ineligible to contribute to the NHS Pension.

The cost to the Foundation Trust of participating in the scheme is taken as equal to the contributions payable to that scheme for the accounting period.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme at Calderdale Royal Hospital where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust and also for the Huddersfield Royal Infirmary site as any construction would be completed by Calderdale and Huddersfield Solutions under a managed service contract making the cost also recoverable for VAT.
Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

A full on-site valuation was carried out as at 1st April 2018. A desktop interim revaluation was undertaken as at 31 March 2021. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.
The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2020/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Land	-	-
Buildings, excluding dwellings	5	80
Dwellings	6	92
Plant & machinery	5	25
Transport equipment	7	7
Information technology	5	8
Furniture & fittings	5	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Information technology	5	5
Development expenditure	-	-
Websites	-	-
Software licences	2	12
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.The cost valuation is considered to be a reasonable approximation to a fair value due to the high turnover of stock.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are subsequently measured at amortised cost.

Financial liabilities are subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Expected credit losses are determined by using the aging of debt as a means of determining the likelihood of receipt of payment. All Non NHS receivables over 90 days are provided in full and specific high risk debt categories over 30 days are provided in full. Debt in relation to other NHS bodies is not recognised in expected credit losses.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The Trust as a lessor
Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.18%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2021:

	Inflation rate
Year 1	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 34.3 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 35 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 35, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.19 Corporation tax

Calderdale and Huddersfield Solutions Ltd, is a wholly owned subsidiary of Calderdale and Huddersfield NHS Foundation Trust and is subject to corporation tax on its profits.

Note 1.20 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.21 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.22 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.
On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Other standards, amendments and interpretations

As required by IAS 8, the Trust declares the following other standards, amendments and interpretations have been issued but are not yet effective or adopted for the public sector. IFRS 14: Applies to first time adoptors of IFRS after 1 January 2016, therefore not applicable to the Trust. IFRS17 Insurance Contracts: Application required for accounting periods beginning on or after 1 January 2023 but not yet adopted by the FReM, early adoption is not therefore permitted.

Note 1.27 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The preparation of the financial information , in conformity with IFRS, requires management to make judgements, estimates and assumptions that affect the application of policies and the reported amounts of income and expenses and of assets and liabilities. The estimates and assumptions are based on historical experience and other factors that are believed to be reasonable under all the circumstances. Actual results may vary from these estimates. The estimates and assumptions are reviewed on an on-going bases. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision only affects that period, or in the period of the revision of future periods, if the revision affects both the current and future periods.

Note 1.28 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the asset or liability recorded in note 17.1
The revaluation of the hospital has been carried out by Cushman Wakefield, who have applied the modern equivalent asset valuation. This approach assumes that the asset would be replaced with a modern equivalent, not a building of identical design. The modern equivalent may well be smaller than the existing asset, for example due to technological advances in plant and machinery or reduced operational use.

Note 2 Operating Segments

The Foundation Trust's core activities fall under the remit of the Chief Operating Decision Maker ("CODM") as defined by IFRS 8 'Operating Segments', which has been determined to be the Foundation Trust Board which includes senior professional non-executive directors. These core activities are primarily the provision of specialist NHS healthcare, the income for which is received through contracts with commissioners. The planned level of activity is agreed with our main commissioners for the year, and are listed in the related party disclosures (see Note 42).

Healthcare

The large majority of the Foundation Trust's income originates with the UK Whole of Government Accounting (WGA) bodies. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust together with the related supplies and overheads needed to establish this production. The business activities which earn revenue and incur expenses are therefore of one broad combined nature and therefore a segment of 'Healthcare' is deemed appropriate.

The operating results of the Foundation Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker which is the overall Foundation Trust Board. The Trust Board reviews the financial position of the Trust as a whole in their decision making process, rather than individual components included in the totals, in terms of allocating resources. This process again implies a distinct operating segment under IFRS8.

The finance report considered monthly by the Trust Board contains summary figures for the whole Trust together with graphical line and bar charts relating to different total income activity levels, and directorate expense budgets with their cost improvement positions. Similarly only total balance sheet positions and cash flow forecasts are considered for the whole Foundation Trust. The Board as chief operating decision maker therefore only considers this segment of healthcare in its decision-making process.

	Group	
	Healthcare	
	2020/21	**2019/20**
	£000	**£000**
Income	**491,215**	**435,056**
Surplus / (Deficit)	**(9,399)**	**(338)**
Net Assets (Liabilities)	**92,194**	**(54,809)**

	Trust	
	Healthcare	
	2020/21	**2019/20**
	£000	**£000**
Income	**490,700**	**435,316**
Surplus / (Deficit)	**(9,551)**	**(808)**
Net Assets (Liabilities)	**91,437**	**(55,414)**

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

	Group		Trust	
		Restated		Restated
Note 3.1 Income from patient care activities (by nature)	**2020/21**	**2019/20**	**2020/21**	**2019/20**
	£000	**£000**	**£000**	**£000**
Acute services				
Block contract / system envelope income*	322,813	283,789	322,813	283,789
High cost drugs income from commissioners (excluding pass-through costs)	25,477	23,511	25,477	23,511
***Other NHS clinical income	1,141	1,003	1,136	1,003
Community services				
Block contract / system envelope income*	27,592	26,687	27,592	26,687
****Income from other sources (e.g. local authorities)	320	493	320	493
All services				
Private patient income	327	924	327	924
Additional pension contribution central funding**	11,274	10,354	11,274	10,354
***Other clinical income	12,138	5,341	11,559	5,092
Total income from activities	**401,083**	**352,101**	**400,499**	**351,852**

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity, £63.1m has been moved from Other NHS Clinical Income to Block contract/System envelope income. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

***Other NHS Clinical Income includes Independent Sector Contract Funding and Provider to Provider income for services provided to other Trusts. Other income covers Local Authority funded services, Injury Cost Recovery income and non-NHS clinical income including from Primary Care Networks and Hospices.

****Community services - Income from other sources (e.g. local authorities) for 19/20 has been restated to £0.493m which as moved from Other clinical income.

Note 3.2 Income from patient care activities (by source)	Group		Trust	
	2020/21	**2019/20**	**2020/21**	**2019/20**
Income from patient care activities received from:	**£000**	**£000**	**£000**	**£000**
NHS England	47,986	42,516	47,986	42,516
Clinical commissioning groups	345,606	301,414	345,606	301,414
Department of Health and Social Care	-	-	-	-
Other NHS providers	878	1,085	873	1,085
NHS other	-	-	-	-
Local authorities	2,000	2,257	2,000	2,257
Non-NHS: private patients	327	924	327	924
Non-NHS: overseas patients (chargeable to patient)	91	133	91	133
Injury cost recovery scheme	1,069	1,732	1,069	1,732
Non NHS: other	3,126	2,041	2,547	1,791
Total income from activities	**401,083**	**352,102**	**400,499**	**351,852**
Of which:				
Related to continuing operations	401,083	352,102	400,499	351,852
Related to discontinued operations	-	-	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	Group and Trust	
		Restated
	2020/21	2019/20
	£000	£000
Income recognised this year	91	133
Cash payments received in-year	23	199
*Amounts added to provision for impairment of receivables	69	100
Amounts written off in-year	-	55

* The amount added to provisions for impairment in 19/20 has been restated to reflect the correct amount from £0.473m to £0.1m a reduction of £0.373m.

Note 4 Other operating income (Group)

	Group 2020/21			Group 2019/20 Restated			Trust 2020/21			Trust 2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Research and development	1,068	-	**1,068**	1,051	-	**1,051**	1,068	-	**1,068**	1,051	-	**1,051**
Education and training	13,806	587	**14,393**	12,260	490	**12,750**	13,806	587	**14,393**	12,263	490	**12,753**
Non-patient care services to other bodies	11,606		**11,606**	10,889		**10,889**	11,603		**11,603**	10,866		**10,866**
Provider sustainability fund (2019/20 only)			**-**	4,765		**4,765**			**-**	4,765		**4,765**
Financial recovery fund (2019/20 only)			**-**	27,410		**27,410**			**-**	27,410		**27,410**
Marginal rate emergency tariff funding (2019/20 only)			**-**	6,147		**6,147**			**-**	6,147		**6,147**
Reimbursement and top up funding	37,843		**37,843**			**-**	37,843		**37,843**			**-**
Income in respect of employee benefits accounted on a gross basis	-		**-**	-		**-**	-		**-**	-		**-**
Receipt of capital grants and donations		2,463	**2,463**		141	**141**		2,463	**2,463**		141	**141**
Charitable and other contributions to expenditure		5,111	**5,111**		282	**282**		5,111	**5,111**		282	**282**
Support from the Department of Health and Social Care for mergers		-	**-**		-	**-**		-	**-**		-	**-**
Rental revenue from finance leases		-	**-**		-	**-**		-	**-**		-	**-**
***Rental revenue from operating leases		239	**239**		251	**251**		128	**128**		66	**66**
Amortisation of PFI deferred income / credits		-	**-**		-	**-**		-	**-**		-	**-**
Charitable fund incoming resources		-	**-**		-	**-**		-	**-**		-	**-**
**Other income	17,409	-	**17,409**	19,269	-	**19,269**	17,591	-	**17,591**	19,983	-	**19,983**
Total other operating income	**81,731**	**8,400**	**90,132**	**81,791**	**1,163**	**82,954**	**81,911**	**8,289**	**90,201**	**82,486**	**978**	**83,464**
Of which:												
Related to continuing operations			90,132			82,954			90,201			**83,464**
Related to discontinued operations			-			-			-			-

* Non-patient care services to other bodies includes £7.8m income for The Health Informatics Service for IT services provided to other bodies and £3.612m income for Corporate Services for recharges to other bodies for use of buildings, including £3.371m to South West Yorkshire Partnerships Foundation Trust for use of the Dales unit.
** Group- Other contract income of £17.409m includes £15m sales of manufactured pharmaceutical products, £0.163m property rental income, £0.565m catering income, £0.03m car parking income (In 2019/20 the comparative figures were Group- Other contract income of £19.289m includes £14.8m sales of manufactured pharmaceutical products, £1.56m car parking income, £0.092m property rental income, £0.667m catering income)Trust - also includes income from the subsidiary.

***Rental revenue from operating leases has been restated from £0.394m to £0.251m a movement of £0.143m between rental revenue and Other income.

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period - (Group and Trust)

	2020/21	2019/20
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,320	1,272
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000	£000	£000
within one year	4,682	3,305	4,682	3,305
after one year, not later than five years	410	447	410	447
after five years	483	579	483	579
Total revenue allocated to remaining performance obligations	**5,575**	**4,331**	**5,575**	**4,331**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services - (Group and Trust)

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2020/21	2019/20
	£000	£000
Income from services designated as commissioner requested services	350,428	300,293
Income from services not designated as commissioner requested services	50,656	51,808
Total	**401,084**	**352,102**

Note 5.4 Profits and losses on disposal of property, plant and equipment - Group and Trust

The Trust disposed of Property and Equipment in 2020/21 with a profit of £299k (£488k 2019/20)

Note 5.5 Fees and charges (Group and Trust)

The Trust does not have Income from fees and charges levied by the trust where the full cost exceeds £1 million.

Note 6.1 Operating expenses (Group and Trust)

	Group		Trust	
				Restated
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,896	2,932	2,875	2,880
Purchase of healthcare from non-NHS and non-DHSC bodies	1,374	1,758	672	1,254
Purchase of social care	-	-	-	-
Staff and executive directors costs	301,480	271,488	290,718	261,695
Remuneration of non-executive directors	143	151	143	151
Supplies and services - clinical (excluding drugs costs)	33,218	28,037	6,849	3,621
Supplies and services - general	8,397	2,532	4,149	412
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	40,958	40,316	40,660	40,275
Inventories written down	66	-	66	-
Consultancy costs	867	514	252	333
Establishment	3,672	3,557	1,967	1,878
Premises	24,922	21,516	72,340	62,898
Transport (including patient travel)	996	429	205	180
Depreciation on property, plant and equipment	9,775	8,936	9,720	8,891
Amortisation on intangible assets	1,233	1,167	1,233	1,167
Net impairments	12,920	453	12,920	453
Movement in credit loss allowance: contract receivables / contract assets	655	856	655	856
Movement in credit loss allowance: all other receivables and investments	-	-	-	-
Increase/(decrease) in other provisions	3,914	767	3,914	767
Change in provisions discount rate(s)	43	84	43	84
Audit fees payable to the external auditor				
audit services- statutory audit	101	73	91	62
**other auditor remuneration (external auditor only)	-	2	-	2
*Internal audit costs	145	111	145	111
Clinical negligence	19,106	15,995	19,106	15,995
Legal fees	680	248	673	27
Insurance	-	-	-	-
Research and development	81	13	69	9
Education and training	1,258	951	749	674
Rentals under operating leases	3,378	3,583	3,079	3,308
Early retirements	-	-	-	-
Redundancy	-	-	-	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	13,425	13,168	13,425	13,168
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-	-	-
Car parking & security	-	-	-	-
Hospitality	-	-	-	-
Losses, ex gratia & special payments	-	-	-	-
Grossing up consortium arrangements	-	-	-	-
Other services, eg external payroll	-	-	-	-
Other NHS charitable fund resources expended	-	-	-	-
*Other	2,368	1,584	290	112
Total	**488,068**	**421,219**	**487,006**	**421,262**
Of which:				
Related to continuing operations	488,068	421,219	487,006	421,262
Related to discontinued operations	-	-	-	-

* Internal audit costs for Group and Trust for 19/20 has been restated to reflect the correct value of £0.111m, £0.022m has been reclassified from Other to Internal audit costs

**other auditor remuneration (external auditor only) for both Group and Trust have been Restated for 19/20 to £1.5k which has been moved from Other expenditure.

Note 6.2 Other auditor remuneration (Group and Trust)

	Group		Trust	
		Restated		Restated
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Other auditor remuneration paid to the external auditor:				
1. Audit of accounts of any associate of the Trust	-	-	-	-
2. Audit-related assurance services	-	-	-	-
3. Taxation compliance services	-	-	-	-
4. All taxation advisory services not falling within item 3 above	-	-	-	-
5. Internal audit services	-	-	-	-
*6. All assurance services not falling within items 1 to 5	-	2	-	2
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-	-	-
Total	**-**	**2**	**-**	**2**

*6. All assurance services not falling within items 1 to 5 for both Group and Trust have been Restated for 19/20 to £1.5k .

Note 6.3 Limitation on auditor's liability (Group and Trust)

There is no limitation on auditor's liability for external audit work carried out for the financial years 2020/21 or 2019/20.

Note 7 Impairment of assets (Group and Trust)

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Net impairments charged to operating surplus / deficit resulting from:				
Loss or damage from normal operations	250	-	250	-
Over specification of assets	-	-	-	-
Abandonment of assets in course of construction	-	-	-	-
Unforeseen obsolescence	-	-	-	-
Loss as a result of catastrophe	-	-	-	-
Changes in market price	12,670	453	12,670	453
Impairments of charitable fund assets	-	-	-	-
Other	-	-	-	-
Total net impairments charged to operating surplus / deficit	**12,920**	**453**	**12,920**	**453**
Impairments charged to the revaluation reserve	2,192	393	2,192	393
Total net impairments	**15,112**	**846**	**15,112**	**846**

The impairments and reversal of impairments charged to operating costs and the revaluation reserve are due to changes in market values and all relates to Land Buildings and Dwellings.

Note 8 Employee benefits (Group and Trust)

	Group		Trust	
		Restated		Restated
	2020/21 Total £000	2019/20 Total £000	2020/21 Total £000	2019/20 Total £000
Salaries and wages	239,922	208,674	230,751	200,447
Social security costs	20,148	19,393	19,512	18,796
*Apprenticeship levy	1,008	996	979	970
Employer's contributions to NHS pensions	36,176	35,521	35,275	34,590
Pension cost - other	106	75	81	62
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff (including agency)	4,529	7,096	4,529	7,096
NHS charitable funds staff	-	-	-	-
Total gross staff costs	**301,889**	**271,754**	**291,127**	**261,962**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**301,889**	**271,754**	**291,127**	**261,962**
Of which				
Costs capitalised as part of assets	409	267	409	267

*The 19/20 Apprenticeship levy for Group and Trust has been adjusted to reflect the correct value, £0.506m has been reclassified from Salaries and wages to Apprenticeship levy.

Note 8.1 Retirements due to ill-health (Group)

During 2020/21 there were 4 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £108k (£124k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

Employer's contributions to NHS Pensions Group 20/21 £36.176m (19/20 £35.520m) Trust - 20/21 £35.275m (19/20 £34.590m)

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Other Pension costs

The Foundation Trust Group offers an additional defined contribution workplace pension scheme, the National Employment Savings Scheme (NEST) for those staff ineligible to contribute to the NHS Pension.

The cost to the Foundation Trust of participating in the scheme is taken as equal to the contributions payable to that scheme for the accounting period.

Employer's contributions to NEST - Group 20/21 £0.106m (19/20 £0.075m) Trust - 20/21 £0.080 (19/20 £0.062m)

Note 10 Operating leases (Group and Trust)

Note 10.1 Calderdale and Huddersfield NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Calderdale and Huddersfield NHS Foundation Trust is the lessor.

The lease revenue is for property leased to other organisations.

	Group		Trust	
		Restated		Restated
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Operating lease revenue				
*Minimum lease receipts	239	250	128	65
Contingent rent	0	1	0	1
Other	-	-	-	-
Total	**239**	**251**	**128**	**66**

	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
****Future minimum lease receipts due:**				
- not later than one year;	59	227	48	47
- later than one year and not later than five years;	101	147	56	102
- later than five years.	59	70	-	-
Total	**218**	**444**	**103**	**149**

*Minimum lease receipts for the Group has been restated from £0.394m to £0.251m a movement of £0.143m.

**Future minimum lease receipts have been restated for both Group and Trust from £2.259m to £0.444m Group and £0.149m Trust

Note 10.2 Calderdale and Huddersfield NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Calderdale and Huddersfield NHS Foundation Trust is the lessee.

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Operating lease expense				
Minimum lease payments	3,383	3,589	3,084	3,314
Contingent rents	-	-	-	-
Less sublease payments received	(5)	(6)	(5)	(6)
Total	**3,378**	**3,583**	**3,079**	**3,308**

	31 March 2021	31 March 2020	31 March 2021	31 March 2020 *Restated
	£000	£000	£000	£000
Future minimum lease payments due:				
- not later than one year;	2,915	3,041	2,663	2,840
- later than one year and not later than five years;	7,684	8,039	6,901	7,351
- later than five years.	14,063	15,442	12,821	14,051
Total	**24,662**	**26,522**	**22,384**	**24,242**
Future minimum sublease payments to be received	(21)	(27)	(21)	(27)

Of the operating lease expenditure £1.9m is for the leasing of buildings (£1.9m 2019/20), £1.5m is for the leasing of plant and machinery (£1.7m 2019/20).

* The Future minimum lease payments for the Trust for 19/20 have been restated, removing £2.280m, which had been incorrectly included.

Note 11 Finance income (Group and Trust)

Finance income represents interest received on assets and investments in the period.

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Interest on bank accounts	6	122	6	122
Interest income on finance leases	-	-	3,563	3,776
Interest on other investments / financial assets	35	-	35	-
NHS charitable fund investment income	-	-	-	-
Other finance income	-	-	-	-
Total finance income	**41**	**122**	**3,604**	**3,898**

Note 12.1 Finance expenditure (Group and Trust)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Interest expense:				
Loans from the Department of Health and Social Care	488	3,134	488	3,134
Other loans	-	-	-	-
Overdrafts	-	-	-	-
Finance leases	-	-	4,290	4,573
Interest on late payment of commercial debt	1	6	1	6
Main finance costs on PFI and LIFT schemes obligations	6,188	6,333	6,188	6,333
Contingent finance costs on PFI and LIFT scheme obligations	5,544	5,202	5,544	5,202
Total interest expense	**12,221**	**14,674**	**16,512**	**19,247**
Unwinding of discount on provisions	-	1	-	1
Other finance costs	-	-	-	-
Total finance costs	**12,221**	**14,676**	**16,512**	**19,249**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group and Trust)

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-	-	-
Amounts included within interest payable arising from claims made under this legislation	1	6	1	6
Compensation paid to cover debt recovery costs under this legislation	-	-	-	-

Note 13 Other gains / (losses) (Group)

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Gains on disposal of assets	304	488	304	488
Losses on disposal of assets	(6)	-	(6)	-
Gains / losses on disposal of charitable fund assets	-	-	-	-
Total gains / (losses) on disposal of assets	**298**	**488**	**298**	**488**
Gains / (losses) on foreign exchange	-	-	-	-
Fair value gains / (losses) on investment properties	-	-	-	-
Fair value gains / (losses) on financial assets / investments	-	-	-	-
Fair value gains / (losses) on charitable fund investments & investment properties	-	-	-	-
Fair value gains / (losses) on financial liabilities	-	-	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-	-	-
Other gains / (losses)	-	-	-	-
Total other gains / (losses)	**298**	**488**	**298**	**488**

Note 14 Discontinued operations (Group and Trust)

The Trust had no discontinued operations to disclose in 2020/21 or 2019/20.

Note 15.1 Intangible assets - 2020/21

Group	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**254**	**10,237**	**1,440**	**11,930**
Transfers by absorption	-	-	-	**-**
Additions	-	863	-	**863**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	1,440	(1,440)	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	-	-	-	**-**
Valuation / gross cost at 31 March 2021	**254**	**12,540**	**(0)**	**12,794**
Amortisation at 1 April 2020 - brought forward	**208**	**3,197**	**-**	**3,405**
Transfers by absorption	-	-	-	**-**
Provided during the year	15	1,218	-	**1,233**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	-	-	-	**-**
Amortisation at 31 March 2021	**222**	**4,415**	**-**	**4,637**
Net book value at 31 March 2021	**31**	**8,125**	**(0)**	**8,156**
Net book value at 1 April 2020	**46**	**7,040**	**1,440**	**8,526**

Note 15.2 Intangible assets - 2019/20

Group	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**709**	**10,419**	**300**	**11,428**
Prior period adjustments	-	-	-	**-**
Valuation / gross cost at 1 April 2019 - restated	**709**	**10,419**	**300**	**11,428**
Transfers by absorption	-	-	-	**-**
Additions	-	428	1,140	**1,568**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	(455)	(610)	-	**(1,065)**
Valuation / gross cost at 31 March 2020	**254**	**10,237**	**1,440**	**11,930**
Amortisation at 1 April 2019 - as previously stated	**649**	**2,655**	**-**	**3,304**
Prior period adjustments	-	-	-	**-**
Amortisation at 1 April 2019 - restated	**649**	**2,655**	**-**	**3,304**
Transfers by absorption	-	-	-	**-**
Provided during the year	15	1,152	-	**1,167**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	(455)	(610)	-	**(1,065)**
Amortisation at 31 March 2020	**208**	**3,197**	**-**	**3,405**
Net book value at 31 March 2020	**46**	**7,040**	**1,440**	**8,526**
Net book value at 1 April 2019	**60**	**7,764**	**300**	**8,124**

Note 16.1 Intangible assets - 2020/21

Trust	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**254**	**10,237**	**1,440**	**11,930**
Transfers by absorption	-	-	-	**-**
Additions	-	863	-	**863**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	1,440	(1,440)	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	-	-	-	**-**
Valuation / gross cost at 31 March 2021	**254**	**12,540**	**(0)**	**12,794**
Amortisation at 1 April 2020 - brought forward	**208**	**3,197**	**-**	**3,405**
Transfers by absorption	-	-	-	**-**
Provided during the year	15	1,218	-	**1,233**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	-	-	-	**-**
Amortisation at 31 March 2021	**222**	**4,415**	**-**	**4,637**
Net book value at 31 March 2021	**31**	**8,125**	**(0)**	**8,156**
Net book value at 1 April 2020	**46**	**7,040**	**1,440**	**8,526**

Note 16.2 Intangible assets - 2019/20

Trust	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**709**	**10,419**	**300**	**11,428**
Prior period adjustments				**-**
Valuation / gross cost at 1 April 2019 - restated	**709**	**10,419**	**300**	**11,428**
Transfers by absorption	-	-	-	**-**
Additions	-	428	1,140	**1,568**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	(455)	(610)	-	**(1,065)**
Valuation / gross cost at 31 March 2020	**254**	**10,237**	**1,440**	**11,930**
Amortisation at 1 April 2019 - as previously stated	**649**	**2,655**	**-**	**3,304**
Prior period adjustments				**-**
Amortisation at 1 April 2019 - restated	**649**	**2,655**	**-**	**3,304**
Transfers by absorption		-	-	**-**
Provided during the year	15	1,152	-	**1,167**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	(455)	(610)	-	**(1,065)**
Amortisation at 31 March 2020	**208**	**3,197**	**-**	**3,405**
Net book value at 31 March 2020	**46**	**7,040**	**1,440**	**8,526**
Net book value at 1 April 2019	**60**	**7,764**	**300**	**8,124**

Note 17.1 Property, plant and equipment - 2020/21

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**9,400**	**122,880**	**574**	**3,439**	**36,823**	**85**	**31,978**	**2,293**	**-**	**207,472**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Additions	-	10,909	-	5,239	6,197	-	3,757	41	-	**26,144**
Impairments	-	(15,152)	(557)	-	-	-	-	-	-	**(15,710)**
Reversals of impairments	760	88	-	-	-	-	-	-	-	**848**
Revaluations	-	(3,916)	(17)	-	-	-	-	-	-	**(3,933)**
Reclassifications	-	349	-	(349)	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(13)	-	-	-	-	**(13)**
Valuation/gross cost at 31 March 2021	**10,160**	**115,158**	**(0)**	**8,329**	**43,008**	**85**	**35,734**	**2,335**	**-**	**214,808**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**0**	**(0)**	**-**	**24,797**	**59**	**18,919**	**1,696**	**-**	**45,471**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	3,916	17	-	2,426	8	3,328	80	-	**9,775**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(3,916)	(17)	-	-	-	-	-	-	**(3,933)**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(7)	-	-	-	-	**(7)**
Accumulated depreciation at 31 March 2021	**-**	**0**	**(0)**	**-**	**27,216**	**67**	**22,247**	**1,775**	**-**	**51,306**
Net book value at 31 March 2021	**10,160**	**115,158**	**(0)**	**8,329**	**15,791**	**18**	**13,487**	**559**	**-**	**163,503**
Net book value at 1 April 2020	**9,400**	**122,880**	**574**	**3,439**	**12,026**	**26**	**13,058**	**598**	**-**	**162,001**

Note 17.2 Property, plant and equipment - 2019/20

Group	Land	Buildings excluding dwellings (Restated)	Dwellings (Restated)	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**10,077**	**124,936**	**1,000**	**1,219**	**32,543**	**70**	**38,691**	**1,924**	**-**	**210,458**
Prior period adjustments	-	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2019 - restated	**10,077**	**124,936**	**1,000**	**1,219**	**32,543**	**70**	**38,691**	**1,924**	**-**	**210,458**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Additions	53	3,890	-	3,309	3,284	15	3,220	369	-	**14,140**
Impairments	(49)	(2,557)	(110)	-	-	-	-	-	-	**(2,715)**
Reversals of impairments	-	958	11	-	-	-	-	-	-	**969**
Revaluations	-	(3,869)	(21)	-	-	-	-	-	-	**(3,890)**
Reclassifications	-	-	-	(1,089)	1,089	-	-	-	-	**-**
Transfers to / from assets held for sale	(681)	(477)	(306)	-	-	-	-	-	-	**(1,464)**
Disposals / derecognition	-	-	-	-	(93)	-	(9,933)	-	-	**(10,026)**
Valuation/gross cost at 31 March 2020	**9,400**	**122,880**	**574**	**3,439**	**36,823**	**85**	**31,978**	**2,293**	**-**	**207,472**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**0**	**(0)**	**-**	**23,024**	**54**	**25,721**	**1,653**	**-**	**50,451**
Prior period adjustments	-	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2019 - restated	**-**	**0**	**(0)**	**-**	**23,024**	**54**	**25,721**	**1,653**	**-**	**50,451**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	3,869	21	-	1,865	6	3,132	43	-	**8,936**
Impairments	-	(0)	-	-	-	-	-	-	-	**(0)**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(3,869)	(21)	-	-	-	-	-	-	**(3,890)**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(93)	-	(9,933)	-	-	**(10,026)**
Accumulated depreciation at 31 March 2020	**-**	**0**	**(0)**	**-**	**24,797**	**59**	**18,919**	**1,696**	**-**	**45,471**
Net book value at 31 March 2020	**9,400**	**122,880**	**574**	**3,439**	**12,026**	**26**	**13,058**	**598**	**-**	**162,001**
Net book value at 1 April 2019	**10,077**	**124,935**	**1,000**	**1,219**	**9,518**	**16**	**12,970**	**272**	**-**	**160,007**

* The note has been restated to remove the accumulated depreaction for Buildings Excl Dwellings and Dwellings which hadn't been taken through the impairment in 2019/20, £3.869m on Buildings excl Dwellings and £0.021m on Dwellings was taken out of accumulated depreaction on the revalution line and taken out of the revaluation line on the Gross book value section of the table, these is a presentational and had not impact on Net book values at 31 AMrch 2020.

Note 17.3 Property, plant and equipment financing - 2020/21

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021										
Owned - purchased	10,160	52,572	(0)	8,329	13,377	18	13,479	559	-	**98,494**
Finance leased	-	-	-	-	36	-	-	-	-	**36**
On-SoFP PFI contracts and other service concession arrangements	-	61,708	-	-	-	-	-	-	-	**61,708**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-	**-**
Owned - donated/granted	-	878	-	-	2,379	-	8	-	-	**3,265**
NBV total at 31 March 2021	**10,160**	**115,158**	**(0)**	**8,329**	**15,791**	**18**	**13,487**	**559**	**-**	**163,503**

Note 17.4 Property, plant and equipment financing - 2019/20

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020										
Owned - purchased	9,400	56,195	574	3,439	11,757	26	13,042	598	-	**95,031**
Finance leased	-	-	-	-	48	-	-	-	-	**48**
On-SoFP PFI contracts and other service concession arrangements	-	65,779	-	-	-	-	-	-	-	**65,779**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	-	**-**
Owned - donated/granted	-	906	-	-	222	-	16	-	-	**1,144**
NBV total at 31 March 2020	**9,400**	**122,880**	**574**	**3,439**	**12,026**	**26**	**13,058**	**598**	**-**	**162,001**

Note 18.1 Property, plant and equipment - 2020/21

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**9,400**	**122,880**	**574**	**3,439**	**36,463**	**31**	**31,918**	**2,286**	**206,990**
Transfers by absorption	-		-	-	-	-	-	-	**-**
Additions	-	10,909	-	5,239	5,978	-	3,757	41	**25,925**
Impairments	-	(15,152)	(557)	-	-	-	-	-	**(15,710)**
Reversals of impairments	760	88	-	-	-	-	-	-	**848**
Revaluations	-	(3,916)	(17)	-	-	-	-	-	**(3,933)**
Reclassifications	-	349	-	(349)	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(13)	-	-	-	**(13)**
Valuation/gross cost at 31 March 2021	**10,160**	**115,158**	**(0)**	**8,329**	**42,428**	**31**	**35,674**	**2,328**	**214,107**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**0**	**(0)**	**-**	**24,669**	**31**	**18,883**	**1,695**	**45,279**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	3,916	17	-	2,391	-	3,316	80	**9,720**
Impairments	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(3,916)	(17)	-	-	-	-	-	**(3,933)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(7)	-	-	-	**(7)**
Accumulated depreciation at 31 March 2021	**-**	**0**	**(0)**	**-**	**27,054**	**31**	**22,199**	**1,775**	**51,058**
Net book value at 31 March 2021	**10,160**	**115,158**	**(0)**	**8,329**	**15,374**	**0**	**13,475**	**553**	**163,049**
Net book value at 1 April 2020	**9,400**	**122,880**	**574**	**3,439**	**11,793**	**0**	**13,034**	**591**	**161,711**

Note 18.2 Property, plant and equipment - 2019/20

Trust	Land	Buildings excluding dwellings (Restated)	Dwellings (Restated)	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**10,077**	**124,936**	**1,000**	**1,219**	**32,232**	**31**	**38,631**	**1,917**	**210,042**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2019 - restated	**10,077**	**124,936**	**1,000**	**1,219**	**32,232**	**31**	**38,631**	**1,917**	**210,042**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	53	3,890	-	3,309	3,234	-	3,220	369	**14,075**
Impairments	(49)	(2,557)	(110)	-	-	-	-	-	**(2,715)**
Reversals of impairments	-	958	11	-	-	-	-	-	**969**
Revaluations	-	(3,869)	(21)	-	-	-	-	-	**(3,890)**
Reclassifications	-	-	-	(1,089)	1,089	-	-	-	**-**
Transfers to / from assets held for sale	(681)	(477)	(306)	-	-	-	-	-	**(1,464)**
Disposals / derecognition	-	-	-	-	(93)	-	(9,933)	-	**(10,026)**
Valuation/gross cost at 31 March 2020	**9,400**	**122,880**	**574**	**3,439**	**36,463**	**31**	**31,918**	**2,286**	**206,990**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**0**	**(0)**	**-**	**22,924**	**31**	**25,697**	**1,652**	**50,303**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2019 - restated	**-**	**0**	**(0)**	**-**	**22,924**	**31**	**25,697**	**1,652**	**50,303**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	3,869	21	-	1,838	-	3,120	43	**8,891**
Impairments	-	(0)	-	-	-	-	-	-	**(0)**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(3,869)	(21)	-	-	-	-	-	**(3,890)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(93)	-	(9,933)	-	**(10,026)**
Accumulated depreciation at 31 March 2020	**-**	**0**	**(0)**	**-**	**24,669**	**31**	**18,883**	**1,695**	**45,279**
Net book value at 31 March 2020	**9,400**	**122,880**	**574**	**3,439**	**11,793**	**0**	**13,034**	**591**	**161,711**
Net book value at 1 April 2019	**10,077**	**124,935**	**1,000**	**1,219**	**9,308**	**0**	**12,934**	**265**	**159,738**

* The note has been restated to remove the accumulated depreaction for Buildings Excl Dwellings and Dwellings which hadn't been taken through the impairment in 2019/20, £3.869m on Buildings excl Dwellings and £0.021m on Dwellings was taken out of accumulated depreaction on the revalution line and taken out of the revaluation line on the Gross book value section of the table, these is a presentational and had not impact on Net book values at 31 AMrch 2020.

Note 18.3 Property, plant and equipment financing - 2020/21

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021									
Owned - purchased	10,160	52,572	(0)	8,329	12,959	0	13,467	553	**98,040**
Finance leased	-	-	-	-	36	-	-	-	**36**
On-SoFP PFI contracts and other service concession arrangements	-	61,708	-	-	-	-	-	-	**61,708**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - donated / granted	-	878	-	-	2,379	-	8	-	**3,265**
NBV total at 31 March 2021	**10,160**	**115,158**	**(0)**	**8,329**	**15,374**	**0**	**13,475**	**553**	**163,049**

Note 18.4 Property, plant and equipment financing - 2019/20

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020									
Owned - purchased	9,400	56,195	574	3,439	11,524	0	13,018	591	**94,741**
Finance leased	-	-	-	-	48	-	-	-	**48**
On-SoFP PFI contracts and other service concession arrangements	-	65,779	-	-	-	-	-	-	**65,779**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	906	-	-	222	-	16	-	**1,144**
Owned - donated / granted									**-**
NBV total at 31 March 2020	**9,400**	**122,880**	**574**	**3,439**	**11,793**	**0**	**13,034**	**591**	**161,711**

Note 19 Donations of property, plant and equipment

During 2020/21 the Trust received cash from Calderdale and Huddersfield Charitable Funds of £59k (£141k 2019/20) for items of equipment to be purchased which included: an additonal Slit lamp and Scalp Cooler. Donations totalling £2.403m of property, plant and equipment assets were received from DHSC as part of the Coronavirus pandemic response in 2020/21, which included Mobile Xray equipment, Coved testing equipment, Ventilators, Patient Monitors, Blood Gas Analyser and suction pumps.

Note 20 Revaluations of property, plant and equipment

Valuation

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

A full on-site valuation was carried out as at 1st April 2018. An desktop interim revaluation was undertaken as at 31 March 2021. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

Note 21 Investments in associates and joint ventures

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**4,162**	**4,162**	**4,162**	**4,162**
Prior period adjustments	-	-	-	-
Carrying value at 1 April - restated	**4,162**	**4,162**	**4,162**	**4,162**
Transfers by absorption	-	-	-	-
Acquisitions in year	-	-	-	-
Share of profit / (loss)	-	-	-	-
Net impairments	(250)	-	(250)	-
Transfers to / from assets held for sale	-	-	-	-
Disbursements / dividends received	-	-	-	-
Disposals	-	-	-	-
Share of Other Comprehensive Income	-	-	-	-
Other equity movements	-	-	-	-
Carrying value at 31 March	**3,912**	**4,162**	**3,912**	**4,162**

Note 22 Other investments / financial assets (non-current)

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**-**	**-**	**2,543**	**3,500**
Prior period adjustments		-		-
Carrying value at 1 April - restated	**-**	**-**	**2,543**	**3,500**
Transfers by absorption	-	-	-	-
Acquisitions in year	-	-	-	-
Movement in fair value through income and expenditure	-	-	-	-
Movement in fair value through OCI	-	-	-	-
Net impairments	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-
Amortisation at the effective interest rate	-	-	-	-
Current portion of loans receivable transferred to current financial assets	-	-	(990)	(957)
Disposals	-	-	-	-
Carrying value at 31 March	**-**	**-**	**1,553**	**2,543**

Note 22.1 Other investments / financial assets (current)

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Loans receivable within 12 months transferred from non-current financial assets	-	-	990	957
Deposits with the National Loans Fund	-	-	-	-
Other current financial assets	4,000	4,000	4,007	4,010
Total current investments / financial assets	**4,000**	**4,000**	**4,997**	**4,967**

Note 23 Disclosure of interests in other entities

The Trust entered into a joint venture with Henry Boot Development Ltd on 24th March 2011. This partnership is the Pennine Property Partnership LLP (PPP LLP) and is owned 50/50 by the Trust and Henry Boot Development Ltd.

It developed a new 56,000 sq. ft. healthcare facility following the exchange of a pre-let agreement with the Trust to operate the building.
The development involved the substantial reconstruction and refurbishment of an existing derelict stone mill, known as Acre Mill, and now provides a range of modern outpatient facilities. The facility has been in use since the end of January 2015.

The Pennine Property Partnership LLP's principal place of business is within the UK.
The Trust has used the equity accounting method.
There are no contingent liabilities of the JV for which the Trust is jointly and contingently liable.
The JV has no capital commitments.

Disclosure of aggregate amounts for assets and liabilities of jointly controlled operations	**2020/21**	**2019/20**
	£000	**£000**
Non current assets	15,186	14,843
Current assets	1,634	7,757
Total assets	**16,820**	**22,600**
Current liabilities	(6,424)	(7,733)
Non current liabilities	(2,573)	(6,545)
Total liabilities	**(8,997)**	**(14,278)**
Net Assets Attributable to members	**7,823**	**8,322**
Operating income	736	6,690
Operating expenses	(168)	(7,198)
Fair Value revaluation Gain	207	608
Surplus /(deficit) for the year	**775**	**100**

The change in operating performance of PPP LLP from 19/20 to 2021 is due to the Sale of the St Lukes site during 19/20.

Note 24 Inventories

	Group		**Trust**	
	31 March 2021	**31 March 2020**	**31 March 2021**	**31 March 2020**
	£000	**£000**	**£000**	**£000**
Drugs	2,298	2,292	1,756	1,750
Work In progress	336	344	336	344
Consumables	4,824	3,873	3,338	2,738
Energy	-	-	-	-
Other	-	-	-	-
Charitable fund inventory	-	-	-	-
Total inventories	**7,458**	**6,509**	**5,430**	**4,832**
of which:				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £67,256k (2019/20: £69,818k). Write-down of inventories recognised as expenses for the year were £66k (2019/20: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £4,691k of items purchased by DHSC.These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 25.1 Receivables

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Contract receivables	15,009	34,271	18,482	38,845
Contract assets	-	-	-	-
Capital receivables	79	79	79	79
Allowance for impaired contract receivables / assets	(1,956)	(1,713)	(1,956)	(1,713)
Allowance for other impaired receivables	-	-	-	-
Deposits and advances	-	-	-	-
Prepayments (non-PFI)	4,210	3,310	2,796	2,124
PFI prepayments - capital contributions	-	-	-	-
PFI lifecycle prepayments	-	-	-	-
Interest receivable	-	-	-	-
Finance lease receivables	-	-	3,633	3,443
PDC dividend receivable	689	-	689	-
VAT receivable	2,700	4,931	2,004	5,020
Corporation and other taxes receivable	-	-	-	-
Other receivables	-	-	-	-
NHS charitable funds receivables	-	-	-	-
Total current receivables	**20,731**	**40,879**	**25,727**	**47,798**
Non-current				
Contract receivables	3,371	3,334	3,371	3,334
Contract assets	-	-	-	-
Capital receivables	1,358	1,437	-	1,437
Allowance for impaired contract receivables / assets	(821)	(726)	1,358	(726)
Allowance for other impaired receivables	-	-	(821)	-
Deposits and advances	-	-	-	-
Prepayments (non-PFI)	-	-	-	-
PFI prepayments - capital contributions	-	-	-	-
PFI lifecycle prepayments	-	-	-	-
Interest receivable	-	-	-	-
Finance lease receivables	-	-	58,784	62,417
VAT receivable	-	-	-	-
Corporation and other taxes receivable	-	-	-	-
Other receivables	-	-	-	-
NHS charitable funds receivables	-	-	-	-
Total non-current receivables	**3,908**	**4,045**	**62,692**	**66,462**
Of which receivable from NHS and DHSC group bodies:				
Current	8,564	27,763	8,564	27,763
Non-current	-	-	-	-

Within receivables £4.995m is due to the Trust from the subsidiary CHS.

Note 25.2 Allowances for credit losses - 2020/21

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2020 - brought forward	**2,439**	**-**	**2,439**	**-**
Transfers by absorption	-	-	-	-
New allowances arising	655	-	655	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	(316)	-	(316)	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2021	**2,777**	**-**	**2,777**	**-**

Note 25.3 Allowances for credit losses - 2019/20

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2019 - as previously stated	**1,934**	**-**	**1,934**	**-**
Prior period adjustments	-	-		
Allowances as at 1 Apr 2019 - restated	**1,934**	**-**	**1,934**	**-**
Transfers by absorption	-	-	-	-
New allowances arising	856	-	856	-
Changes in existing allowances	-	-		-
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	(351)	-	(351)	-
Changes arising following modification of contractual cash flows	-	-		-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2020	**2,439**	**-**	**2,439**	**-**

Note 26 Other assets

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
Current	**£000**	**£000**	**£000**	**£000**
Other assets	-	-	-	-
Total other current assets	**-**	**-**	**-**	**-**
Non-current				
Net defined benefit pension scheme asset	-	-	-	-
Other assets	-	-	-	-
Total other non-current assets	**-**	**-**	**-**	**-**

Note 27.1 Non-current assets held for sale and assets in disposal groups

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**1,114**	**1,798**	**1,114**	**1,798**
Prior period adjustment	-	**-**	-	-
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	**1,114**	**1,798**	**1,114**	**1,798**
Transfers by absorption	-	-	-	-
Assets classified as available for sale in the year	-	1,464	-	1,464
Assets sold in year	(839)	(3,048)	(839)	(3,048)
Impairment of assets held for sale	-	-	-	-
Reversal of impairment of assets held for sale	-	900	-	900
Assets no longer classified as held for sale, for reasons other than disposal by sale	-	-	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**275**	**1,114**	**275**	**1,114**

The assets classified as held for sale as at 31 March 2021 was one asset of land and buildings namely: 62 Acre Street (GP Surgery).

In year the Trust sold the The Poplars (nursery facility) on 9th April 2020, and Acre House (office building) on 30th September 2020.

Note 27.2 Liabilities in disposal groups

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Categorised as:				
Provisions	-	-	-	-
Trade and other payables	-	-	-	-
Other	-	-	-	-
Total	**-**	**-**	**-**	**-**

Note 28.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
At 1 April	**9,289**	**2,036**	**7,655**	**1,785**
Prior period adjustments	-	-	-	-
At 1 April (restated)	**9,289**	**2,036**	**7,655**	**1,785**
Transfers by absorption	-	-	-	-
Net change in year	38,933	7,253	39,304	5,870
At 31 March	**48,222**	**9,289**	**46,958**	**7,655**
Broken down into:				
Cash at commercial banks and in hand	1,327	1,694	64	60
Cash with the Government Banking Service	46,895	7,595	46,895	7,595
Deposits with the National Loan Fund	-	-	-	-
Other current investments	-	-	-	-
Total cash and cash equivalents as in SoFP	**48,222**	**9,289**	**46,958**	**7,655**
Bank overdrafts (GBS and commercial banks)	-	-	-	-
Drawdown in committed facility	-	-	-	-
Total cash and cash equivalents as in SoCF	**48,222**	**9,289**	**46,958**	**7,655**

Note 28.2 Third party assets held by the Trust

Calderdale and Huddersfield NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	Group and Trust	
	31 March 2021	31 March 2020
	£000	£000
Bank balances	-	0
Monies on deposit	8	8
Total third party assets	**8**	**8**

Note 29.1 Trade and other payables

	Group		Trust	
		Restated		Restated
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Current				
Trade payables	10,464	17,046	6,972	11,896
Capital payables	12,678	7,945	12,678	7,945
Accruals	28,872	16,658	35,290	25,717
Receipts in advance and payments on account	530	-	530	-
PFI lifecycle replacement received in advance	-	-	-	-
*Social security costs	6,040	5,410	5,889	5,264
VAT payables	-	109	-	-
*Other taxes payable	-	-	-	-
PDC dividend payable	1	1	1	1
Other payables	5,146	3,420	326	8
NHS charitable funds: trade and other payables	-	-	-	-
Total current trade and other payables	**63,731**	**50,589**	**61,685**	**50,831**
Non-current				
Trade payables	-	-	-	-
Capital payables	-	-	-	-
Accruals	-	-	-	-
Receipts in advance and payments on account	-	-	-	-
PFI lifecycle replacement received in advance	-	-	-	-
VAT payables	-	-	-	-
Other taxes payable	-	-	-	-
Other payables	97	29	97	109
NHS charitable funds: trade and other payables	-	-	-	-
Total non-current trade and other payables	**97**	**29**	**97**	**109**
Of which payables from NHS and DHSC group bodies:				
Current	2,930	5,605	2,930	5,605
Non-current	-	-	-	-

* The March 2020 values have been restated moving £5.410m - Group and £5.264m - Trust to Social Security costs, from Other taxes payable.

Within payables £2.045m is owed to the subsidiary CHS from the Trust.

Note 29.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:	31 March 2021	31 March 2021	31 March 2020	31 March 2020
Group and Trust	**£000**	**Number**	**£000**	**Number**
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 30 Other liabilities

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	4,682	3,304	4,682	3,304
Deferred grants	-	-	-	-
Deferred PFI credits / income	-	-	-	-
Lease incentives	-	-	-	-
Other deferred income	-	-	-	-
NHS charitable funds: other liabilities	-	-	-	-
Total other current liabilities	**4,682**	**3,304**	**4,682**	**3,304**
Non-current				
Deferred income: contract liabilities	893	1,027	893	1,027
Deferred grants	-	-	-	-
Deferred PFI credits / income	-	-	-	-
Lease incentives	-	-	-	-
Other deferred income	-	-	-	-
NHS charitable funds: other liabilities	-	-	-	-
Net pension scheme liability	-	-	-	-
Total other non-current liabilities	**893**	**1,027**	**893**	**1,027**

Note 31 Borrowings

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Current				
Bank overdrafts	-	-	-	-
Drawdown in committed facility	-	-	-	-
Loans from DHSC	2,378	143,723	2,378	143,723
Other loans	-	-	-	-
Obligations under finance leases	8	8	4,457	6,668
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	3,023	1,833	3,023	1,833
NHS charitable funds: other current borrowings	-	-	-	-
Total current borrowings	**5,410**	**145,564**	**9,858**	**152,224**
Non-current				
Loans from DHSC	17,670	19,878	17,670	19,878
Other loans	-	-	-	-
Obligations under finance leases	33	41	60,970	62,911
Obligations under PFI, LIFT or other service concession contracts	67,845	70,868	67,845	70,868
NHS charitable funds: other current borrowings	-	-	-	-
Total non-current borrowings	**85,548**	**90,787**	**146,485**	**153,657**

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £141m were classified as current liabilities within the 2019/20 financial statements. Normal course of business capital loans still stand as per the original terms.

Note 31.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2020/21	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2020	**163,601**	**-**	**49**	**72,701**	**236,351**
Cash movements:					
Financing cash flows - payments and receipts of principal	(142,926)	-	(8)	(1,833)	**(144,767)**
Financing cash flows - payments of interest	(1,115)	-	-	(6,188)	**(7,303)**
Non-cash movements:					
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	488	-	-	6,188	**6,676**
Change in effective interest rate	-	-	-	-	**-**
Changes in fair value	-	-	-	-	**-**
Early terminations	-	-	-	-	**-**
Other changes	-	-	-	-	**-**
Carrying value at 31 March 2021	**20,048.46**	**-**	**40.68**	**70,867.53**	**90,956.67**

Group - 2019/20	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2019	**144,900**	**-**	**58**	**74,398**	**219,355**
Cash movements:					
Financing cash flows - payments and receipts of principal	18,654	-	(8)	(1,698)	**16,948**
Financing cash flows - payments of interest	(3,086)	-	-	(6,332)	**(9,418)**
Non-cash movements:					
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	3,134	-	-	6,333	**9,466**
Change in effective interest rate	-	-	-	-	**-**
Changes in fair value	-	-	-	-	**-**
Early terminations	-	-	-	-	**-**
Other changes	-	-	-	-	**-**
Carrying value at 31 March 2020	**163,601**	**-**	**49**	**72,701**	**236,351**

Note 31.2 Reconciliation of liabilities arising from financing activities

Trust - 2020/21	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2020	**163,601**	**-**	**69,578**	**72,701**	**305,880**
Cash movements:					
Financing cash flows - payments and receipts of principal	(142,926)	-	(4,153)	(1,833)	**(148,912)**
Financing cash flows - payments of interest	(1,115)	-	(4,288)	(6,188)	**(11,591)**
Non-cash movements:					**-**
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	488	-	4,290	6,188	**10,966**
Change in effective interest rate	-	-	-	-	**-**
Changes in fair value	-	-	-	-	**-**
Early terminations	-	-	-	-	**-**
Other changes	-	-	-	-	**-**
Carrying value at 31 March 2021	**20,048**	**-**	**65,427**	**70,868**	**156,343**

Trust - 2019/20	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2019	**144,900**	**-**	**73,453**	**74,398**	**292,750**
Cash movements:					
Financing cash flows - payments and receipts of principal	18,654	-	(3,871)	(1,698)	**13,085**
Financing cash flows - payments of interest	(3,086)	-	(4,753)	(6,332)	**(14,171)**
Non-cash movements:					**-**
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	3,134	-	4,750	6,333	**14,216**
Change in effective interest rate	-	-	-	-	**-**
Changes in fair value	-	-	-	-	**-**
Early terminations	-	-	-	-	**-**
Other changes	-	-	-	-	**-**
Carrying value at 31 March 2020	**163,601**	**-**	**69,578**	**72,701**	**305,880**

Note 32 Other financial liabilities

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Current				
Derivatives held at fair value through income and expenditure	-	-	-	-
Other financial liabilities	-	-	-	-
Total current other financial liabilities	**-**	**-**	**-**	**-**
Non-current				
Derivatives held at fair value through income and expenditure	-	-	-	-
Other financial liabilities	-	-	-	-
Total non-current other financial liabilities	**-**	**-**	**-**	**-**

Note 33 Finance leases

Note 33.1 Calderdale and Huddersfield NHS Foundation Trust as a lessor

Future lease receipts due under finance lease agreements where the trust is the lessor:

This is for Building leases with the Subsidiary

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Gross lease receivables	**-**	**-**	**85,701**	**92,603**
of which those receivable:				
- not later than one year;	-	-	6,902	6,902
- later than one year and not later than five years;	-	-	27,608	27,608
- later than five years.	-	-	51,191	58,093
Unearned interest income	-	-	(23,285)	(26,743)
Allowance for uncollectable lease payments	-	-	-	-
Net lease receivables	**-**	**-**	**62,417**	**65,860**
of which those receivable:				
- not later than one year;	-	-	3,633	3,443
- later than one year and not later than five years;	-	-	16,649	15,779
- later than five years.	-	-	42,135	46,638
The unguaranteed residual value accruing to the lessor	-	-	-	-
Contingent rents recognised as income in the period	-	-	-	-

Note 33.2 Calderdale and Huddersfield NHS Foundation Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Gross lease liabilities	**41**	**49**	**92,896**	**101,338**
of which liabilities are due:				
- not later than one year;	8	8	8,443	8,443
- later than one year and not later than five years;	33	41	30,703	31,900
- later than five years.	-	-	53,750	60,996
Finance charges allocated to future periods	-	-	(27,470)	(31,760)
Net lease liabilities	**41**	**49**	**65,427**	**69,578**
of which payable:				
- not later than one year;	9	8	4,457	6,668
- later than one year and not later than five years;	33	41	17,876	15,363
- later than five years.	-	-	43,094	47,548
Total of future minimum sublease payments to be received at the reporting date	-	-	-	-
Contingent rent recognised as expense in the period	-	-	-	-

The Trust lease payable is for building leases with the Subsidiary.

Note 34.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other*	Charitable fund provisions	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2020	**676**	**1,138**	**101**	**550**	**-**	**-**	**1,567**	**-**	**4,033**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Change in the discount rate	15	27	-	-	-	-	-	-	**43**
Arising during the year	142	12	82	263	-	-	3,670	-	**4,169**
Utilised during the year	(232)	(99)	(47)	-	-	-	-	-	**(378)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-	**-**
Reversed unused	(27)	(142)	(44)	-	-	-	(41)	-	**(255)**
Unwinding of discount	-	-	-	-	-	-	-	-	**-**
Movement in charitable fund provisions	-	-	-	-	-	-	-	-	**-**
At 31 March 2021	**574**	**937**	**91**	**813**	**-**	**-**	**5,196**	**-**	**7,612**
Expected timing of cash flows:									
- not later than one year;	235	91	91	813	-	-	5,196	-	**6,426**
- later than one year and not later than five years;	263	341	-	-	-	-	-	-	**604**
- later than five years.	76	504	0	(0)	-	-	0	-	**581**
Total	**574**	**937**	**91**	**813**	**-**	**-**	**5,196**	**-**	**7,612**

* Other Provisions includes £1.728m for Working Time Directive claims, £1.549m Legal Fees, £0.789m Clinicians Pension tax reimbursement provions and £0.718m NHS Pensions Final Salary Pay Controls.

Note 34.2 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other*	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2020	**676**	**1,138**	**101**	**550**	**-**	**-**	**1,567**	**-**
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	15	27	-	-	-	-	-	**43**
Arising during the year	142	12	82	263	-	-	3,670	**4,169**
Utilised during the year	(232)	(99)	(47)	-	-	-	-	**(378)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	**-**
Reversed unused	(27)	(142)	(44)	-	-	-	-	**(214)**
Unwinding of discount	-	-	-	-	-	-	(41)	**(41)**
At 31 March 2021	**574**	**937**	**91**	**813**	**-**	**-**	**5,196**	**3,579**
Expected timing of cash flows:								
- not later than one year;	235	91	91	813	-	-	5,196	**6,426**
- later than one year and not later than five years;	263	341	-	-	-	-	-	**604**
- later than five years.	76	504	0	(0)	-	-	0	**581**
Total	**574**	**937**	**91**	**813**	**-**	**-**	**5,196**	**7,612**

Note 34.3 Clinical negligence liabilities

At 31 March 2021, £207,981k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Calderdale and Huddersfield NHS Foundation Trust (31 March 2020: £194,199k).

Note 35 Contingent assets and liabilities

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Value of contingent liabilities				
NHS Resolution legal claims	-	-		
Employment tribunal and other employee related litigation	-	-		
Redundancy	-	-		
Other	-	-		
Gross value of contingent liabilities	**-**	**-**	**-**	**-**
Amounts recoverable against liabilities	-	-		
Net value of contingent liabilities	**-**	**-**	**-**	**-**
Net value of contingent assets	**-**	**-**		

Note 36 Contractual capital commitments

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Property, plant and equipment	1,841	1,704	1,841	1,704
Intangible assets	-	-	-	-
Total	**1,841**	**1,704**	**1,841**	**1,704**

Note 37 Other financial commitments

The group / trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
not later than 1 year	3,022	3,021	3,022	3,021
after 1 year and not later than 5 years	9,067	12,089	9,067	12,089
paid thereafter	-	-	-	-
Total	**12,089**	**15,110**	**12,089**	**15,110**

This commitment relates to a contract with Cerner Ltd to deliver an Electronic Patient Record system and includes costs relating to Bradford Teaching Hospital NHS Foundation Trust. The contractual commitment remains with Calderdale and Huddersfield NHS Foundation Trust as the contract signatory.

Calderdale and Huddersfield NHS Foundation Trust has a back to back legal agreement with Bradford Teaching Hospital NHS Foundation Trust to imdemnify Calderdale and Huddersfield NHS Foundation Trust against any associated risk.

Note 38 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has a PFI scheme for Calderdale Royal Hospital. The PFI contractor is Calderdale Hospitals SPC Ltd (formerly Catalyst Healthcare Ltd). The Trust is responsible for the provision of all clinical services, Calderdale Hospitals SPC Ltd provide fully serviced hospital accommodation.

Note 38.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Gross PFI, LIFT or other service concession liabilities	**226,670**	**232,611**	**226,670**	**232,611**
Of which liabilities are due				
- not later than one year;	15,686	13,482	15,686	13,482
- later than one year and not later than five years;	68,171	65,073	68,171	65,073
- later than five years.	142,813	154,056	142,813	154,056
Finance charges allocated to future periods	(155,802)	(159,910)	(155,802)	(159,910)
Net PFI, LIFT or other service concession arrangement obligation	**70,868**	**72,701**	**70,868**	**72,701**
- not later than one year;	3,023	1,833	3,023	1,833
- later than one year and not later than five years;	15,818	14,389	15,818	14,389
- later than five years.	52,027	56,479	52,027	56,479

Note 38.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**378,372**	**394,810**	**378,372**	**394,810**
Of which payments are due:				
- not later than one year;	29,467	28,589	29,467	28,589
- later than one year and not later than five years;	125,237	120,189	125,237	120,189
- later than five years.	223,668	246,033	223,668	246,033

Note 38.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Unitary payment payable to service concession operator	**28,734**	**28,087**	**28,734**	**28,087**
Consisting of:				
- Interest charge	6,188	6,333	6,188	6,333
- Repayment of balance sheet obligation	1,833	1,698	1,833	1,698
- Service element and other charges to operating expenditure	12,676	12,441	12,676	12,441
- Capital lifecycle maintenance	1,744	1,686	1,744	1,686
- Revenue lifecycle maintenance	749	727	749	727
- Contingent rent	5,544	5,202	5,544	5,202
- Addition to lifecycle prepayment	-	-	-	-
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	-	-		-
Total amount paid to service concession operator	**28,734**	**28,087**	**28,734**	**28,087**

Note 39 Financial instruments

Note 39.1 Financial risk management

Because of the continuing service provider relationship that the NHS Foundation Trust has with local Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Additional government funding to support the necessary actions to deal with the Covid-19 pandemic was also made available to the Trust in 2020/21. This will continue into the first half of 2021/22.

Financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies. The Trust neither buys or sells financial instruments. The NHS Foundation Trust has limited powers to invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Foundation Trust in undertaking its activities.

Investment risk
The Board of Directors has approved a Treasury Management policy which sets out the parameters for investing any surplus operating cash in short-term deposits. This includes the restriction of any such investment to permitted institutions with appropriate credit ratings; these ratings are in line with the guidance issued by Monitor (now NHS Improvement) 'Managing Operating Cash in NHS Foundation Trusts'. In addition the policy sets out the maximum limits for any such investments and the Trust's approach to borrowing. The policy, and its implementation, are reviewed by the Audit & Risk Committee and the Board of Directors. The Trust's treasury management activity is subject to review by the Trust's internal auditors.

Interest rate risk
All of the Trust's currently held financial liabilities carry nil or fixed rates of interest. The Trust therefore currently has low exposure to interest rate fluctuations.

Liquidity risk
The Trust's operating costs are largely incurred under contracts with local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. In 2020/21 the normal contracts were replaced by fixed block value funding received monthly, guaranteeing a level of cashflow to the Trust.

In 2020/21 the Trust has financed its capital expenditure from internally generated funds generated through depreciation charges supplemented by Public Dividend Capital received.

A change to the NHS financial architecture in 2020/21 saw the conversion of all historic revenue support borrowing and elements of historic capital loans to non repayable Public Dividend Capital (PDC). In addition, the future plans assume that following receipt of Financial Recovery Funding a breakeven position will be achieved thus not extending the need for operational cash support. The Trust is therefore, not exposed to significant liquidity risk.

Currency risk
The Trust is principally a domestic organisation with negligible transactions, assets and liabilities in foreign currencies. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Note 39.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	17,040	-	-	**17,040**
Other investments / financial assets	4,000	-	-	**4,000**
Cash and cash equivalents	48,222	-	-	**48,222**
Consolidated NHS Charitable fund financial assets	-	-	-	**-**
Total at 31 March 2021	**69,262**	**-**	**-**	**69,262**

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	36,683	-	-	**36,683**
Other investments / financial assets	4,000	-	-	**4,000**
Cash and cash equivalents	9,289	-	-	**9,289**
Consolidated NHS Charitable fund financial assets	-	-	-	**-**
Total at 31 March 2020	**49,972**	**-**	**-**	**49,972**

Note 39.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	82,930	-	-	**82,930**
Other investments / financial assets	6,550	-	-	**6,550**
Cash and cash equivalents	46,958	-	-	**46,958**
Total at 31 March 2021	**136,438**	**-**	**-**	**136,438**

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	107,115	-	-	**107,115**
Other investments / financial assets	7,510	-	-	**7,510**
Cash and cash equivalents	7,655			**7,655**
Total at 31 March 2020	**122,279**	**-**	**-**	**122,279**

Note 39.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	20,048	-	**20,048**
Obligations under finance leases	41	-	**41**
Obligations under PFI, LIFT and other service concessions	70,868	-	**70,868**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	57,257	-	**57,257**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Consolidated NHS charitable fund financial liabilities	-	-	**-**
Total at 31 March 2021	**148,214**	**-**	**148,214**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	163,601	-	**163,601**
Obligations under finance leases	49	-	**49**
Obligations under PFI, LIFT and other service concessions	72,701	-	**72,701**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	45,098	-	**45,098**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Consolidated NHS charitable fund financial liabilities	-	-	**-**
Total at 31 March 2020	**281,449**	**-**	**281,449**

Note 39.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	20,048	-	**20,048**
Obligations under finance leases	65,427	-	**65,427**
Obligations under PFI, LIFT and other service concessions	70,868	-	**70,868**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	55,363	-	**55,363**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2021	**211,706**	**-**	**211,706**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	163,601	-	**163,601**
Obligations under finance leases	69,578	-	**69,578**
Obligations under PFI, LIFT and other service concessions	72,701	-	**72,701**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	45,674	-	**45,674**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2020	**351,555**	**-**	**351,555**

Note 39.6 Fair values of financial assets and liabilities

The book value (carrying value of financial assets and liabilities) is a reasonable approximation of fair value.

Note 39.7 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2021 £000	31 March 2020 restated* £000	31 March 2021 £000	31 March 2020 restated* £000
In one year or less	76,156	202,282	84,590	211,322
In more than one year but not more than five years	78,362	75,401	109,033	107,260
In more than five years	152,189	165,897	205,939	226,893
Total	**306,706**	**443,580**	**399,562**	**545,475**

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

Note 40 Losses and special payments

	2020/21		2019/20	
Group and Trust	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	-	-	-	-
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	-	-	18	59
Stores losses and damage to property	1	173	1	149
Total losses	**1**	**173**	**19**	**208**
Special payments				
Compensation under court order or legally binding arbitration award	19	47	11	74
Extra-contractual payments	-	-	-	-
Ex-gratia payments	26	28	14	12
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**45**	**75**	**25**	**85**
Total losses and special payments	**46**	**248**	**44**	**293**
Compensation payments received		-		-

Note 41 Gifts

	2020/21		2019/20	
Group and Trust	Total number Number	Total value £000	Total number Number	Total value £000
Gifts made	-	-	-	-

Note 42 Related parties

The Trust has established which entities and individuals are its related parties, in accordance with International Accounting Standard 24.

The Department of Health and Social Care are the parent department and all bodies within the scope of 'Whole of Government Accounts' (WGA) are related parties. Accordingly, the table below details material transactions.

Related party transactions - WGA organisations	**2020/21**	**2019/20**
	£000	**£000**
Income - NHS Calderdale CCG	153,928	150,255
Income - NHS Greater Huddersfield CCG	137,514	133,443
Income - NHS North Kirklees CCG	8,301	8,109
Income - NHS Bradford Districts CCG	9,348	7,441
Income - NHS Wakefield CCG	37,287	4,014
Income - Leeds Teaching Hospitals NHS Trust	1,439	1,470
Income - South West Yorkshire Partnership NHS Foundation Trust	4,372	4,526
Income - Health Education England	13,798	11,854
Income- NHS Eng- Central Specialised Commisioning Hub	72,149	20,878
Income- North East & Yorkshire Regional Office was (Yorkshire and the Humber Local Office)	-	5,744
Income - Other WGA	17,118	46,325
Income - Total with WGA organisations	**455,254**	**394,059**
Charitable Funds	827	436
Income - Total	**456,081**	**394,495**
Expenditure - Bradford Teaching Hospitals NHS Foundation Trust	520	504
Expenditure - Leeds Teaching Hospitals NHS Trust	4,271	4,240
Expenditure - NHS Pension Scheme	35,899	24,766
Expenditure - NHS Resolution	19,389	16,205
Expenditure - HMRC	21,121	19,883
Expenditure - Other WGA	6,427	16,048
Expenditure - Total with WGA organisations	**87,626**	**81,646**
Joint Ventures	1,476	1,424
Expenditure - Total	**89,102**	**83,070**

Related party balances - WGA organisations	**2020/21**	**2019/20**
	£000	**£000**
Receivables - NHS Calderdale CCG	30	1,818
Receivables - NHS Greater Huddersfield CCG	8	1,969
Receivables - NHS England	4,456	8,659
Receivables - HM Revenue & Customs - VAT	2,700	4,931
Receivables - Other WGA	3,786	4,891
Charitable Funds	289	187
Receivables - Total with WGA organisations	**11,269**	**22,455**
Payables - NHS Pension Scheme	3,780	-
Payables - HMRC	6,040	5,410
Payables - Other WGA	3,593	5,936
Payables - Total with WGA organisations	**13,413**	**11,346**

Income -Yorkshire & Humber Commisioning Hub & North East Yorkshire regional office are now part of NHS Eng Central Commisioning Hub

During the year, the following Board Members or members of the key management staff have declared the following interest or parties related to them.

P Lewer ~ Chair - Not a Director of any other company. WYAAT member, member of the partnership Transformation Board, Pennine GP & CHFT board to board member.

O Williams ~ Chief Executive - Not a Director of any other company. WYAAT member, Chair West Yorkshire & Harrogate Capital & Estates Board. Vice Chair NHS Confederation. Chair of the local school committee for Beckfoot Thornton School.

G Boothby ~ Director of Finance - Is a Director of Pennine Property Partnership LLP. WYAAT member. Integrated care systems member, member of the partnership Transformation Board.

S Dunkley ~ Exec Director of workforce & OD - Not a Director of any other company.

D Birkenhead ~ Medical Director - Director of a company that does not deal with public sector organisations. WYAAT member. Medical Director local workforce action board representative. Advice to BMI Huddersfield.

H Barker~ Chief Operating Officer - Not a Director of any other company.

R Hopkin ~ Non Executive Director - Directorship of Capri Finance Ltd- own consultancy company. (Hon) Treasuer Community Foundation for Calderdale, Finance Consultant Age UK Calderdale & Kirklees, Wakefield district.

K Heaton ~ Non Executive Director - Not a Director of any other company. University of Manchester Director of Human Resources. Member of Confederation of British Industry employment & skills board.

A Nelson~ Non Exec Director - Not a Director of any other company. NED & Strategic Advisor to the board of the Law Society.

A Graham~ Non Exec Director- is a Director of Calderdale & Huddersfield Solutions Ltd.

E Armisted~ Exec Director of Nursing - Not a Director of any other company. WYAAT member.

D Sterling~ Non Exec Director - Not a Director of any other company. Trustee board of Bradford Diocesan Academies Trust

R P Wilkinson ~ Non Exec Director **-** Director of a company that does not deal with public sector organisations

In 20/21 there were transactions between Calderdale & Huddersfield NHS Foundation Trust and related parties, additional to those declared under the scope of Whole of Government accounts.

The Foundation Trust had expenditure with Pennine Property Partnership LLP in 20/21 of £1,476,418 in 19/ 20 of £1,423,581. Age UK Calderdale & Kirklees 20/21 £25,716 in 19/20 £25,716.

If you need this annual report in other formats please call 01484 347342

Huddersfield Royal Infirmary
Trust Headquarters
Acre Street
Huddersfield
West Yorkshire
HD3 3EA

Main Switchboard: 01484 342000

Calderdale Royal Hospital
Salterhebble
Halifax
West Yorkshire
HX3 0PW

Main Switchboard: 01422 357171

www.cht.nhs.uk