




Council of Governors Meeting

Schedule	Thursday 14 July 2022, 14:00 — 16:00 BST
Venue	Microsoft Teams
Organiser	Amber Fox

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15:57 21. DATE AND TIME OF NEXT MEETING: 191

Date: Thursday 20 October 2022

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

Venue: Microsoft Teams

To Note - Presented by Richard Hopkin

1. Welcome and Introductions:

Victoria Pickles, Director of Corporate
Affairs

Nigel Broadbent, Non-Executive Director

Dr Sara Eastburn, University of
Huddersfield (Observer)

To Note

Presented by Richard Hopkin

2. Apologies for absence: Prof Joanne Garside, Nicola Whitworth, Salma Yasmeeen, Chris Reeve, Christine Mills, Cllr Lesley Warner, Sally Robertshaw, Brendan Brown

To Note

Presented by Richard Hopkin

3. Declaration of Interests

To Receive

**4. Minutes of the last meeting held on 21
April 2022 and extra-ordinary meeting
held on 27 June 2022**

To Approve

Presented by Richard Hopkin

24/22 WELCOME & INTRODUCTIONS

The Chair welcomed governors and colleagues from the Trust and Board of Directors to the Council of Governors meeting, in particular Helen Hirst, who will take up the Chair post from 1 July 2022.

25/22 DECLARATIONS OF INTEREST

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

26/22 MINUTES OF THE LAST MEETINGS HELD ON 27 JANUARY 2022 AND 14 MARCH 2022

The minutes of the previous meetings held on 27 January 2022 and 14 March 2022 were approved as a correct record.

OUTCOME: The minutes of the previous meetings held on 27 January 2022 and 14 March 2022 were **APPROVED** as a correct record.

27/22 MATTERS ARISING / ACTION LOG

The Director of Transformation and Partnerships provided an update on the action regarding the new multi-storey car park at Calderdale Royal Hospital and an initial meeting with Alison Schofield took place yesterday. Action closed.

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

28/22 FEEDBACK FROM NON-EXECUTIVE DIRECTORS IN ATTENDANCE

Karen Heaton

KH provided a brief overview of the work she is involved in at the Trust and as Chair of the Workforce Committee. The key areas of focus from the recent Workforce Committee meetings were shared as follows:

- Deep dives undertaken on medical, nursing and midwifery staffing and clerical and admin turnover
- Concern regarding the level of turnover and difficulty recruiting
- Levels of sickness absence affected by Covid-19 and the number of return to work interviews remains a concern, the workforce team are trying to improve return to work interviews which is an opportunity for managers to identify any issues or trends
- Leadership Development Programme has been updated with feedback to be received from staff
- Strong focus remains on health and wellbeing
- Staff survey results have been received with key headline information and messages
- Freedom to Speak Up Report received every 6 months
- A refreshed focus on the Trust's People Strategy is underway and it will be aligned with the People Plan

KH explained she has recently been involved in recruiting the new Chair and believes the Trust will have an excellent Chair in Helen Hirst. KH has also been involved in the recruitment panels for the two new Non-Executive Directors.

Richard Hopkin

RH introduced himself and provided an overview of the Finance and Performance Committee which is attended by Robert Markless and Brian Moore as governor representatives.

The key areas of focus at the last few meetings were highlighted as follows:

- 2022/2023 operational and financial plans
- Deficit of approx. £20m for next year after reductions in Covid-19 costs of around £25m

- Addressing efficiency targets in the new Effective Use of Resources Group (ERG) which is making good progress
- Reviewed the latest financial Integrated Performance Report
- Monthly review of Recovery performance against revised trajectories
- Good progress is being made on P2's and 104 week waiters
- Improved position on endoscopy; however, there are still a number of challenges
- Deep dives into Stroke performance, with a further deep dive in September/October following a number of investments
- Update on fractured neck of femur performance at the May Committee
- Beginning to look at the performance of the Integrated Care System (ICS) which our funding comes from and is dependent on overall performance of the ICS, and fair allocation of funding
- Recent review of treasury performance - managing cash and capital
- Achieved the overall aged debt target at the end of the year of less than £3m

RH explained he continues to be on the Huddersfield Pharmacy Specials (HPS) Board with the Director of Finance and reminded governors he is the Health and Wellbeing Guardian for the Trust.

Robert Markless welcomed the open nature of the Finance and Performance Committee meeting and involvement of governors.

Brian Moore stated the Cost Improvement Programme (CIP) target is concerning as it is the biggest target he has seen during his time as a governor and feels this will be a struggle to achieve.

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

PERFORMANCE AND STRATEGY

29/22 Operational Update and Recovery Plans

The Chief Operating Officer presented the operational update and recovery plans. The key updates were:

- Covid related absences (sickness/self-isolation) has increased slightly from last week
- Pre Easter OPEL (Operational Pressures Escalation Level) 2 – escalated to OPEL 3 over Easter due to opening extra capacity
- Urgent Care managed well over Easter
- Staffing remains a challenge throughout the health and care system
- Transfer of Care (TOC) list has increased as expected over Easter

The Chief Operating Officer detailed the recent history of turnover of theatre staff through the Covid pandemic and the impact of current staffing levels on theatre list availability. She also described the productivity improvement programme in theatres. An update was given on performance in diagnostics, including excellent work in endoscopy, challenges in relation to echo, neuro-physiology and MRI. The plan to reduce appointment slot issues was also noted.

Peter Bamber raised his concerns regarding the recovery plans for the elective operating theatre work and how the Division of Surgery and Anaesthetics plan to increase elective surgical work to supra-historical levels and the timescale for this. However, he recognised that CHFT are largely above the national average. He quoted the NHS England Covid-19 plan for delivering the Covid-19 backlog is to be 4% above pre-pandemic levels in the current year and 30% above pre-pandemic levels by 2024-2025. He expressed his concern that this would require additional beds and staff and highlighted the current staffing issues with staff being asked to undertake overtime and extra-lists. Peter asked if the Trust could

increase staffing levels before increasing the level of work and if the plan in the Surgical Division is to have more staff and beds than pre-pandemic levels.

The Chief Operating Officer recognised that theatre staff have been through a lot during Covid-19 and she has recently visited theatres on both sites to talk to staff recently. She acknowledged the need to get back to pre-pandemic levels and that the Trust has lost a very experienced cohort of staff. The targets are ambitious; however, she stated that the theatre staff accept the challenge and have ideas to share to improve productivity. The Trust are using a combination of other resources to support the elective recovery work and she offered a separate session with Peter to discuss this in more detail.

Peter Bamber asked if the anaesthetists' team have been spoken to as a group. The Chief Operating Officer confirmed they have been spoken to as well as the operating department and theatre nurses, which will remain ongoing as these sessions are valuable. The Chair reassured governors that the Trust are doing everything possible to support and nurture staff.

The Director of Nursing explained there has been a series of listening events with all staff in theatres.

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

30/22 Performance Update

The Chief Operating Officer presented the performance update for February 2022. The key updates were:

- Trust performance for February 2022 was 62% which is a small improvement on January's position
- Stroke indicators are a particular issue in the responsive domain, a stroke summit is taking place with local system partners and the stroke network are looking at whether this is related to covid or other factors
- Local partners have responded with more capacity in place
- Emergency care standard performance is better than the England average; however, this can and should be better, there is lots of focused work in A&E on flow and triage
- Urgent care team have been responsive on improvement work for these pathways
- 62-day cancer performance achieved all cancer standards in March 2022 which was celebrated, CHFT was the 2nd top performer in England
- 6 week diagnostic standard – some issues regarding echo and neurophysiology
- Complaints – still further work to do to improve the position

Jason Sykes joined the meeting.

Robert Markless highlighted from a recent personal experience that patients can be waiting around two hours for medications to be discharged and asked if work needs to be replicated at CRH from HRI. He suggested patients could sit in a side room waiting for medications to free up a bed.

Following notes from the Surgery and Anaesthetics Divisional Reference Group which referenced ICU future services. Robert asked what is happening to ICU at Huddersfield Royal Infirmary (HRI), querying how HRI could function without an ICU department given theatres and the Accident and Emergency Department. The Director of Transformation and Partnerships responded the long-term plans for critical care is to consolidate and expand the provision at CRH, but only at the point at which the full reconfiguration of services has been completed across the two hospitals. This will be co-located with a consolidated and enlarged critical care unit at CRH. The planned care site for HRI will be based on case mix and procedures that will not have a requirement for critical care beds. This has been a long standing plan from 2016 for the future which includes a number of benefits.

Robert Markless responded with his concerns about downgrading HRI as a hospital resource and asked for more information on the impact of services for residents. The Director of Transformation and Partnerships agreed to arrange a separate meeting to talk through the clinical case for change and agreed longer term service model that has been established for the longer term reconfiguration plans.

Action: Director of Transformation and Partnerships offered to arrange a separate meeting with all governors to discuss the longer term reconfiguration plans in more detail, with a suggestion of this taking place at the joint workshop on Tuesday 10 May. Helen Hirst asked to be invited to the meeting and David Birkenhead offered to support the session.

Post meeting note: Governor and Board of Director workshop on 10 May 2022 to discuss reconfiguration plans including ICU provision.

Alison Schofield joined the meeting.

Stephen Baines explained he joined the Trust in 2016 to make sure the improvements to the hospital sites could provide much better services for acute health issues and was convinced that the centralised service would be an improved service for patients.

Brian Moore stated he also feels the best way forward for the Trust is the centralised model to provide better services.

OUTCOME: The Council of Governors **NOTED** the Performance Update.

31/22 Annual Plan 2022/23

The Director of Finance presented the operational and financial plan for 2022/23.

Key focus:

- To deliver more activity to reduce waiting lists
- By the end of 22-23 to have no patients waiting more than 72 weeks
- To deliver 104% of the activity delivered in 19-20 with additional funds provided to fund this

Couple of key assumptions and risks:

- Covid numbers come down – max of 20 patients in bed base with covid
- Improving current delayed transfer of care (TOC) position
- No more than 70 patients with delayed transfer of care in bed base

Financial plan:

- Challenging – lots of funding reductions expected from Covid-19 support and costs
- Plan requires £25m plan of efficiencies (5%) – £5m of covid exit costs and £20m of Cost Improvement Programme (CIP) – more than the Trust will have ever delivered; however, the Trust are in a strong position and £19.5m of the £25m has been identified but not yet delivered
- Savings and efficiencies go through a quality impact assessment, some schemes may be rejected if not acceptable
- Inflationary pressure risks – funding is insufficient to cover inflationary risks with much higher levels than the funding being provided
- Plan assumes an extra £11.7m of elective recovery care funding – only if 104% of activity is delivered
- This leaves a deficit or overspend position of a £20m gap (reduced from £24m in the paper) after delivering a £25m efficiency
- Part of the ICS system – current position forecasting around a £60m deficit plan
- Capital plan submitted following a robust governance process at the Finance and Performance Committee and Capital Management Group

Robert Markless raised the Gazprom contract which was discussed at the Finance and Performance Committee and asked if any further national guidance has been received and how CHFT are thinking about its contract with Gazprom, recognising the financial implications. The Director of Finance responded the Trust currently receives gas supplies in relation to HRI and some properties through an energy broker. Gazprom are the main supplier of this particular gas supply. He explained there has been a request from the Department of Health to cut all ties with Russian suppliers, followed by guidance to only cut ties if there is value for money and if any additional costs incurred could be recovered. The in-year costs of buying gas from the market would be a £3m pressure for next year. Lots of work has taken place across West Yorkshire and the ICS to understand the position better. Gazprom are the parent company and less than 50% of stockholding is held in Russia with some of the main suppliers Italian based companies. Further work has taken place with the energy supplier to ascertain that less than 10% of gas supply received comes from Russia itself; therefore, the Trust expect to stay with the current gas supplier, Inenco, as there is little gain with funds are going back to Russia. The Director of Finance confirmed this has been a decision taken by several other organisations.

Peter Bamber highlighted it's not about where gas comes from its where the money goes. The Director of Finance stated the work done by Inenco identified that less than 10% of the overall spend on gas would go back to the Russian Federation which equates to less than £50k.

The Chair confirmed as a Board a formal decision has not been made.

OUTCOME: The Council of Governors **NOTED** the Annual Plan for 2022/2023.

32/22 Financial Position and Forecast – Month 11

The Director of Finance summarised the key points in the month 11 finance report which describes the support from partners in the system. The Trust are expecting to balance with a £35k surplus.

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

33/22 High Level Risk Register

The Director of Nursing shared a presentation detailing the High-Level Risk Register key updates, overview and movement of risks over the last six months.

OUTCOME: The Council of Governors **NOTED** the High-Level Risk Register update.

QUALITY UPDATE

34/22 Update on 2021/22 Quality Priorities and Quality Update

The Director of Nursing provided a detailed presentation giving a Quality update and an update on the 2021/22 Quality Priorities.

Gina Choy provided some context that the Quality Committee review the progress on the quality priorities and there was debate at the last Council of Governors meeting whether to roll over the current quality account priorities or agree new topics. Assurance has been provided that the current quality account priorities will be achieved.

Ockenden Review of Maternity Services

The Director of Nursing provided some background on the Ockenden report released on 31 March 2022 which is based on some of the tragic incidents within Shrewsbury and Telford Hospital NHS Trust. A wide-ranging review took place in two parts. The Trust

have recently received the second part of the Ockenden review and are expected to respond to the immediate urgent actions in the first part, subject to local and regional scrutiny. Trusts are expected to achieve a number of actions in the second part of the Ockenden review of maternity services. The actions have been reviewed with a number of actions still outstanding; however, the majority were compliant or partially compliant and related to the need for a regional and national approach. For example, one recommendation is for all labour ward leads to undertake a nationally recognised educational module which has not yet been developed.

A few of the actions are highlighted below:

- To have a separate consultant rota for Obstetrics and Gynaecology – CHFT do not have a separate rota, which is not unusual for an organisation of this size to have these dual consultant roles
- The need to involve service users in all complaint responses – the Maternity Voices Partnership is in place to ensure this happens
- Multi-fetal pregnancies – to have dedicated services with specialist lead midwives and lead consultants
- Review needs of mums with mental ill health – CHFT appointed a mental health nurse consultant last week
- There are a number of audits that need to take place
- Improvement plan in place for every Healthcare Safety Investigation Branch (HSIB) investigation to make some coherent changes

A number of listening events are scheduled to take place with staff across maternity for colleagues to speak up.

The data on a number of national dashboards look really good on clinical outcomes' however, these need to be interrogated further.

The Director of Nursing highlighted the Trust's Perinatal Quality Surveillance meetings that take place with Board Safety Champions has been seen as an exemplar of good practice regionally.

The Director of Nursing described one of the recommendations around Continuity of Carer where there is one midwife or team of midwives throughout the care. All services and providers have been asked to review where they are with Continuity of Carer with a view to pull back from this if it is unsafe. A report will be provided at the next Board of Directors meeting on 5 May 2022 with an update on this for the Trust.

KH reminded governors she is the Maternity Board Safety Champion and attends the monthly Perinatal Surveillance meetings where the data looks good in comparison; however, it is important to hear about patient experience. KH emphasised how hard the team have responded to the important plan and all their hard work to date.

Peter Bamber stated one of the issues identified is not having a labour ward senior co-ordinator free from all direct clinical care. He explained there have been times in the past where we have not met this standard. The Director of Nursing explained the vast majority of the time this is maintained; however, the availability was affected by Covid-19 in recent times, and this is still monitored to ensure the coordinator is out of the numbers. Peter asked if there is a standard operating procedure for the co-ordinator to initiate in the event they must look after a patient. The Director of Nursing responded there is a clear escalation policy and standard operating procedure in the maternity department in the event of an increase of activity. Peter asked if this includes bringing in more senior midwives from the management team. The Director of Nursing confirmed

this and explained the Head of Midwifery and Deputy Head of Midwifery are always on site and would go into the labour ward if necessary.

Brian Moore shared his experience of continuity of carer in the 1970s which he found to be very successful being familiar with your midwife from the beginning of pregnancy to the birth, including post-natal care. Brian wanted to champion that this continues.

The Director of Nursing responded it has been challenging to include the intra-partum care in this to deliver continuity of carer as described.

Gina Choy asked when she can expect to see an action plan from the Ockenden part 2 review. The Director of Nursing confirmed the action plan has already been completed and can be shared.

Action: Director of Nursing to share the Ockenden 2 action plan with Gina Choy.

Further updates on the Ockenden review and action plans will regularly report into the Board and Quality Committee as necessary.

OUTCOME: The Council of Governors **NOTED** the Quality update, update on the 2021/22 Quality Priorities and the update on the Ockenden review of Maternity Services.

35/22 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration Committee held on 2 March and 7 April 2022

The minutes of the previous Nominations and Remuneration Committee meetings held on 2 March 2022 and 7 April 2022 were presented for approval. These meetings focused on shortlisting for the Chair position, an update on recruitment for the two Non-Executive Director posts and approved the re-appointment of the Calderdale and Huddersfield Solutions (CHS) Non-Executive Director.

OUTCOME: The Council of Governors **APPROVED** the minutes of the Nominations and Remuneration Committee (CoG) meetings held on 2 March and 7 April 2022 as a correct record.

36/22 CHAIR'S REPORT

Update from Chair and Chief Executive

The Chief Executive provided an update on the Director recruitment position. The Trust appointed to the Director of Corporate Affairs position and Victoria Pickles will be joining the Trust in June 2022. The Director of Nursing has confirmed her retirement at the end of June 2022 and a recruitment process took place and an appointment was not made due to challenges in the market and currently four chief nurse roles out to advert in the area. A decision has been made to review this again in six months and consider going back out to advert. Lindsay Rudge will act up as Chief Nurse for a period of six months to one year.

The Chair provided an update on the Non-Executive Director recruitment position.

- Tim Busby was appointed with a start date of 25 April 2022 (Commercial)
- Nigel Broadbent was appointed with a start date of 1 June 2022 (Financial)

OUTCOME: The Council of Governors **NOTED** the recruitment update position from the Chair and Chief Executive.

GOVERNANCE

37/22 Chair's Appraisal Process

The Chair reported a light touch Chair's appraisal process is taking place following pre-discussion with the lead governor, Stephen Baines.

The Chair has appraised all the Non-Executive Directors as a light touch as the appraisal season has not completed. Helen Hirst, the incoming Chair will agree the objectives with the Non-Executive Directors moving forward which will be signed off by Stephen Baines as Lead Governor.

38/22 Update From Lead Governor

Stephen stated this was Philip's last Council of Governors meetings and formally thanked Philip for all his help and guidance. The Chair responded to say it has been a pleasure working at CHFT and he has found the involvement of governors to be one of the most open and transparent out of the Trusts in West Yorkshire.

39/22 MEMBERSHIP STRATEGY: UPDATE ON 2 YEAR ACTION PLAN

The Company Secretary shared the update on the Membership and Engagement Strategy action plan. The key updates were:

- Membership and Engagement Group has been established and met for the first time with involvement from Healthwatch
- NHS Providers training on engaging with members is taking place on 23 May 2022 and attendance on this training is encouraged as this can only be offered once

OUTCOME: The Council of Governors **NOTED** the update on progress against the two year action plan of the Membership and Engagement Strategy.

40/22 Constitutional Changes regarding Associate Non-Executive Directors

The Company Secretary presented the Constitution changes for the Council of Governors approval to incorporate the role of Associate Non-Executive Directors and update on Board composition and tenures.

OUTCOME: The Council of Governors **APPROVED** the Constitutional changes regarding Associate Non-Executive Directors and Board composition and tenures.

41/22 COMPANY SECRETARY'S REPORT

a. Governor Elections 2022

The Company Secretary formally thanked the governors whose tenure was coming to an end this year for continuing their tenure for a further year and noted Stephen Baines will continue as lead governor for a further year.

OUTCOME: The Council of Governors **NOTED** the update on the 2022 Governor Elections and governors who have had their term extended for a further year.

b. Review Council of Governors Attendance Register for the Annual Report and Accounts 2021/22

The Council of Governors' were asked to check the record of attendance at Council of Governor meetings and advise of any discrepancies before 30 April 2022, following which they will be published in the Annual Report in June 2022.

OUTCOME: The Council of Governors **APPROVED** the Council of Governors Attendance Register for 2021/22.

c. Date of the 2022 Annual General Meeting

The Council of Governors was advised that the joint Board of Directors/Council of Governors' Annual General Meeting will be held virtually by Microsoft teams. A provisional date of Wednesday 20 July 2022 was shared, awaiting national guidance. The event will take place virtually from 5:00 pm - 6:30 pm.

OUTCOME: The Council of Governors **NOTED** the update provided on the 2022 Annual General Meeting.

d. Review Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register was shared. All governors must ensure they have submitted an annual declaration of interest and any changes to current declarations are to be notified to Amber Fox, Corporate Governance Manager.

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

e. Receive Register of Council of Governors

The current Council of Governors Register as of 31 March 2022 was shared. The Company Secretary explained a new appointed governor for Calderdale and Huddersfield Solutions (CHS) started at the end of March 2022.

OUTCOME: The Council of Governors **NOTED** the Council of Governors Register as at 31 March 2022.

42/22 RECEIPT OF MINUTES FROM SUB-COMMITTEES

The minutes of the following meetings were received:

- Quality Committee held 05.01.22 and 21.02.22
- Workforce Committee held 15.02.22
- Charitable Funds Committee held 08.02.22
- Audit and Risk Committee held on 25.01.22
- Finance and Performance Committee held on 06.01.22 and 31.01.22

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

43/22 INFORMATION TO RECEIVE

a. Council of Governors Workplan 2022

The Council of Governor's Workplan for 2022 was circulated for information.

b. Council of Governors Calendar 2022

The Council of Governor's calendar of meetings for 2022 was circulated for information. This includes all governor meetings, workshops and Divisional Reference Groups for 2022.

OUTCOME: The Council of Governors **RECEIVED** the Council of Governors Workplan for 2022 and the Council of Governors meeting dates for 2022.

44/22 ANY OTHER BUSINESS

Helen Hirst, designate Chair formally thanked the Chair and the governors for letting her join the meeting today to observe. She is looking forward to meeting the governors individually when she commences in post and in person if possible.

Peter Bamber shared feedback that the Café at CRH do not accept cash payments which it is limiting for those who don't have bank accounts.

Action: Chief Executive to pick up the issue regarding the CRH Café with the Managing Director for CHS.

45/22 DATE AND TIME OF NEXT MEETING

The Chair thanked all the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting and their contribution and formally closed the meeting at approximately 4:14 pm and invited governors to the next meeting.

Date: Thursday 14 July 2022

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

Venue: Microsoft Teams

N.B. Richard Hopkin will Chair the next Council of Governors meeting on 14 July 2022.

DRAFT

49/22 PROPOSED CHANGE TO THE TRUST CONSTITUTION

The Chair presented a report which presents a proposed change to the Trust Constitution which was unanimously supported by the governors at the Nominations and Remunerations Committee of the Council of Governors last Wednesday 22 June 2022.

The Trust Constitution sets out the principles and processes that the Directors and Council of Governors follow. Any proposed changes to the Constitution require approval by both the Council of Governors and the Board of Directors as per section 44 of the Trust Constitution.

An amendment is proposed to the Board composition section of the Trust's Constitution (section 24) to increase the number of Executive Directors by one and the Non-Executive Directors by one, thereby maintaining the Non-Executive Director majority on the Board of Directors as required by best governance practice. If approved this would mean the Trust will have seven Executive Directors and eight Non-Executive Directors, including the Chair following recruitment to the additional roles.

This proposed amendment was considered in detail at the Nominations and Remuneration Committee of the Council of Governors on 22 June 2022 as it has a remit for the Non-Executive Director aspect of Board succession planning. The context for the decision of the Nominations and Remuneration Committee of the Board of Directors to create an additional Executive Director role was given.

The Committee also reviewed at this meeting the skills and competencies of the Non-Executive Directors and their time commitments. These support the need for an additional Non-Executive Director capacity to manage future challenges.

The proposed amendment was supported and therefore the Nominations and Remuneration Committee of the Council of Governors recommends that the Council of Governors approve the amendment to the Trust Constitution.

The Chair assured the governors there is a cost envelope to cover these posts.

The Chair explained the further Non-Executive Director role would focus on the following:

- Integrated Care System working
- Partner collaboratives / Place based working
- Equality, diversity and inclusion agenda, further supporting the Trust's role as a leader in eradicating health inequalities within our service provision
- Community service development and transformation

The Chair explained the Trust will be in line with other organisations having a further Executive Director to support these developments.

The Chief Executive added that the Trust are committed to being an anchor partner in the new arrangement and this will help support the partnership arrangements in both Place's and support one of the biggest reconfigurations in West Yorkshire. This will allow for more leadership capacity. The Chief Executive offered to answer any questions or meet any governor individually to discuss in more detail.

The governors in attendance were in unanimous agreement of the change to the Trust's Constitution and expressed their full support.

OUTCOME: The Council of Governors **APPROVED** the amendment to the Board composition within the Trust Constitution at section 24.2.2 and 24.2.3 as noted above, increasing the number of Executive Directors by one and the number of Non-Executive Directors by one and **NOTED** that a consequence of this approval is the creation and

recruitment of a Non-Executive Director role which will be undertaken on behalf of the governors by the Nominations and Remuneration Committee of the Council of Governors.

POST MEETING NOTE: The Chair had a discussion with Prof Joanne Garside, the appointed governor for the University of Huddersfield outside of the meeting who supported the additional roles and change to the Trust Constitution.

50/22 Governor Conduct Matters

The Chair presented a report which seeks the ratification to terminate the office of a governor as recommended by the Nomination and Remuneration Committee of the Council of Governors at its meeting on 22 June 2022.

In line with its terms of reference to consider Governor Conduct Matters (Section 8) the Nominations and Remuneration Committee of the Council of Governors considered a report from the Trust Chair on the termination of office of a governor and recommends this to the Council of Governors for their ratification.

The Chair provided some background to the governor conduct matter which was discussed at the Nominations and Remuneration Committee of the Council of Governors on 22 June 2022.

Suzanne Dunkley and Peter Bell joined the meeting.

Brian Moore supported the proposed termination of a governor and re-iterated that governors should attend the minimum meetings.

Robert Markless highlighted that this would leave the Council of Governors with four vacancies.

Stephen Baines expressed his support of the proposal to terminate the office of the governor and suggested the Trust approach the runner up in the North and Central Halifax Constituency to help with the balance of governors.

OUTCOME: The Council of Governors **APPROVED** the termination of the office of the governor elected to the North and Central Halifax constituency in June 2021 as per the recommendation from the Nominations and Remuneration Committee of the Council of Governors held on 22 June 2022.

51/22 ANY OTHER BUSINESS

There was no other business.

52/12 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The outcome of this meeting will be reported back to the Council of Governors meeting scheduled on Thursday 14 July 2022 and the Board of Directors meeting on Thursday 7 July 2022.

DATE AND TIME OF NEXT MEETING

Thursday 14 July 2022
2:00 – 4:00 pm (*Private 1:00 – 1:45 pm*)
Microsoft Teams

5. Action Log and Matters Arising

To Note

Presented by Richard Hopkin

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
44/22 21.04.22	Chief Executive to pick up the issue regarding the CRH Café not accepting cash payments with the Managing Director for CHS.	BB / GB / SS	This has now been resolved. We have worked with ISS and can confirm that from 6th June we will be able to re-introduce cash payment options. Action closed.	14.07.22		04.05.22
34/22 21.04.22	Director of Nursing to share the Ockenden 2 action plan with Gina Choy	EA	This has been shared with Gina Choy. Action closed.	14.07.22		18.05.22
30/22 21.04.22	Director of Transformation and Partnerships offered to arrange a separate meeting with all governors to discuss the longer term reconfiguration plans in more detail, with a suggestion of this taking place at the joint workshop on Tuesday 10 May. Helen Hirst asked to be invited to the meeting and David Birkenhead offered to support the session. Post meeting note: Governor and Board of Director workshop on 10 May 2022 to discuss reconfiguration plans including ICU provision.	AB	Governor and Board of Director workshop on 10 May 2022 to discuss reconfiguration plans including ICU provision.	14.07.22		03.05.22

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
11/22 27.01.22	<u>Reconfiguration / Multi-Storey Car Park, CRH</u> Chief Executive, Managing Director for CHS, Lead Nurse for Transformation to speak to Alison Schofield regarding the reconfiguration multi-storey car park plans to draw on her experience	BB / SS / JC	<p>Janette Cockroft, Lead Nurse for Transformation to follow up with Alison regarding her concerns and input to share feedback with the architect for the multi-storey car park (MSCP).</p> <p>Anna Basford confirmed the design includes 41 disabled spaces in the multi-storey car park (MSCP) and 5 surface parking disabled spaces adjacent to the MSCP. The spaces in the MSCP are adjacent to the lifts and all the surface areas from the MSCP are level to enable good access to the main entrance of the hospital.</p> <p>An initial meeting took place with Alison Schofield on 20 April 2022.</p>	21.04.22		21.04.22

QUALITY

6. Update on 2021/22 Quality Priorities and Quality Report - Presentation

To Note

Presented by Lindsay Rudge

**Council of Governors
14th July 2022**

Quality Highlight Report

**Lindsay Rudge
Chief Nurse**

CONTENTS

Quality Priorities

QUALITY PRIORITIES

Quality Account Priorities

1. Recognition of Sepsis
2. Reduce number of Hospital Acquired Infections including Covid 19
3. Reduce waiting times for individuals attending the ED

Focussed Quality Priorities

1. Falls resulting in harm
2. End of Life
3. Clinical documentation
4. Clinical Prioritisation
5. Nutrition and Hydration
6. Pressure Ulcers
7. Making Complaints Count

RECOGNITION OF SEPSIS

Sepsis is caused when the body's immune system overreacts to infection. Rapid diagnosis and treatment are critical to survival. Sepsis is responsible for at least 44,000 deaths each year in the UK, and 14,000 of those fatalities are considered avoidable.

Progress:

Percentage of adult patients that triggered in ED for red flag Sepsis that had antibiotics administered within 1 hour of trigger has increased from 46% to 63%

Sepsis screening tool now live on Athena, informatics are now able to gain compliance data therefore increased level of oversight now in place

Oxygen element changed to measure target saturation compliance resulting in more accurate recording

Category 2 patients in the ED are being seen in rapid assessment at HRI rather than waiting for a cubicle. This has improved treatment times for patients with sepsis

Next steps:

- Sepsis recognition and treatment now part of essential safety training. with a 3-year update
- Sepsis nurse providing access to training evening and weekends and utilising sepsis champions to assist where possible. Attendance improvement noted in April and May 2022.

REDUCING NUMBER OF HOSPITAL ACQUIRED INFECTIONS INCLUDING COVID-19

An estimated 300,000 patients a year in England acquire a healthcare associated infection (HCAI). This can impact on the health and well being of patients, increase length of stay and pose a serious risk to patients, staff and visitors.

Progress:

COVID retest / swabbing compliance. Ranges between 80-95% compliance. Changes to the delivery model and the effect on compliance will be monitored.

Number of clostridium difficile (c. diff) – Trust assigned within the objective for 2022/23 of 38 cases. Currently over trajectory. Investigations, dissemination of learning and management audit included in the annual IPC plan.

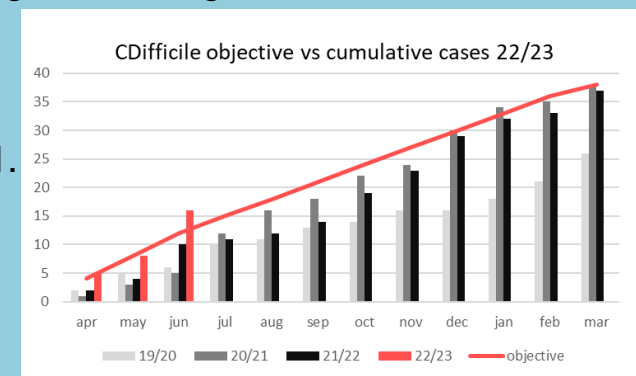
Number of Hospital Onset COVID Infections (HOCIs)

There have been 76 HOCI cases (35 definite, 41 probable) in Q1.

Next steps:

Monitoring and investigation is ongoing.

Any immediate learning is discussed at the IPC gold meeting and communicated as relevant.



REDUCING WAITING TIMES FOR INDIVIDUALS ATTENDING THE ED

Being treated in a timely way in A&E is important for both the experience and clinical outcomes of patients, particularly the elderly.

Progress

ED attendances for both hospital sites continue to increase with a 12% rise in numbers attending on previous years which has had an impact on the 4-hour ECS performance. However, the <4 hours performance was 75.85% in May which has improved from 72.64% in April 2022.

We continue to perform well within the region and outperform a number of other Trusts in West Yorkshire.

Next Steps:

- Further progress and development of the paediatric area at the CRH site is underway to enhance patient experience

PRESSURE ULCERS

We know that many pressure ulcers are preventable, so when they do occur they can have a profound impact on the overall wellbeing of patients and can be both painful and debilitating, as well as costing the NHS around £1.4m a day across the NHS

Progress:

- Daily safety huddles now taking place between Tissue Viability team and Matrons to discuss high risk patients with pressure damage and moisture damage and to allow for rapid escalation of omissions in care
- New build of pressure ulcer section in KP+. This will provide live data on the Trust's current position with pressure ulcers according to Datix reporting. It will allow identification of patients who have not received a risk assessment within 6 hours of admission

Next Steps

- Launch of revised Policy for the Prevention and Management of Pressure Ulcers

REDUCING THE NUMBER OF FALLS RESULTING IN HARM

Monitor the total number of falls and implement actions to reduce these

Progress:

- The falls dashboard updated monthly and fed back through the Falls Collaborative., in April 2022 the number of falls dropped below the Trust average. It should also be noted that in April 2022, the number of fall resulting in harm has dropped to one,. This is likely to be due to the fact that 74/% of adult inpatients receive a falls risk assessment on admission / transfer to ward during April .
- Work ongoing with EPR team to update the falls risk assessment and the Falls care plan

Next Steps

- The Patient and Carer falls leaflet has been updated, and agreed through the Falls Collaborative – this will be uploaded onto the intranet for colleagues to access and share with all patients/carers
- A falls intranet page is in the process of being developed,. This will have all information for Falls Link Practitioners, resources, learning from Serious Investigations, and best practice guidelines,

END OF LIFE

End of life care should help people live as well as possible until they die and to die with dignity. People who are approaching the end of life are entitled to high-quality care, wherever they're being cared for.

Progress:

- Latest data demonstrated 100% of patients died in their preferred place of death (PPD)
- Move to 7 day working, commencing in September. It is anticipated that this will make areal difference to patient care and improve working with community teams.
- Increased focus on EOLC education, this us now be part of essential training on ESR and is part of the Trust induction

Next steps

- The End-of-Life Care Strategy will be developed in early September and will sit underneath the refreshed Quality Strategy and Clinical Strategy.

CLINICAL DOCUMENTATION

Good clinical documentation is a critical element in delivering safe patient care. Complete and accurate documentation validates the care provided shares key data with subsequent caregivers and eliminates duplication.

Progress:

- Task and finish group set up to look at the nursing admission process involving ward managers from a different areas and back office EPR team. This will then extend to other workflows and care plans. This is to ensure the assessment take place in an timely manner.
- Whiteboard pilot on Ward 5 currently, is this now been rolled out to Acute floor and SAU and HRI.
- In regards to ward assurance within KP+, the individualised care document is now complete and has been issued to all ward managers and Matrons.

Next Steps:

New dashboard being created with the data quality team on KP+ making it easier for ward managers, matrons to access their data and therefore support local monitoring

CLINICAL PRIORITISATION (DEFERRED CARE PATHWAYS)

Ensuring known health inequality groupings are not disadvantaged as we recover and reset

Progress:

- The Trust currently has 15,355 outstanding clinical validations. This comprises 6,438 incomplete order patients and 8,917 holding list patients.
- The target is for no patient to wait more than 30 days for clinical assessment. The longest waiting patient currently stands at 525 days.

Next Steps:

The development of a Health Inequalities Index Vulnerability Index has been considered as a tool to work alongside waiting list prioritisation in order to take a holistic needs-based approach. Such an index could be used to identify patients at increased risk of experiencing inequalities or poor outcomes, with the risk escalating the longer that they wait for care.

NUTRITION AND HYDRATION

People who use services must have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment.

Progress:

- Referrals to the dietitian team is now an automatic process if the patient scores two or above. This has seen compliance rise to 61% from 18%.
- The nutritional specialist nurses and dietitians have undertaken some partnership working with Bradford colleagues to review the mandated fields within the MUST assessment to aid with automated calculation of the MUST. The aim is that this will help to improve compliance.
- Observation of mealtimes as part of Observe and Act framework, practice will be monitored through this process and shared at ward level to address any concerns.

Next steps:

The nutrition and hydration policies are now up-to-date, a food and drink strategy will now be developed.

MAKING COMPLAINTS COUNT

The Making Every Contact Count (MECC) approach encourages health and social care staff to use the opportunities arising during their routine interactions with patients to have conversations about how they might make positive improvements to their health or wellbeing.

Progress:

- Work is taking place with our colleagues in THIS to further develop a dashboard for complaints on KP+ which will help, to monitor the performance more closely and identify areas where intervention is required. This dashboard will also be used in the future to monitor complaints and map them to IMD groups and protected characteristics to ensure all our complainants are being treated fairly and equally
- Weekly oversight and scrutiny meetings are taking place with divisional colleagues to provide increase support and to ensure not only performance is monitored but also that all responses sent meet with quality standards

Next steps:

The new PHSO complaint standards have been fully reviewed and the options of becoming an early adopter of these are being explored, to ensure we are in a positive position when the new standards are formally introduced later on this year.

ANY QUESTIONS...

**7. Feedback from Non-Executive
Directors in attendance - Andy Nelson /
Richard Hopkin**

For Assurance

Presented by Andy Nelson and Richard Hopkin

PERFORMANCE AND STRATEGY

8. Operational Update and Recovery Plans

To Note

Presented by Jo Fawcus

Operational Update and Recovery Plans

Council of Governors

14th July 2022

Covid Current Position

Patients

64 (41) Covid
positive
inpatients

1 paediatric
positive covid
patients

9 adults were
probable hospital
acquired

1 inpatient
Critical Care

2 RSV

6.96% of adult
bed base

Staffing Absences

As at the 04 July 2022 we are reporting a total of 419 colleagues absent, 112 absences are due to a COVID-19 related reason.

Headcount absence rate for CHFT is 6.4%, CHS 6.0%, with a combined overall absence rate of 6.4%.

Operational Pressures

Current CHFT Operational Position

OPEL Level 3

The Trust remains at Opel 3. This is due to the hard work and dedication of all colleagues.

We also continue to work closely with our system partners – staffing remains a challenge throughout the health and care system.

Transfer of Care list is at 80

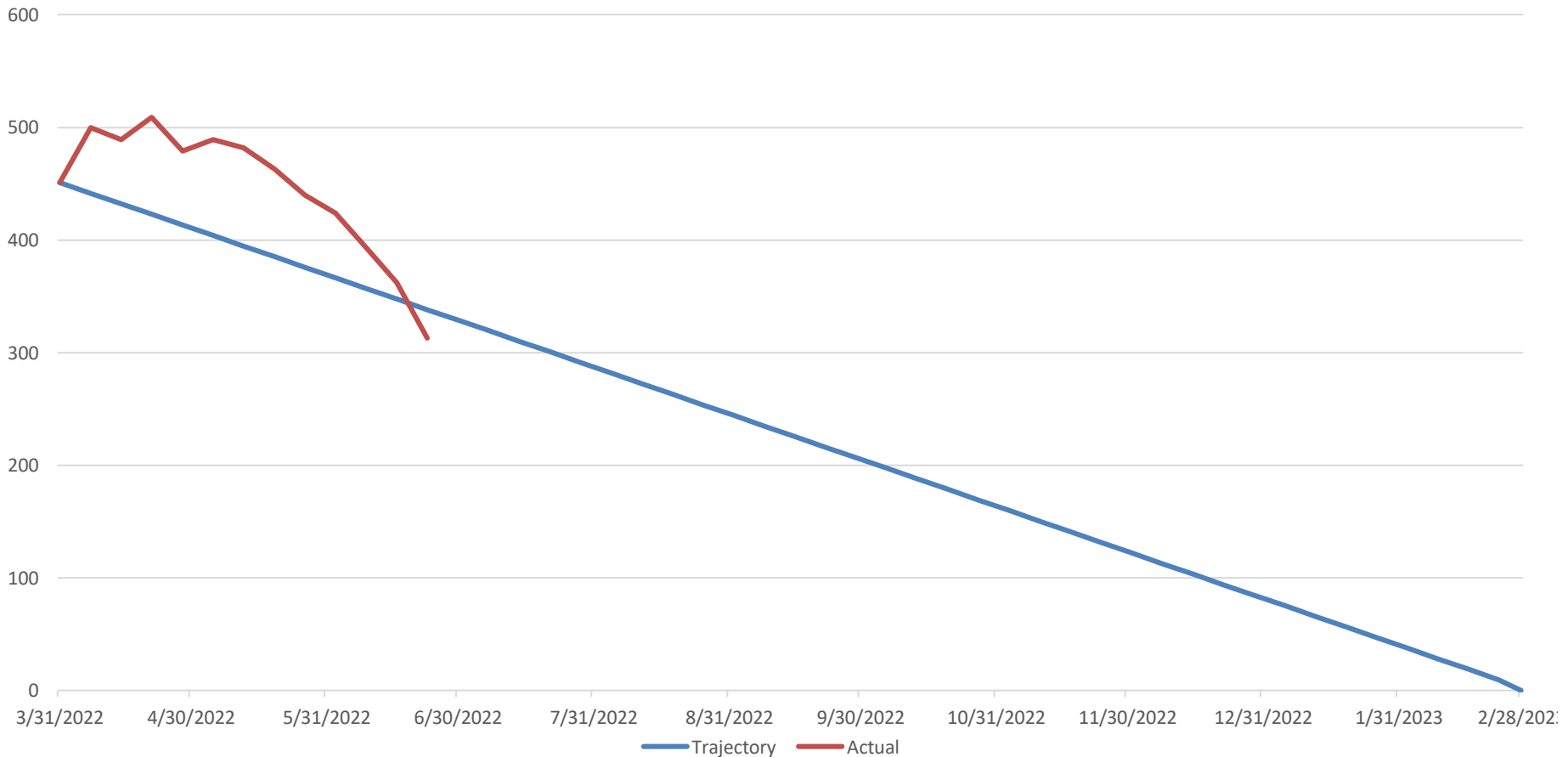
Key Targets 2022/23

	23/06/2022	Current Trajectory as of 16th June	Variance to trajectory
104 Weeks RTT	4	0	4
78 Weeks RTT	313	338	-25
52 Weeks RTT (External plan)	2340	2439	-99
52 Weeks RTT (To get to 0 by March 23)	2340	1925	415
Total ASI's	11876	10940	936
ASIs over 22 weeks	1143	1059	84
Holding List overdue	26061	19690	6371

104 Weeks position at month end was 1 ENT patient

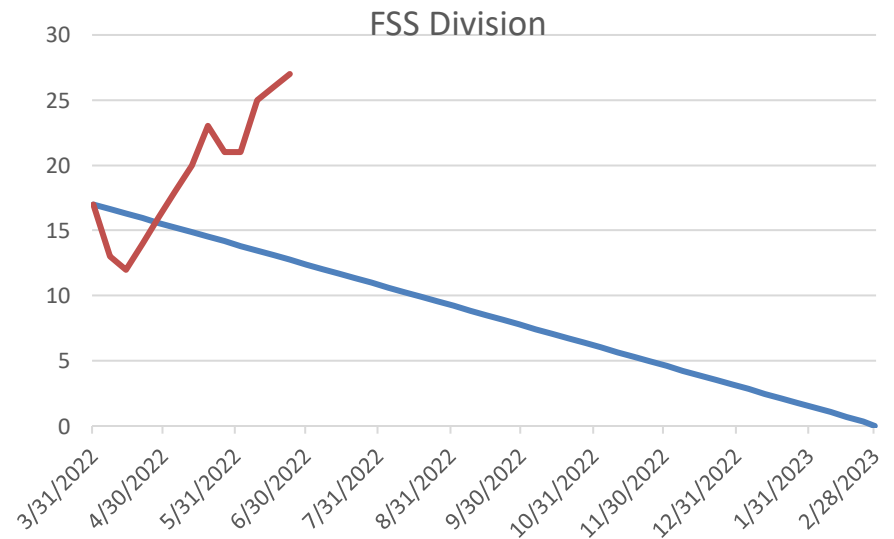
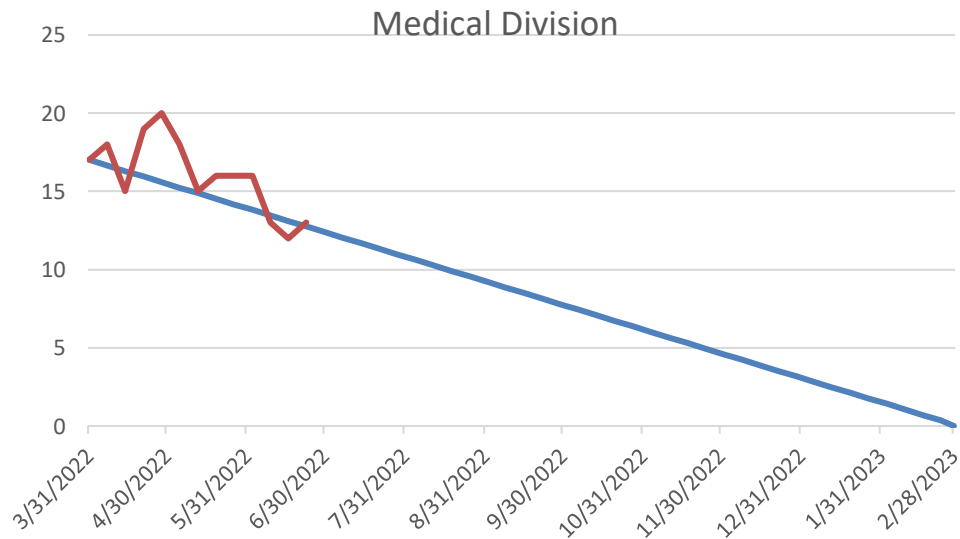
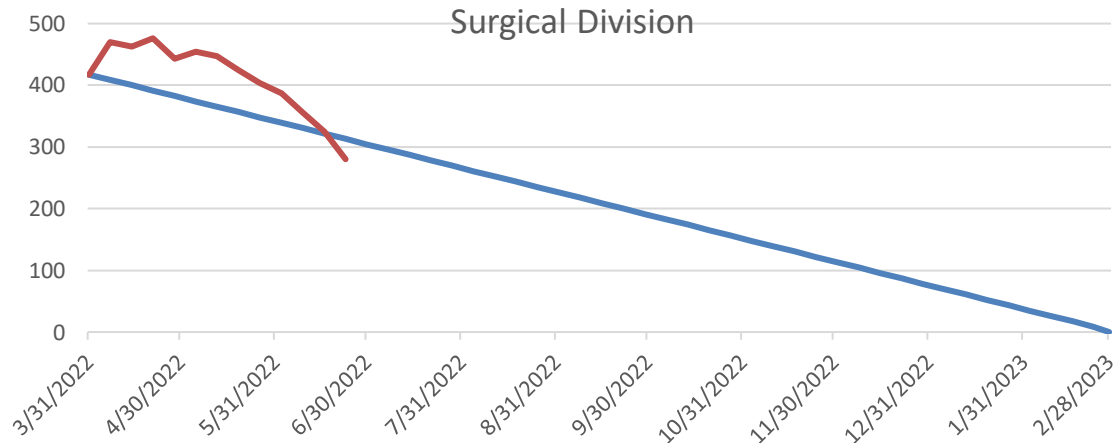
RTT Over 78 Weeks Trust Position

Trajectory for reducing to 0 number of 78 week waits by the end of Feb 2023



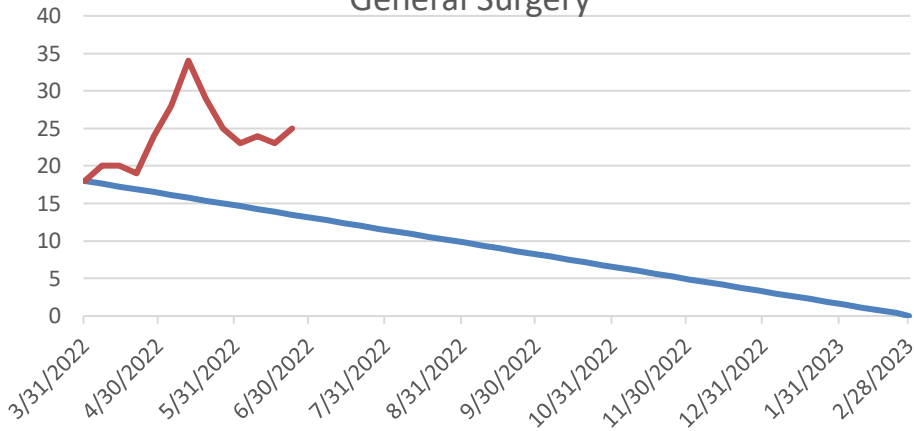
RTT over 78 Weeks

Divisional Breakdown

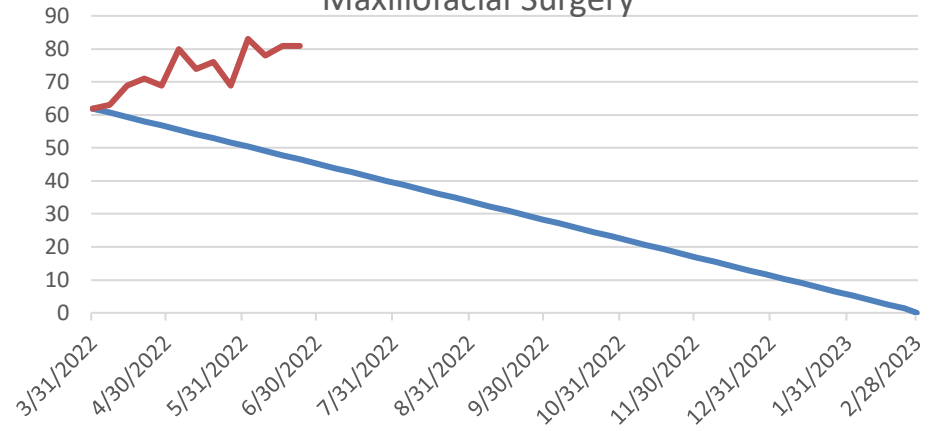


RTT Over 78 Weeks

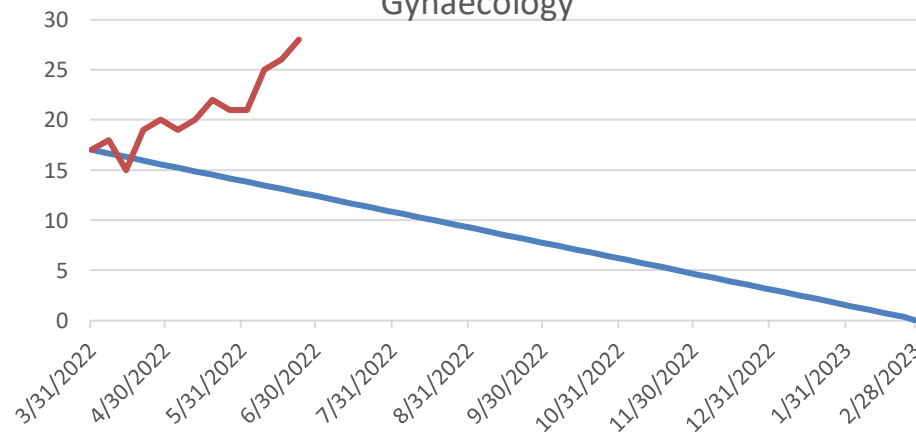
General Surgery



Maxillofacial Surgery

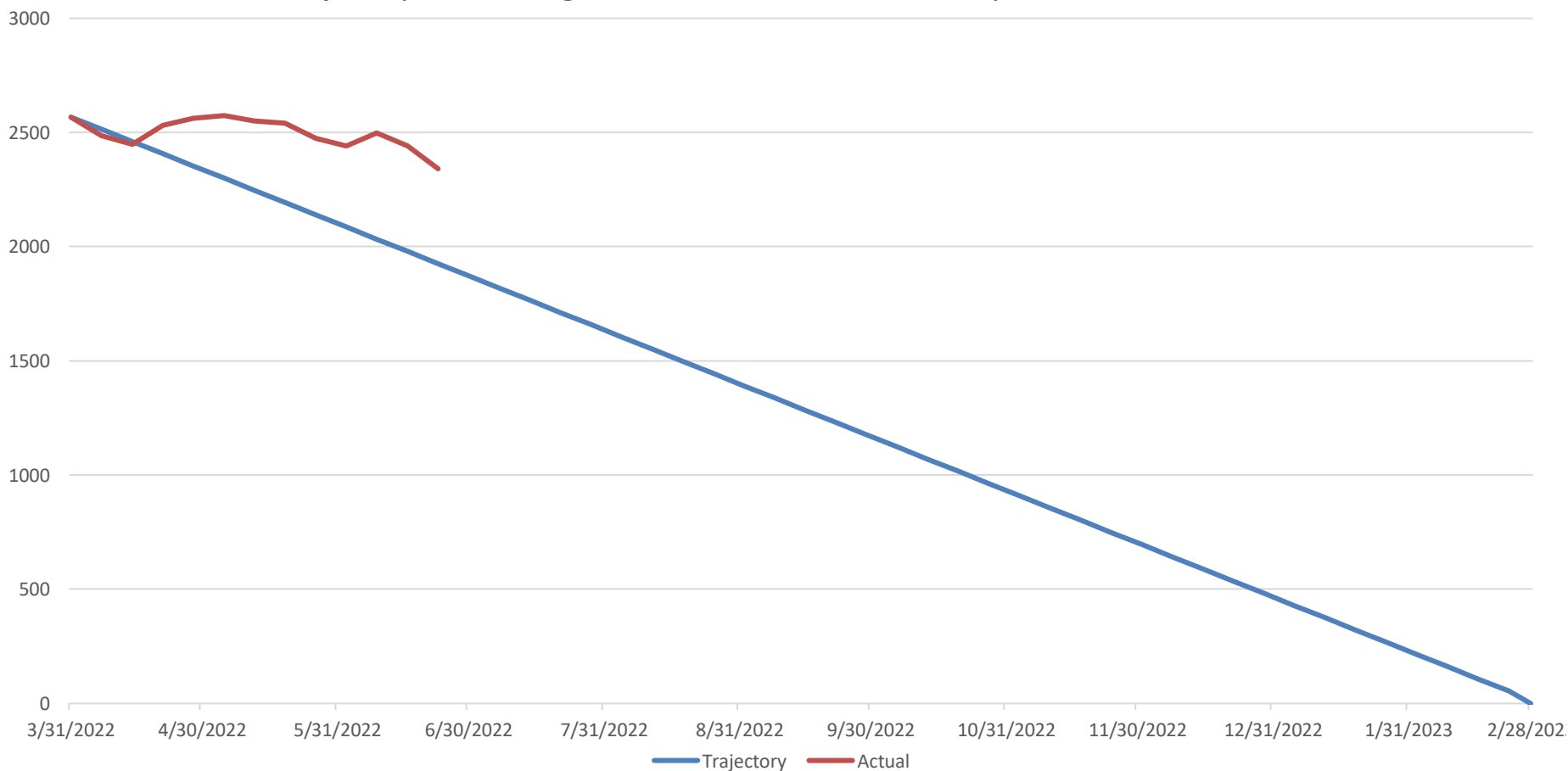


Gynaecology



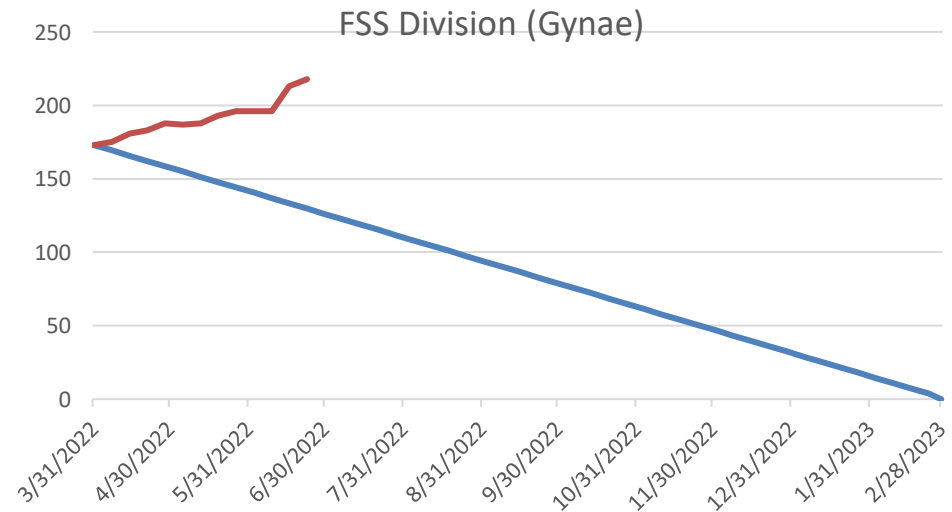
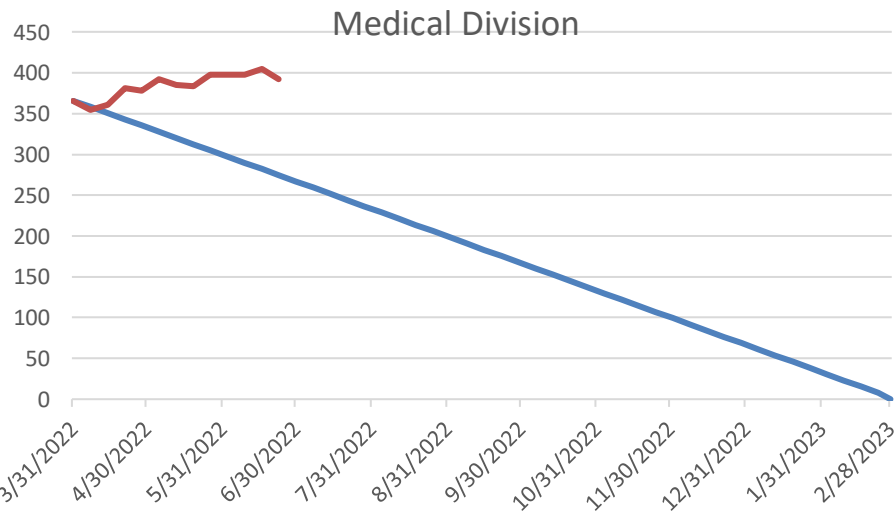
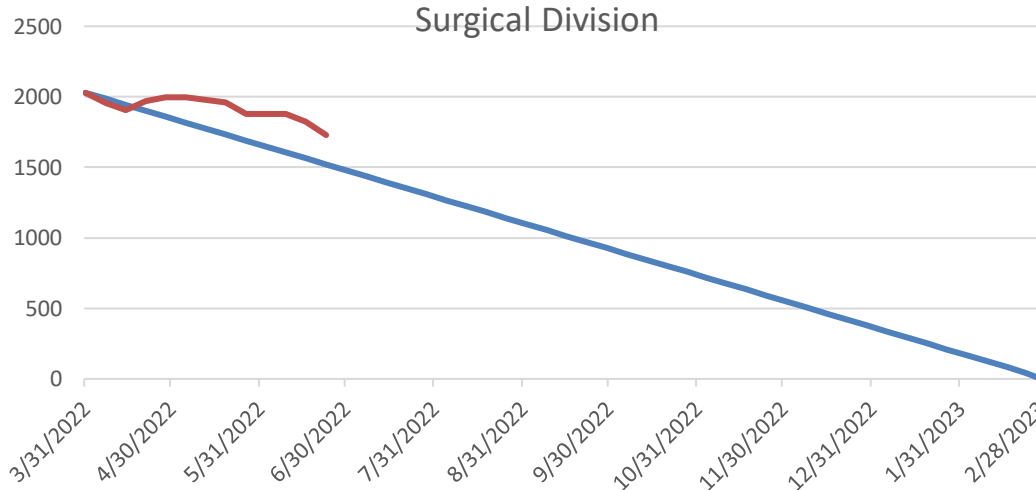
RTT Over 52 Weeks Trust Position

Trajectory for reducing to 0 number of 52 week waits by the end of Feb 2023



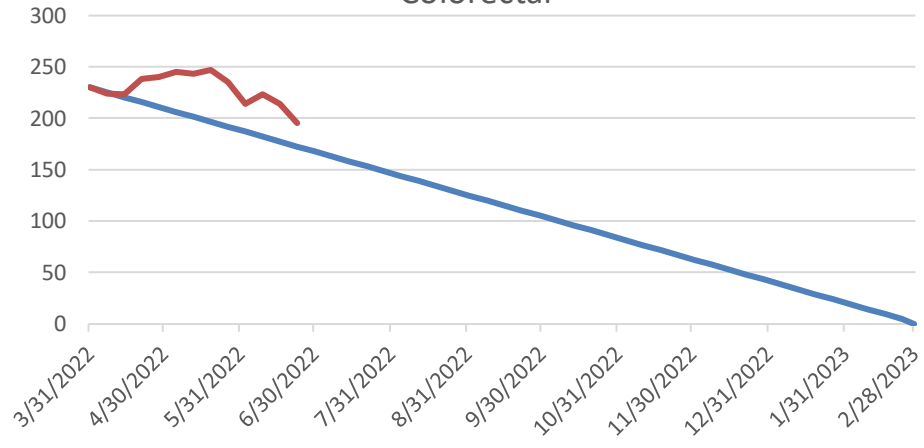
RTT over 52 Weeks

Divisional Breakdown

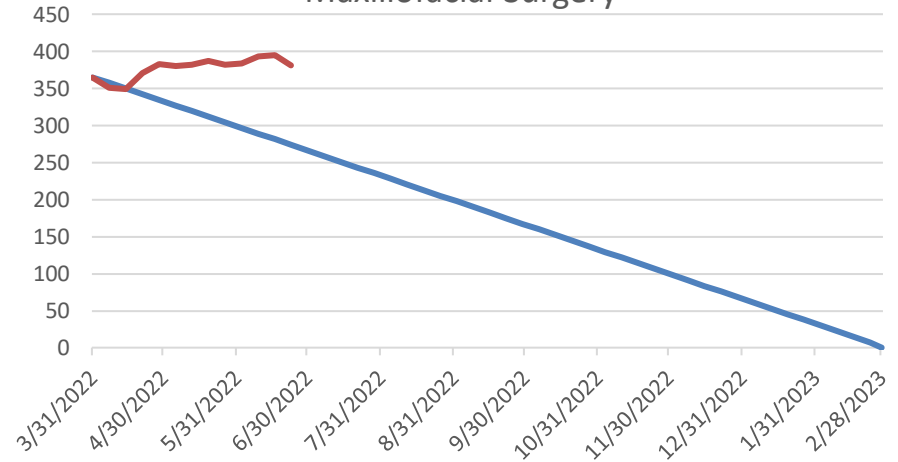


RTT Over 52 Weeks

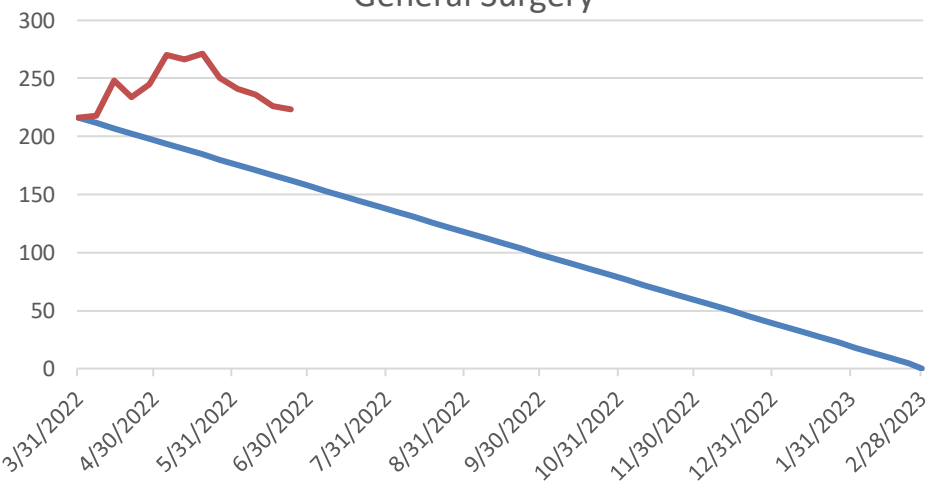
Colorectal



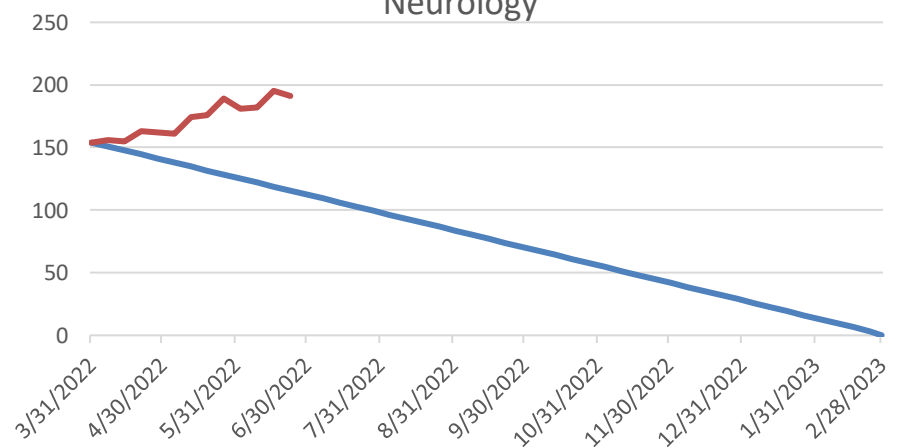
Maxillofacial Surgery



General Surgery



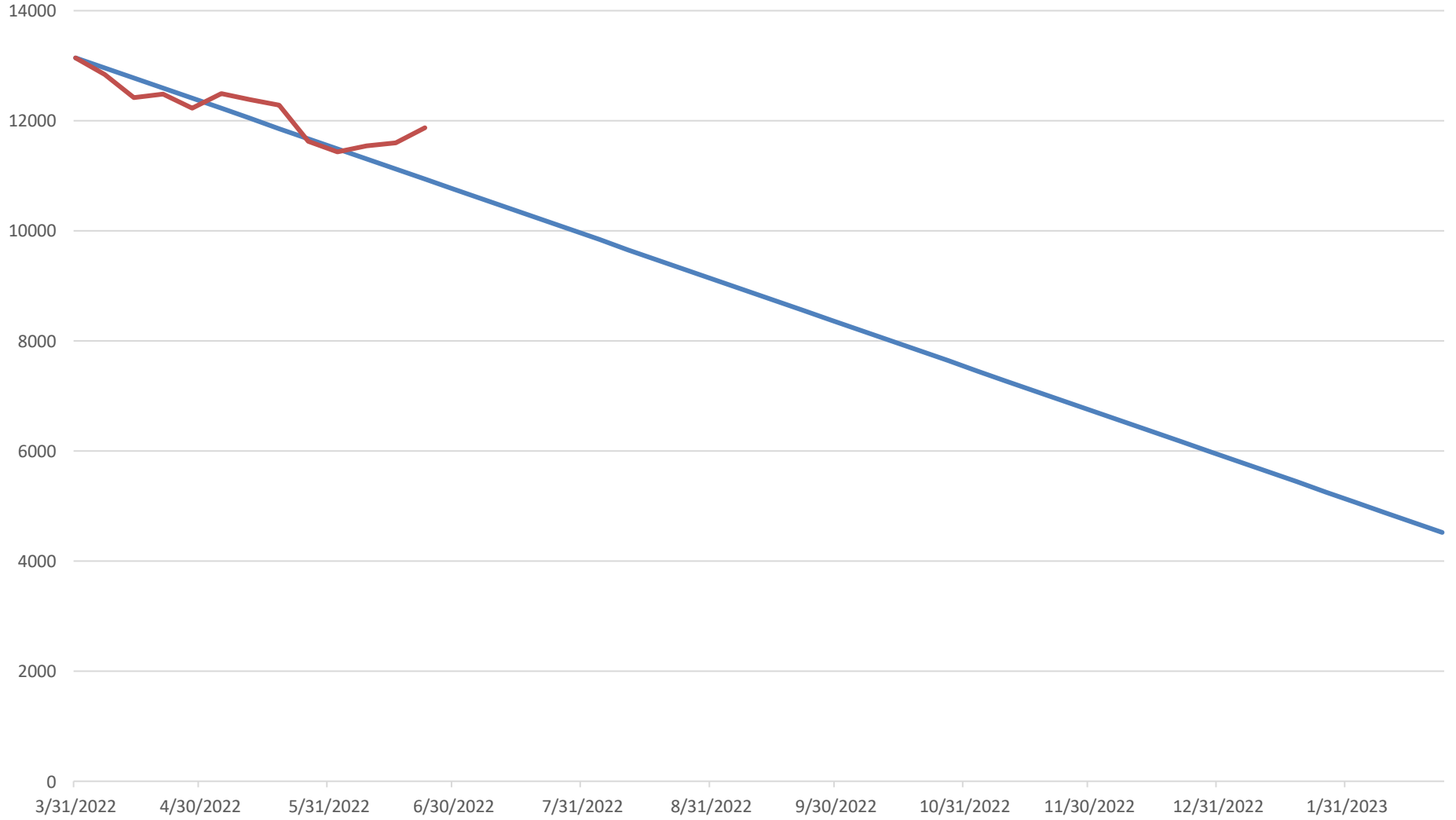
Neurology



ASIs

Trust Position

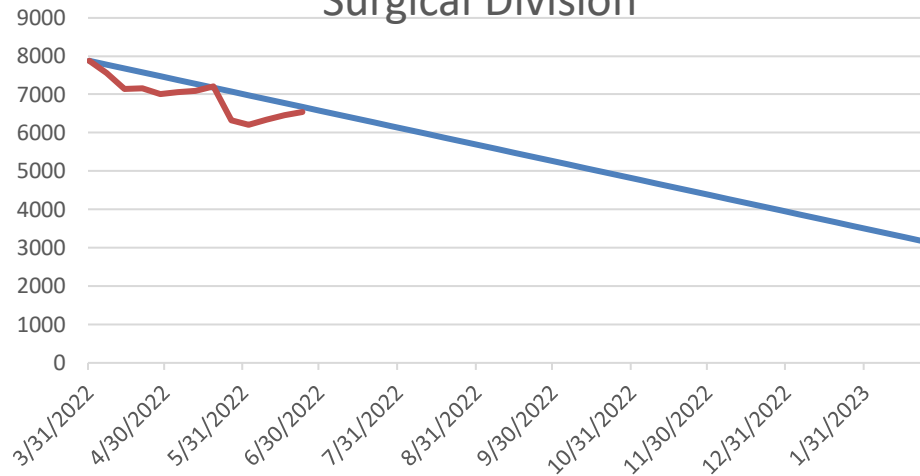
Trajectory for reducing to pre covid level of ASIs by Feb 2023



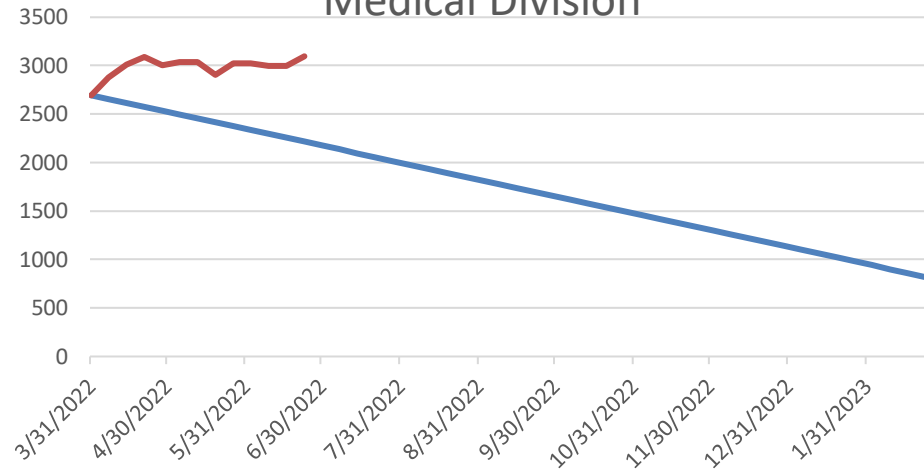
ASIs

Divisional Breakdown

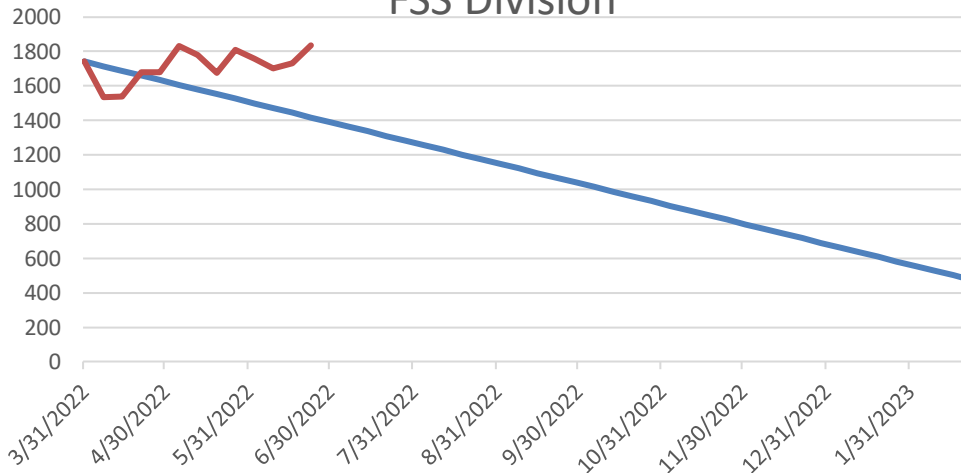
Surgical Division



Medical Division



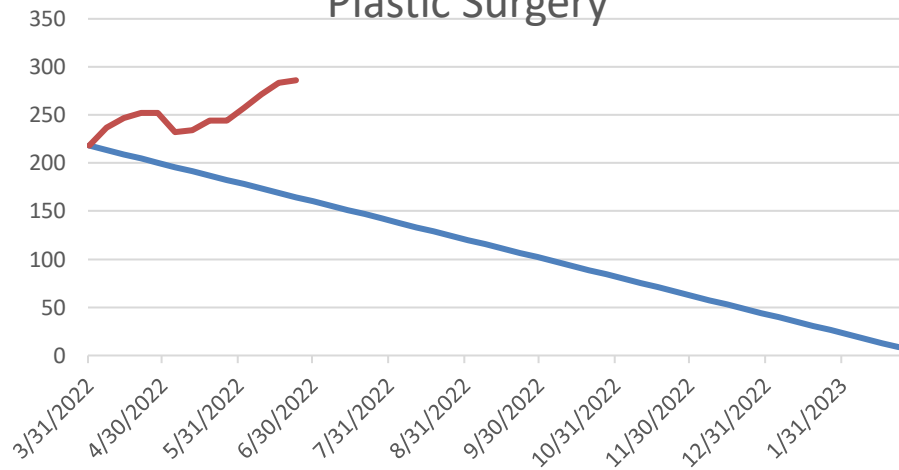
FSS Division



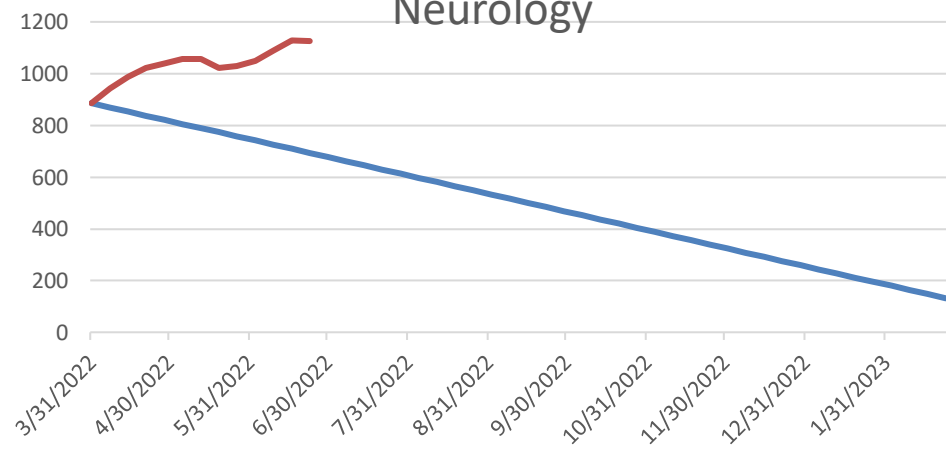
ASIs

Key Specialties

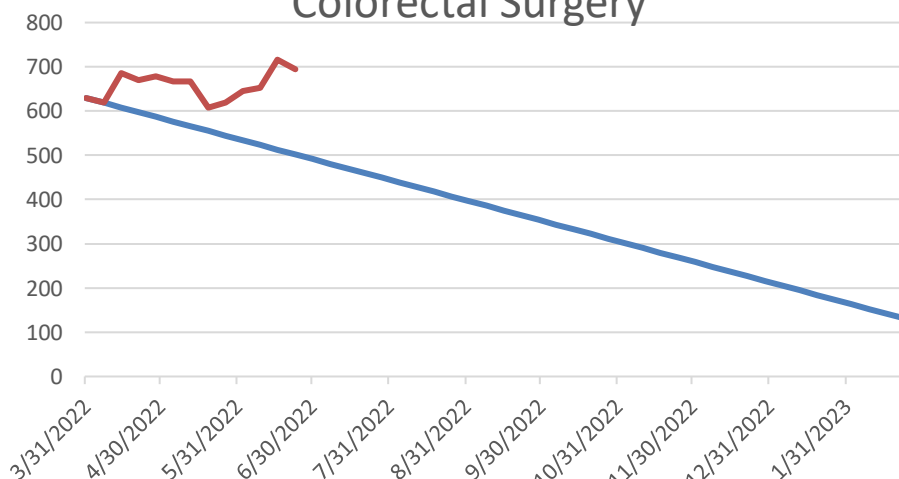
Plastic Surgery



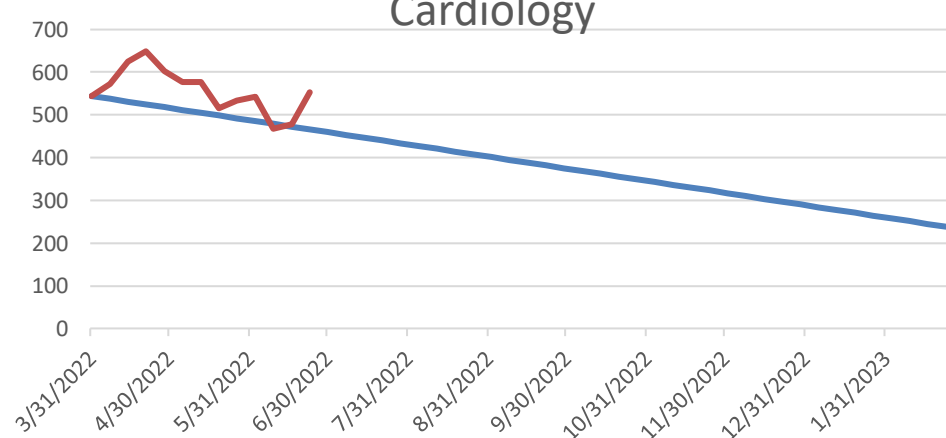
Neurology



Colorectal Surgery

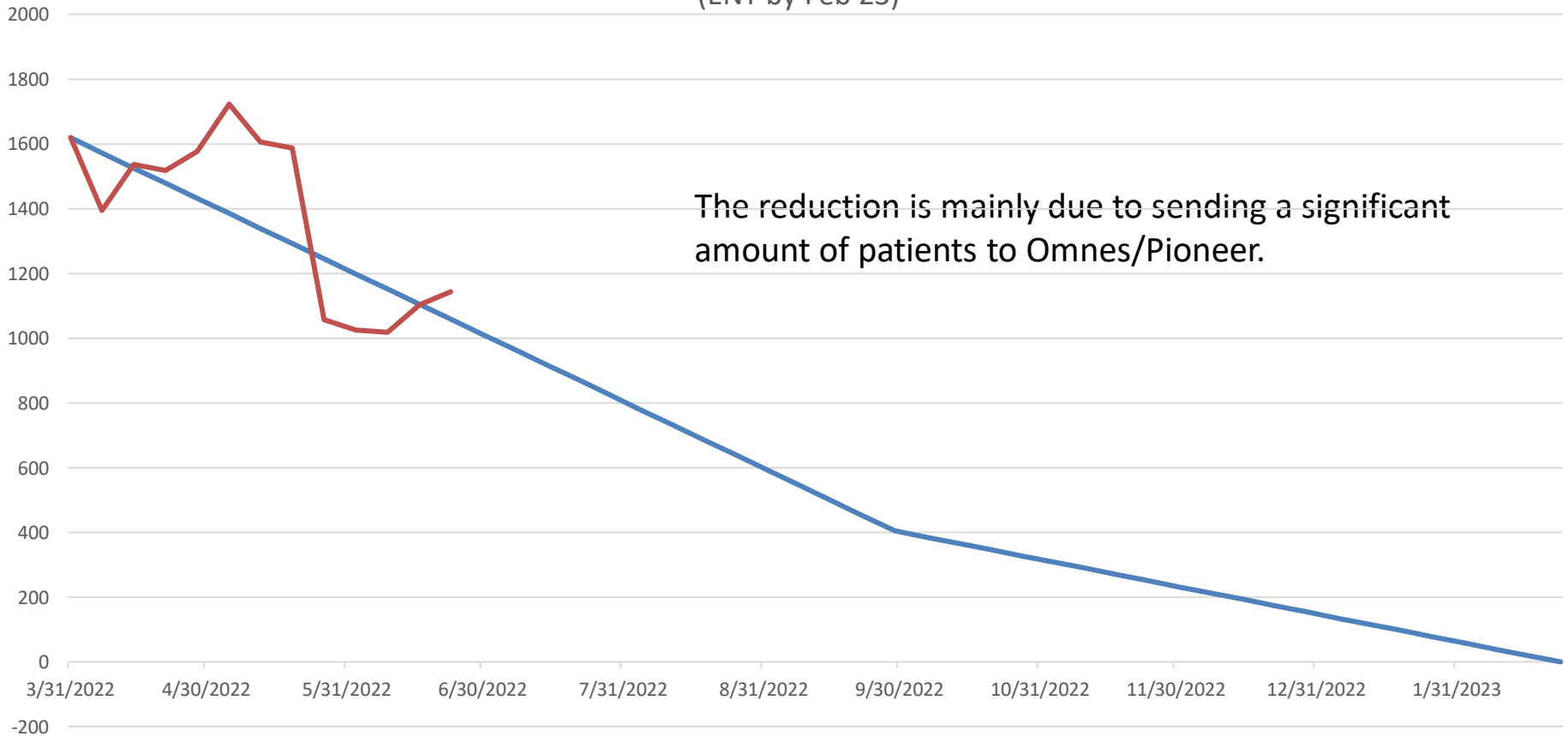


Cardiology



ASIs over 22 Weeks Trust Position

Trajectory for reducing to 0 number of ASI over 22 weeks by the end of Sep 2022
(ENT by Feb 23)

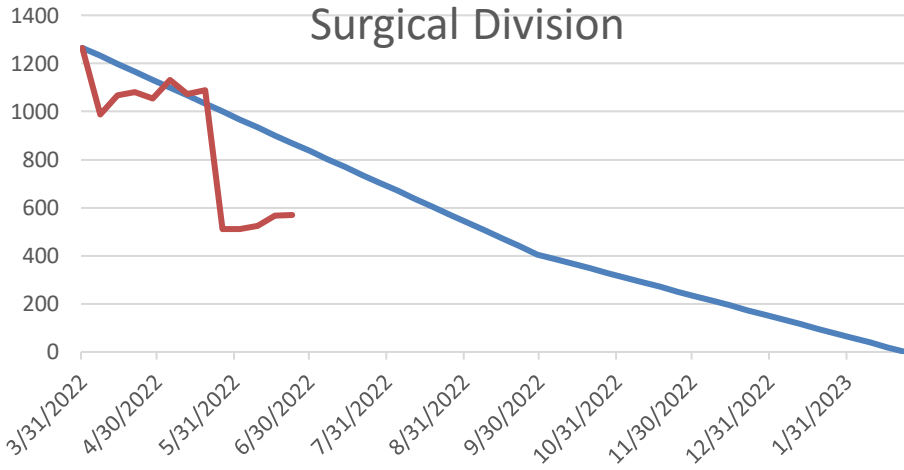


The reduction is mainly due to sending a significant amount of patients to Omnes/Pioneer.

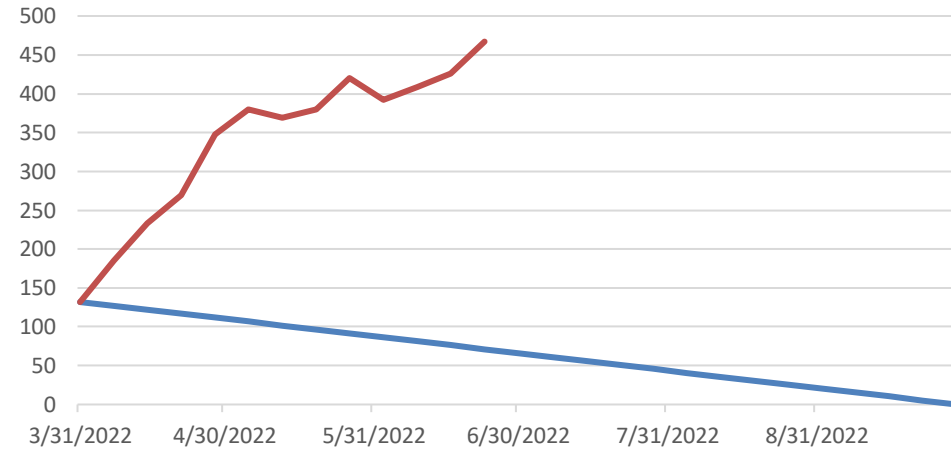
ASIs over 22 Weeks

Divisional Breakdown

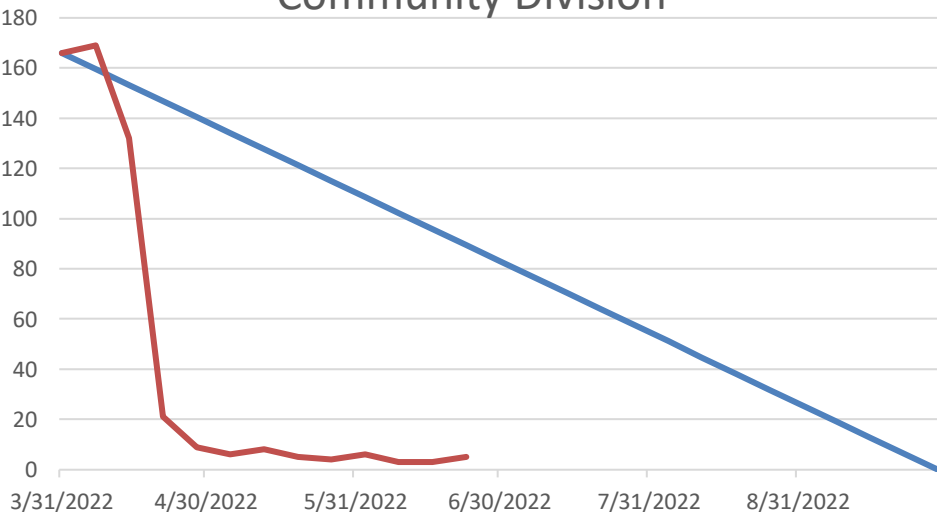
Surgical Division



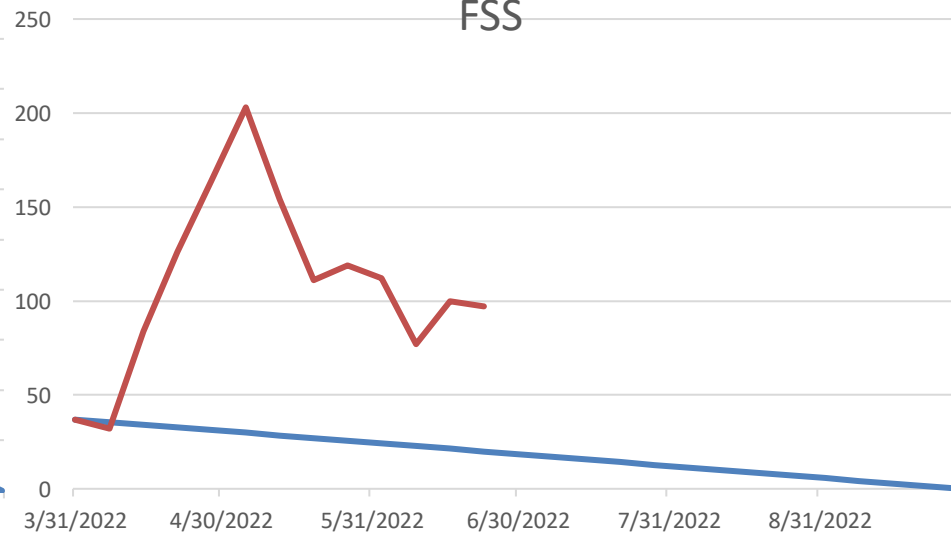
Medical Division



Community Division

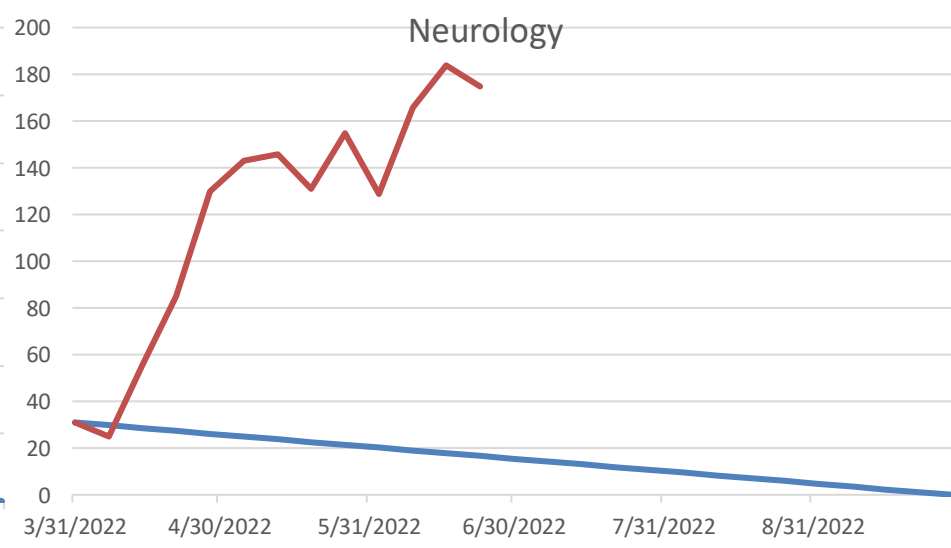
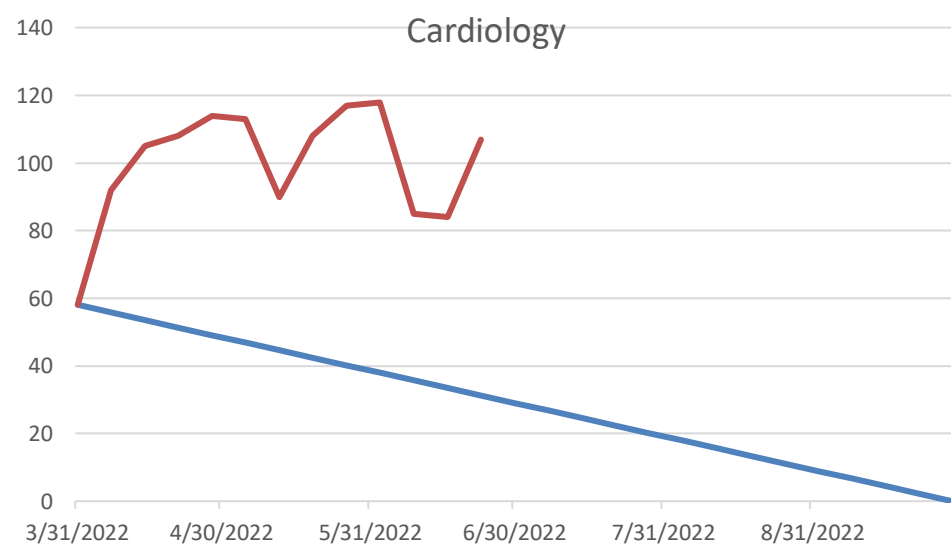
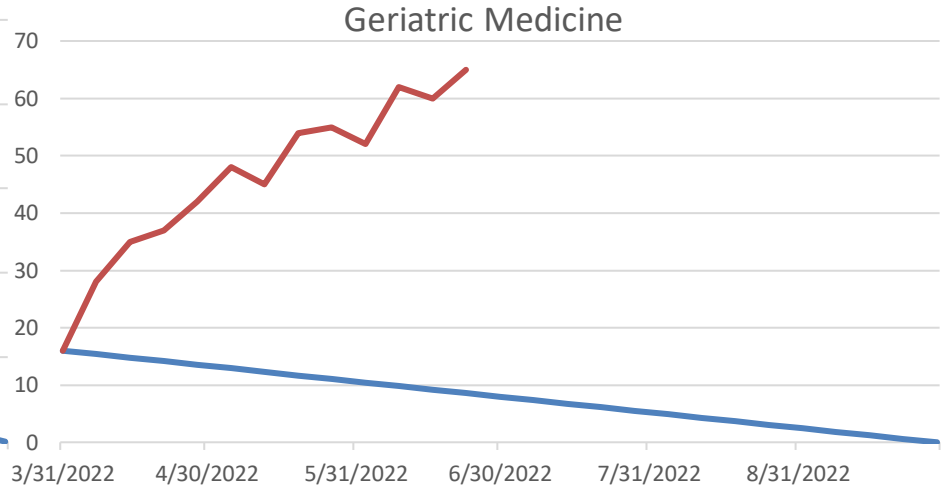
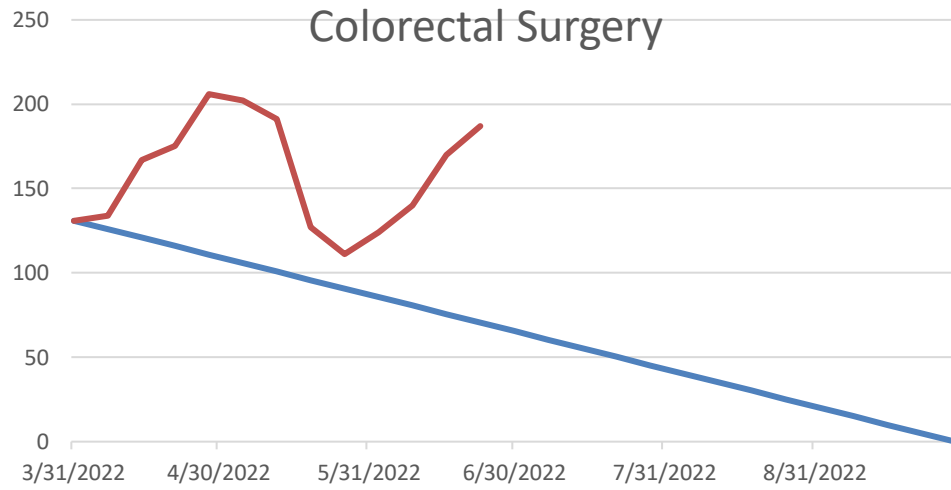


FSS



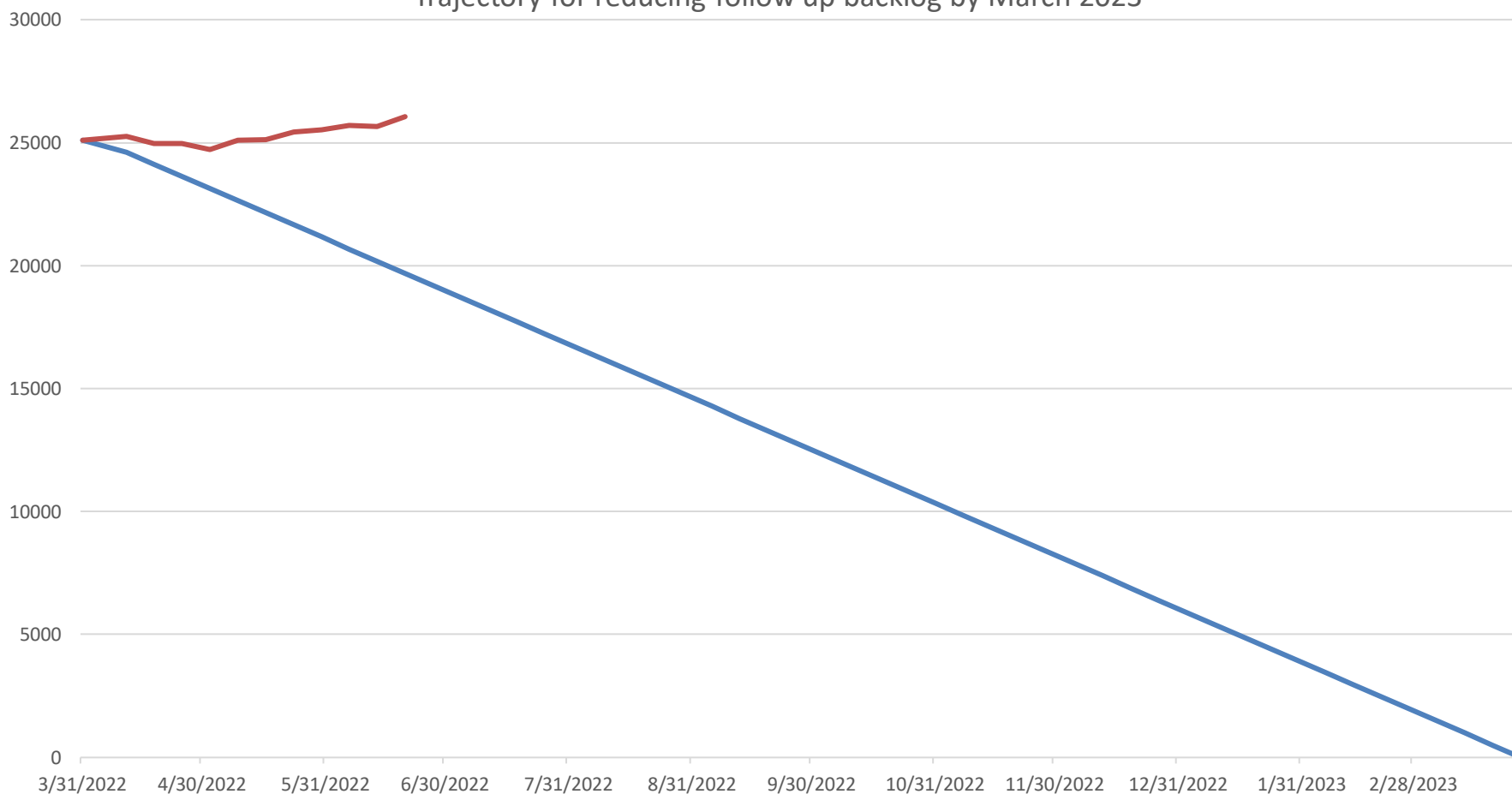
ASIs over 22 Weeks

Key Specialties

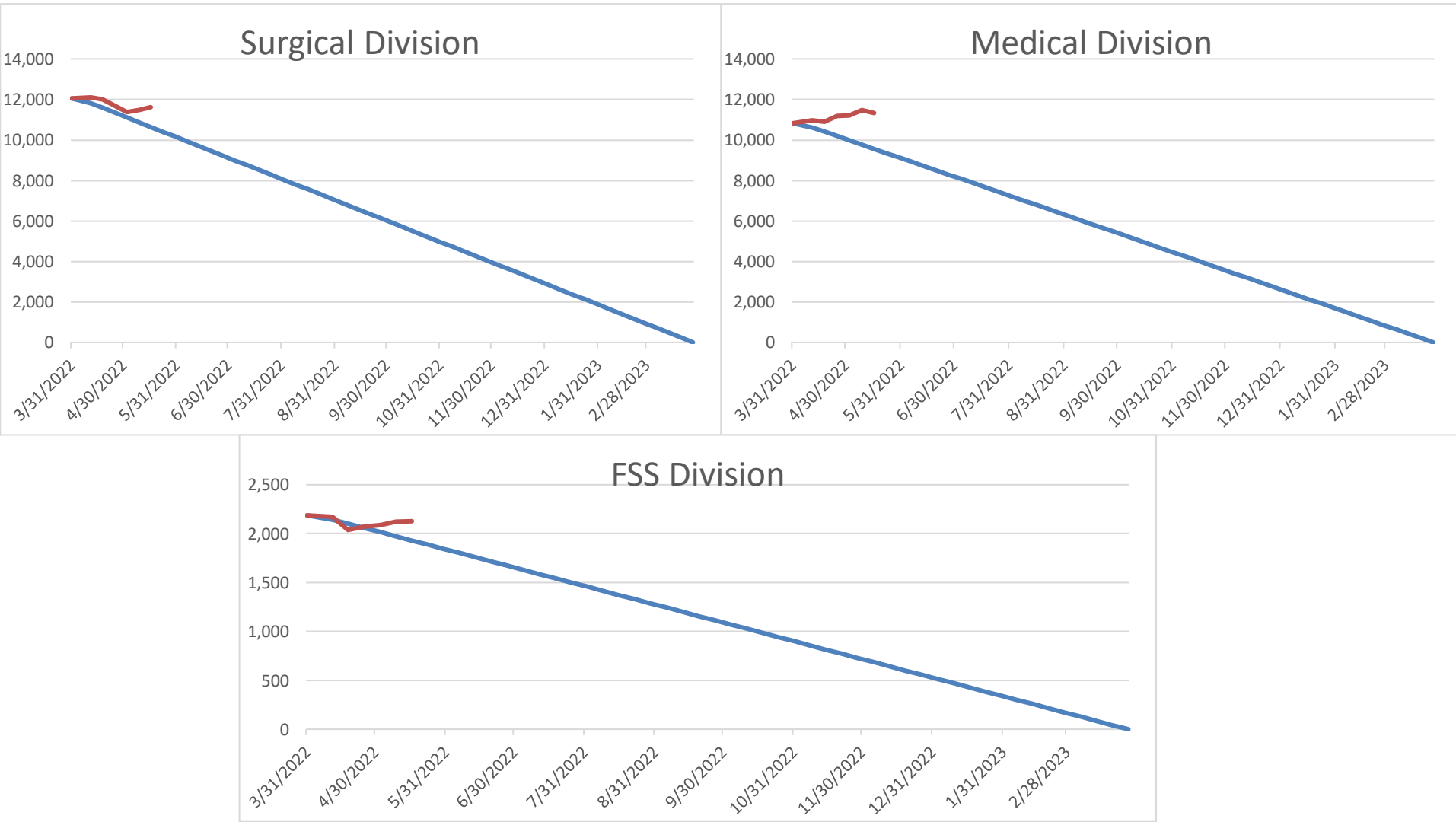


Follow up Backlog Trust Position

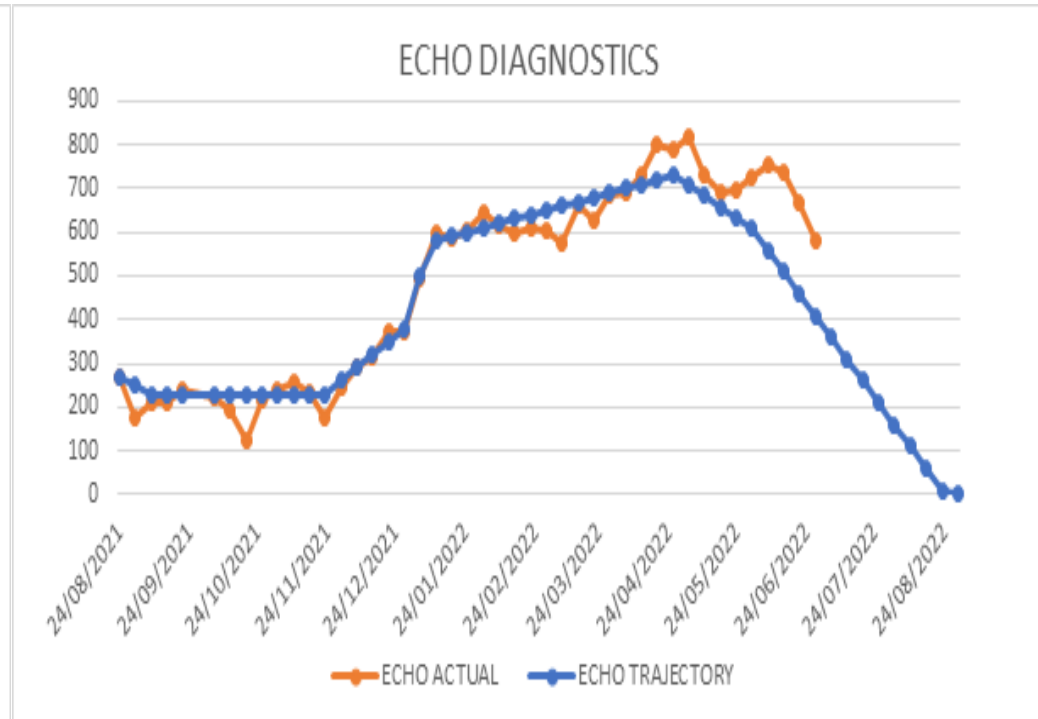
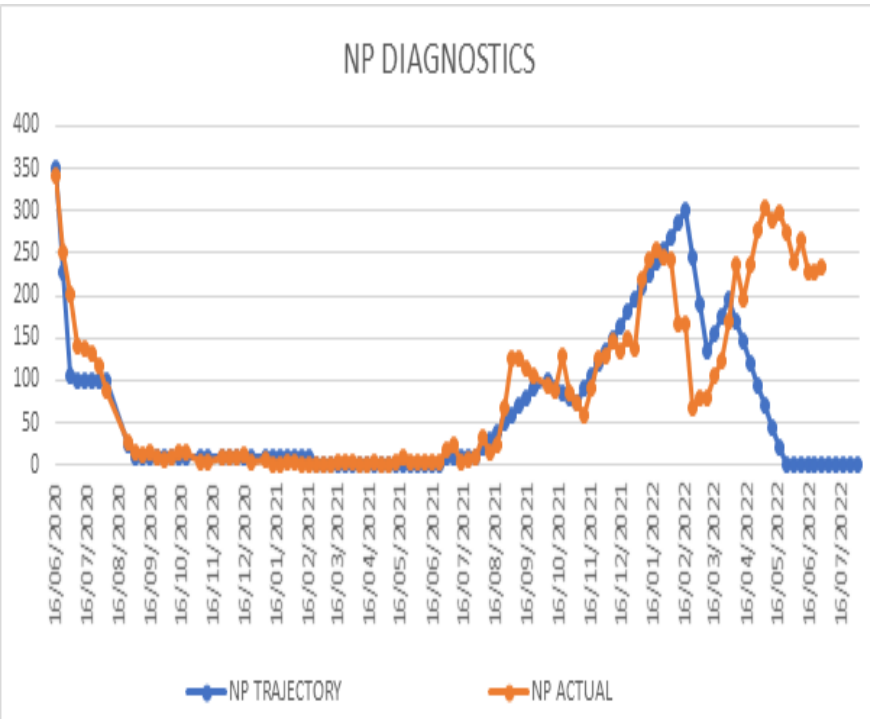
Trajectory for reducing follow up backlog by March 2023



Follow Up Backlog Divisional Breakdown

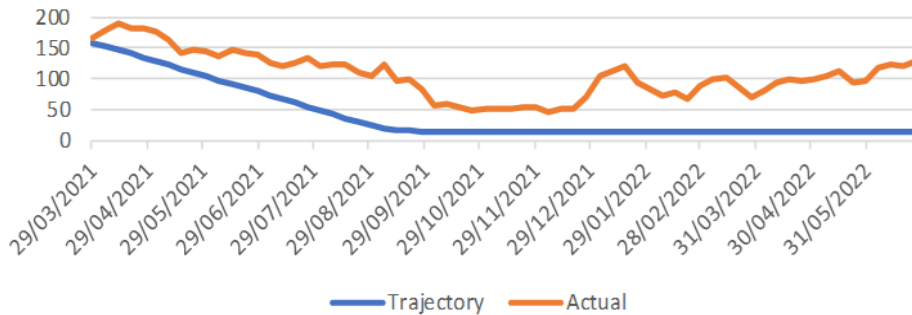


Echo & Neurophysiology Trajectory

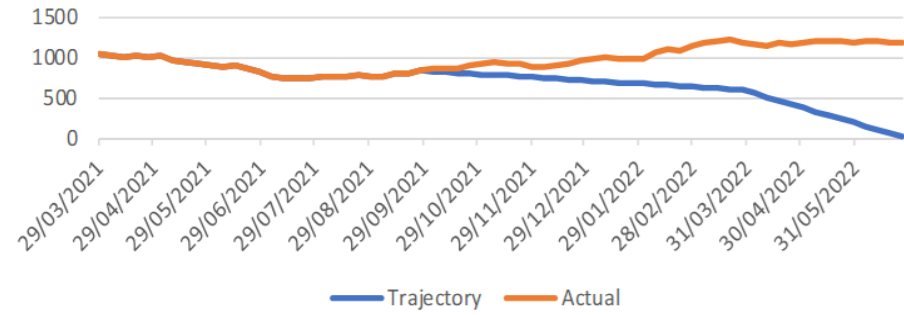


Admitted Waiting List – By P Value

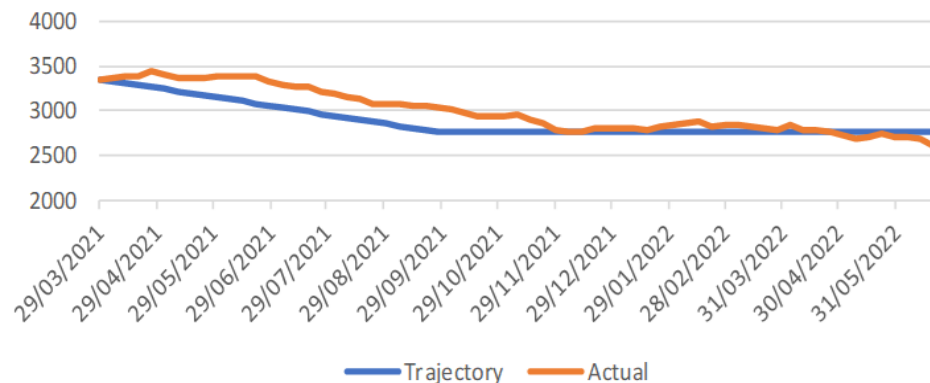
Trajectory vs Actual - Total P2s on Waiting List Over 1 month



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



Trajectory vs Actual - Total P4s on Waiting List



9. Performance Update

To Note

Presented by Jo Fawcus

Council of Governors 14th July 2022

May 2022



SYSTEM OVERSIGHT FRAMEWORK

SAFE	
VTE Assessments	Never Events
CARING	
Mixed sex accommodation breaches	% Complaints closed
FFT Inpatients FFT Maternity	FFT A&E FFT Community FFT Outpatients
EFFECTIVE	
MRSA	Preventable Cdiff
HSMR	SHMI

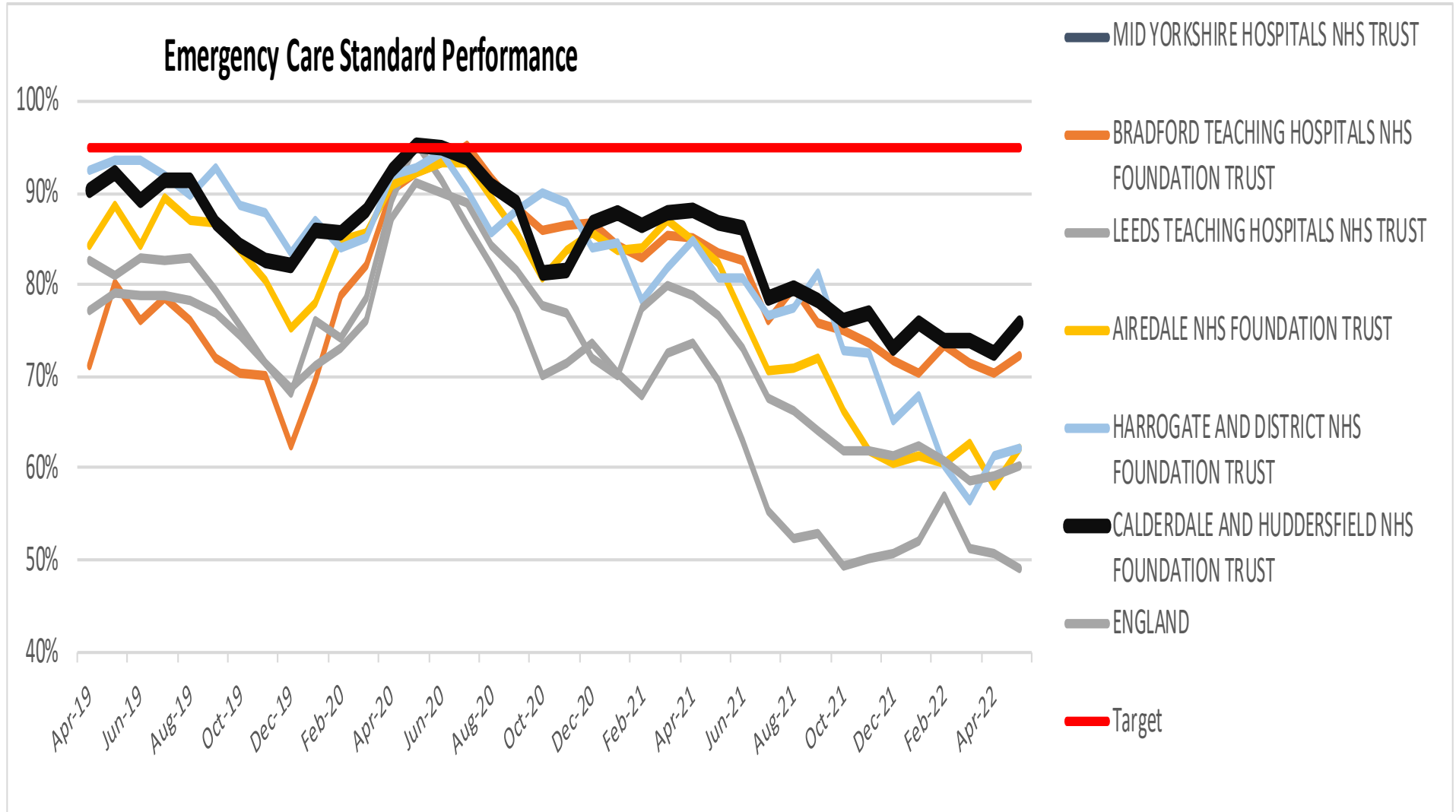
RESPONSIVE	
Diagnostics 6 weeks	ECS 4 hours
Cancer 62 day Screening to Treatment	Cancer 62 day Referral to Treatment
FINANCE	
Variance from Plan	Use of Resources
WORKFORCE	
Proportion of Temporary Staff	Sickness
Staff turnover	Executive Turnover

May's Performance Score is at 63.8% which is a deterioration on the April position mainly due to a never event and also missing the Cancer 62-day screening to treatment target.

The **SAFE** domain is now amber due to the never event. The **CARING** domain remains amber with 2 of the 5 FFT areas now green but maintaining performance in Complaints is still a challenge. Dementia screening is back below 25%. **EFFECTIVE** domain remains amber with #Neck of Femur dropping back to 61% after a better month in April. The **RESPONSIVE** domain remains amber with cancer 62-day referral from screening to treatment target missed. Stroke indicators alongside the underperformance in the main planned access indicators and ED remain a challenge moving forward. **WORKFORCE** remains amber with peaks in the 12-month running total for overall sickness and short-term sickness although all areas had reduced levels in May. Return to Work Interviews have improved in month. **FINANCE** domain remains amber.

PERFORMANCE

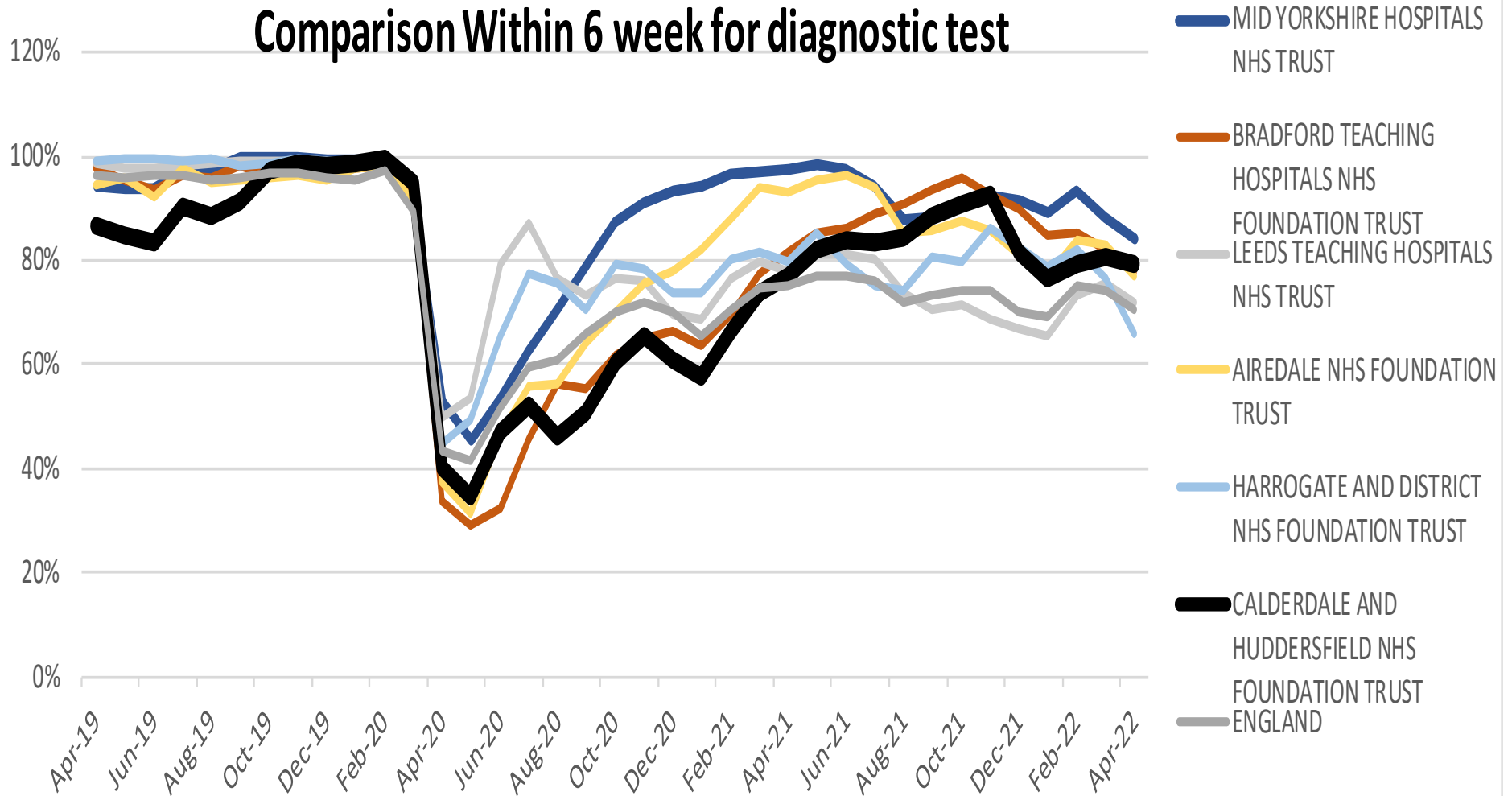
LATEST May 2022



PERFORMANCE

LATEST April 2022

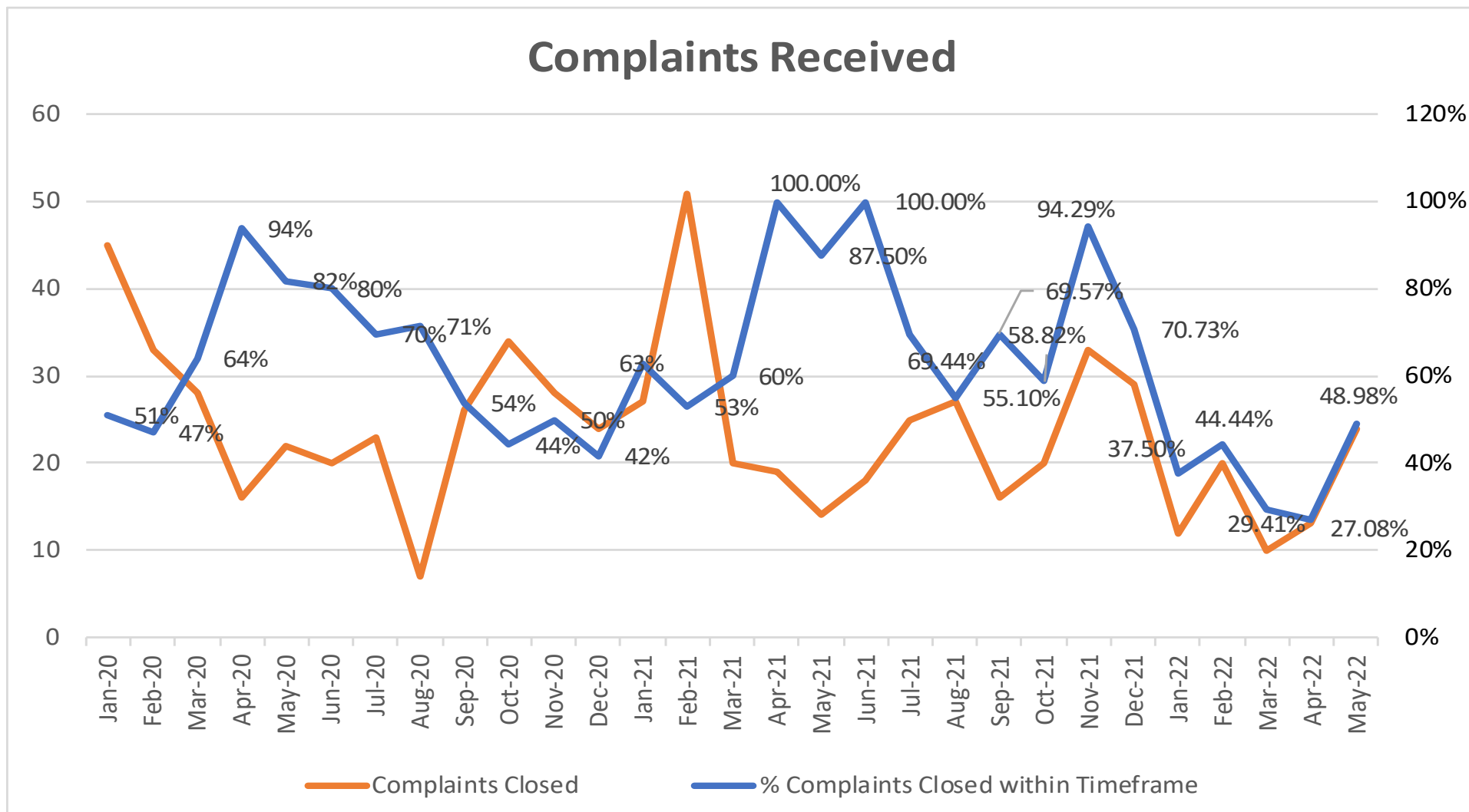
Comparison Within 6 week for diagnostic test



PERFORMANCE

LATEST May 2022

Complaints Received



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



Medicine Division

- CQC visit and preparation for this
- Improved bed position
- Month 1 elective activity
- Month 1 finance position
- Positive initial feedback for PFEP Mpage
- Principal Investigator of the Year award for Purav Desai
- Stability in internal operational management team through internal secondments



Surgery & Anaesthetics Division

Journey to Outstanding (J2O) – We ‘Go See’

Sharing experience and best practice:

The surgical department was visited last week by two Trusts from Northern Ireland. They had been put in touch with the department by NHSE and NHS Elect as Huddersfield is now rated as an ‘exemplar’ site for surgical ambulatory emergency care and acute surgery as a whole.

Clinical and managerial staffs from Western Health and Social Care Trust and Northern Health and Social Care Trust spent several hours as part of a co-ordinated learning visit where they met nursing, trainee, consultant and managerial counterparts at Huddersfield.

Both Trusts were impressed with the efficiency and processes involved in the ambulatory unit and were keen to implement acute rotas analogous to the Huddersfield Model at their respective sites.

Anne Donaghey (Assistant Director, South West Acute and Omagh Hospitals) said that the visit was incredibly beneficial and that the unit is blessed with a great team. Colleagues from Antrim Area particularly benefitted from meeting the senior management team at Huddersfield, including Laura Cooper, Rachel Rae and Will Ainslie, to learn about the practicalities of managing an acute surgical service and about the potential of the enhanced surgical team.



FSS Division

- The prompt recognition of an abnormal clinical sign by a trainee PNP who then triggered a Cardiology review, then resulted in the child receiving immediate life saving cardiac surgery.
- Neonatal Intensive Care Unit (NICU) MRSA outbreak no further transmissions after the initial outbreak meeting and actions put in place.
- International day of the Midwives and International Day of the Nurse celebrations.
- Positive Go See visit to Bradford Plaster room – collaborative and shared learning quality improvement projects to commence
- Pathology successful UKAS Surveillance Visit and maintains accreditation subject to clearing our findings. They were very complementary about our department and services
- Successful collaborative working with Access To Work – to obtain funding for a support worker who is a British Sign Language (BSL) interpreter to work with a deaf colleague in Health Records to support her during team and colleague interactions.



Community Division

- First Allied Health Professional (AHP) Community Matron (Falls)
- Anticipatory Care Roles recruited to Primary Care Network (PCN) roles
- Good overall compliance position for Essential Safety Training (EST) across all key areas
- Musculoskeletal (MSK) recovery well ahead of trajectory
- Asked to be a pilot site for new Community Healthcare currency model (including link to acuity and complexity score work)

10. Finance Report

To Note

Presented by Gary Boothby

EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st May 2022 - Month 2

KEY METRICS

	M2				YTD (MAY 2022)				Forecast 22/23				
	Plan £m	Actual £m	Var £m		Plan £m	Actual £m	Var £m		Plan £m	Forecast £m	Var £m		
I&E: Surplus / (Deficit)	(£3.14)	(£3.03)	£0.11	●	(£6.28)	(£6.07)	£0.22	●	(£20.10)	(£20.10)	£0.00	●	
Agency Expenditure (vs Ceiling)	(£0.74)	(£0.92)	(£0.19)	●	1	(£1.47)	(£1.80)	(£0.32)	●	(£8.82)	(£5.88)	£2.94	●
Capital	£1.05	£0.16	£0.89	●	1	£3.69	£0.26	£3.43	●	£41.99	£42.08	(£0.09)	●
Cash	£45.22	£64.66	£19.44	●	1	£45.22	£64.66	£19.44	●	£14.53	£17.83	£3.30	●
Invoices paid within 30 days (%) (Better Payment Practice Code)	95.0%	87.7%	-7%	●	1	95.0%	90.4%	-5%	●				
CIP	£0.84	£1.64	£0.81	●	2	£1.65	£2.45	£0.80	●	£20.00	£20.00	(£0.00)	●
Use of Resource Metric	3	3		●	1	3	3		●	3	3		●

Year to Date Summary

Year to date the Trust is reporting a £6.07m deficit, a £0.22m favourable variance from plan. The Trust has submitted a plan to deliver a £20.1m deficit for the year. Additional funding for inflationary pressures has since been announced, and the Trust is due to resubmit the plan shortly to reflect this additional funding. This is expected to improve the planned deficit for the year to £17.35m.

- Funding for 22/23 is based on an Aligned Payment Incentive (API) approach with a fixed element based on agreed activity levels and a variable element to support recovery of elective services. £11.94m of Elective Recovery Funding has been assumed in the plan, but is subject to delivery of 104% of 19/20 elective activity.
- The Trust has been allocated block funding of £5.9m for the year to support Covid-19 costs by the Integrated Care System (ICS) and continues to have access to funding for Covid-19 costs that are considered to be outside of the System Envelope: Vaccinations and Covid-19 Testing. These will be subject to approval.
- Year to date the Trust has incurred costs relating to Covid-19 of £3.44m, £1.18m higher than planned. Covid-19 activity remains higher than planned driving additional staffing costs and consumables, with some extra capacity opened that was planned to be closed by the start of the new financial year.
- Year to date the Trust has delivered efficiency savings of £2.45m, £0.80m higher than planned.
- Agency expenditure year to date is £1.80m, £0.32m higher than the NHS Improvement Agency expenditure ceiling (planned value yet to be confirmed).
- Total planned inpatient activity, for the purpose of Elective Recovery, was only 97% of the activity planned year to date.

Key Variances

- Income is £1.24m below the planned year to date. This includes £1.48m of planned Elective Recovery Funding, that has not been assumed due to the activity levels delivered year to date being below plan.
- Pay costs are £1.85m below the planned level year to date. The underspend is primarily linked to vacancies, particularly in Community and FSS Divisions and lower than planned Recovery costs. The majority of pay related efficiency plans are profiled to start later in the year, including those relating to the exit from Covid-19 costs and this likely to put greater pressure on pay budgets as the year progresses.
- Non-pay operating expenditure is £0.65m higher than planned year to date: with pressure on consumables due to additional capacity requirements; inflationary pressures, (in particular on the PFI contract), due to the growth in RPI; and the cost of the MRI Mobile scanner due to delays in installing the new hospital scanners.

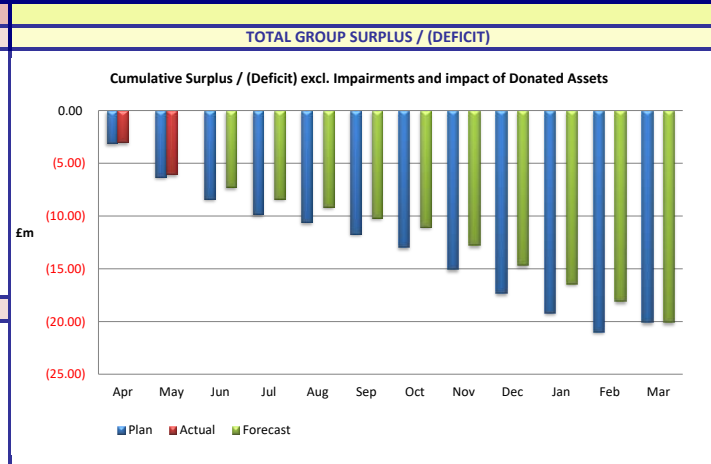
Forecast

The Trust is forecasting to deliver the planned £20.1m deficit. This forecast is expected to improve to reflect additional inflationary funding once the revised plan has been submitted to NHS Improvement on the 20th June. The forecast assumes full delivery of a challenging £20m efficiency target. As at the end of May 22, the full £20m of efficiency has been identified and is forecast to deliver.

Total Group Financial Overview as at 31st May 2022 - Month 2

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M2			
CLINICAL ACTIVITY			
	M2 Plan	M2 Actual	Var
Elective	880	747	(133)
Non-Elective	9,703	8,630	(1,073)
Daycase	7,978	7,959	(19)
Outpatient	69,322	69,065	(257)
A&E	28,424	28,245	(179)
Other NHS Non-Tariff	305,064	309,855	4,791
Total	421,371	424,501	3,130



YEAR END 22/23			
CLINICAL ACTIVITY			
	Plan	Actual	Var
Elective	5,776	5,776	0
Non-Elective	58,360	58,360	0
Daycase	50,173	50,173	0
Outpatient	436,084	436,084	0
A&E	170,928	170,928	0
Other NHS Non-Tariff	1,873,315	1,873,315	0
Total	2,594,636	2,594,636	0

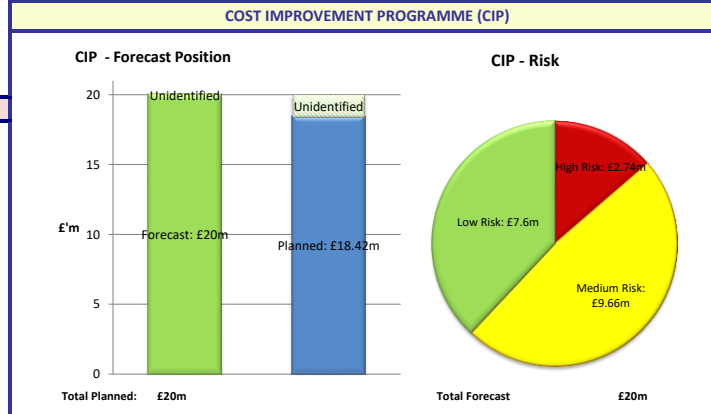
TOTAL GROUP: INCOME AND EXPENDITURE			
	M2 Plan	M2 Actual	Var
	£m	£m	£m
Elective	£3.48	£2.90	(£0.58)
Non Elective	£20.72	£19.19	(£1.53)
Daycase	£4.98	£5.49	£0.51
Outpatients	£5.00	£6.22	£1.22
A & E	£4.78	£4.60	(£0.19)
Other-NHS Clinical	£31.99	£31.41	(£0.58)
CQUIN	£0.00	£0.00	£0.00
Other Income	£8.95	£8.86	(£0.09)
Total Income	£79.91	£78.67	(£1.24)
Pay	(£54.66)	(£52.81)	£1.85
Drug Costs	(£7.54)	(£7.43)	£0.11
Clinical Support	(£6.40)	(£6.22)	£0.18
Other Costs	(£10.04)	(£11.00)	(£0.95)
PFI Costs	(£2.17)	(£2.17)	£0.00
Total Expenditure	(£80.82)	(£79.62)	£1.20
EBITDA	(£0.91)	(£0.95)	(£0.05)
Non Operating Expenditure	(£5.37)	(£5.11)	£0.26
Surplus / (Deficit) Adjusted*	(£6.28)	(£6.07)	£0.22

KEY METRICS						
	Year To Date			Year End: Forecast		
	M2 Plan	M2 Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£6.28)	(£6.07)	£0.22	(£20.10)	(£20.10)	£0.00
Capital	£3.69	£0.26	£3.43	£41.99	£42.08	(£0.09)
Cash	£45.22	£64.66	£19.44	£14.53	£17.83	£3.30
Invoices Paid within 30 days (BPPC)	95%	90%	-5%			
CIP	£1.65	£2.45	£0.80	£20.00	£20.00	(£0.00)
Use of Resource Metric	Plan	Actual		Plan	Forecast	
	3	3		3	3	

TOTAL GROUP: INCOME AND EXPENDITURE			
	Plan	Actual	Var
	£m	£m	£m
Elective	£22.89	£22.89	£0.00
Non Elective	£122.44	£122.44	£0.00
Daycase	£31.73	£31.73	£0.00
Outpatients	£32.44	£32.44	£0.00
A & E	£28.56	£28.56	£0.00
Other-NHS Clinical	£194.79	£194.32	(£0.47)
CQUIN	£0.00	£0.00	£0.00
Other Income	£49.67	£49.44	(£0.22)
Total Income	£482.51	£481.82	(£0.70)
Pay	(£318.79)	(£318.76)	£0.03
Drug Costs	(£45.79)	(£46.04)	(£0.25)
Clinical Support	(£38.80)	(£45.29)	(£6.49)
Other Costs	(£53.96)	(£45.08)	£8.87
PFI Costs	(£13.03)	(£14.60)	(£1.58)
Total Expenditure	(£470.36)	(£469.77)	£0.60
EBITDA	£12.15	£12.05	(£0.10)
Non Operating Expenditure	(£32.25)	(£32.15)	£0.10
Surplus / (Deficit) Adjusted*	(£20.10)	(£20.10)	£0.00

* Adjusted to exclude items excluded for assessment of System financial performance: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE), Impairments and Gains on Disposal

DIVISIONS: INCOME AND EXPENDITURE			
	M2 Plan	M2 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	(£16.71)	(£16.36)	£0.36
Medical	(£20.79)	(£21.05)	(£0.26)
Families & Specialist Services	(£14.73)	(£14.00)	£0.73
Community	(£4.57)	(£4.30)	£0.27
Estates & Facilities	£0.00	(£0.00)	(£0.00)
Corporate	(£8.89)	(£8.88)	£0.01
THIS	£0.20	£0.16	(£0.04)
PMU	£0.44	£0.02	(£0.42)
CHS LTD	(£0.04)	£0.06	£0.10
Central Inc/Technical Accounts	£59.05	£58.47	(£0.58)
Reserves	(£0.25)	(£0.20)	£0.05
Surplus / (Deficit)	(£6.28)	(£6.07)	£0.22



* Adjusted to exclude all items excluded for assessment of System financial performance: Donated Asset Income, Donated Asset Depreciation, Donated equipment and consumables (PPE), Impairments and Gains on Disposal

DIVISIONS: INCOME AND EXPENDITURE			
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	(£101.00)	(£101.01)	(£0.01)
Medical	(£122.74)	(£122.73)	£0.01
Families & Specialist Services	(£87.57)	(£87.57)	£0.00
Community	(£27.31)	(£27.31)	£0.00
Estates & Facilities	£0.00	(£0.00)	(£0.00)
Corporate	(£52.92)	(£52.92)	(£0.00)
THIS	£1.24	£1.24	£0.00
PMU	£2.64	£2.64	(£0.00)
CHS LTD	£0.54	£0.54	(£0.00)
Central Inc/Technical Accounts	£364.14	£364.20	£0.06
Reserves	£2.88	£2.82	(£0.07)
Surplus / (Deficit)	(£20.10)	(£20.10)	£0.00

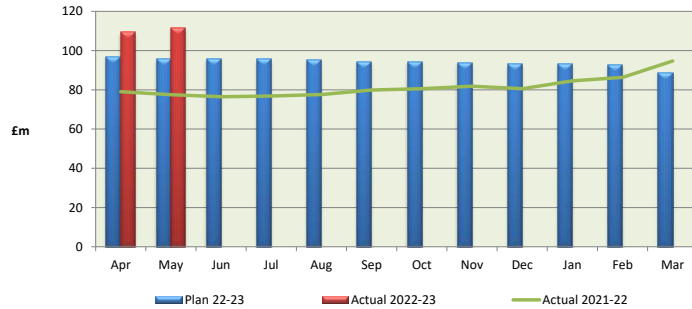
Total Group Financial Overview as at 31st May 2022 - Month 2

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

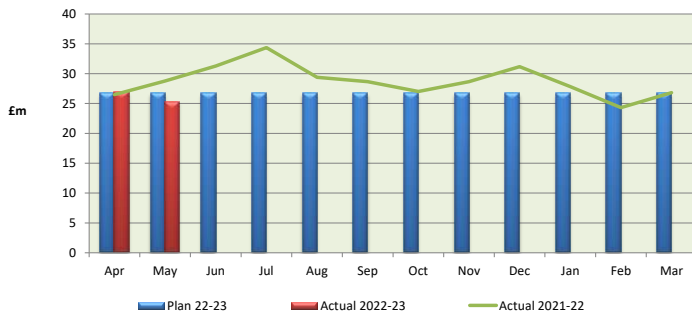
WORKING CAPITAL

	M2 Plan £m	M2 Actual £m	Var £m	M2
Payables (excl. Current Loans)	(£95.87)	(£111.72)	£15.85	●
Receivables	£26.70	£25.33	£1.37	●

Payables

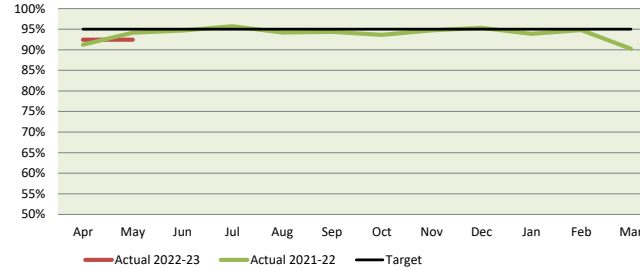


Receivables



BETTER PAYMENT PRACTICE CODE

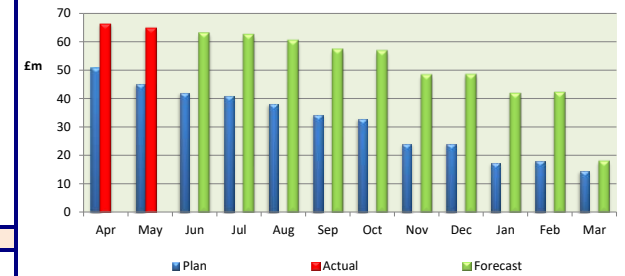
% Number of Invoices Paid within 30 days



CASH

	M2 Plan £m	M2 Actual £m	Var £m	M2
Cash	£45.22	£64.66	£19.44	●
Loans (Cumulative)	£16.57	£16.57	£0.00	●

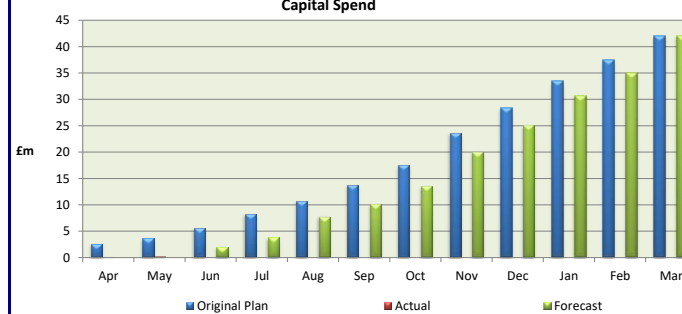
Cash



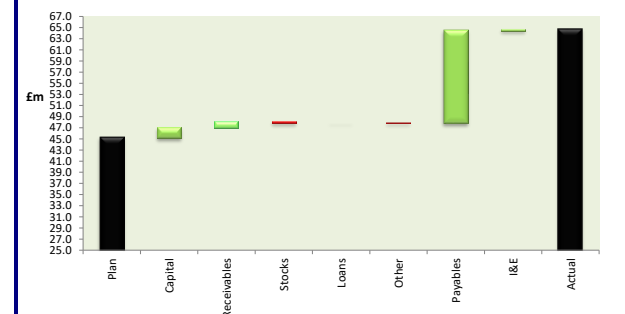
CAPITAL

	M2 Plan £m	M2 Actual £m	Var £m	M2
Capital	£3.69	£0.26	£3.43	●

Capital Spend



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- Year to date the Trust is reporting a £6.07m deficit, a £0.22m favourable variance from plan. The deficit position is driven by a combination of staffing pressures,
- Funding for 22/23 is based on an Aligned Payment Incentive (API) approach with a fixed element based on agreed activity levels and a variable element to support recovery of elective services. £11.94m of Elective Recovery Funding (ERF) has been assumed in the plan, but is subject to delivery of 104% of 19/20 elective activity.
- No ERF has been assumed in the year to date position.
- Total planned inpatient activity for the purposes of Elective recovery was 97% of the activity planned year to date.
- Year to date the Trust has incurred costs relating to Covid-19 of £3.44m, £1.18m higher than planned.
- Capital expenditure is lower than planned at £0.26m against a planned £3.69m. Capital plans now also including any new leases.
- Year to date the Trust has delivered efficiency savings of £1.245m, £0.80m more than planned.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 as planned.

NOTES

- The Trust has submitted a plan to deliver a £20.1m deficit for the year. Additional funding for inflationary pressures has since been announced, and the Trust is due to resubmit the plan shortly to reflect this additional funding. This is expected to improve the planned deficit for the year to £17.35m.
- The forecast position assumes full delivery of a challenging £20m efficiency target. At the end of May 22, the full £20m of efficiency had been identified and is forecast to deliver.
- The total loan balance is £16.57m as planned. No further loans are planned for this financial year.
- The Trust is forecasting to spend £42.08m on Capital programmes in this financial year including £2.92m on leases. The £0.08m adverse variance to plan is due to an increase in forecast donated assets (funded through charitable funds).
- The Trust has a cash balance of £64.66m, £19.44m higher than planned. This is primarily due to bringing forward monthly reporting processes which is now in advance of the monthly payroll payment.

RAG KEY: ● Actual / Forecast is on plan or an improvement on plan
 ● (Excl: UOR) ● Actual / Forecast is worse than planned by <2%
 ● Actual / Forecast is worse than planned by >2%

NB. In addition to the above rules, if Capital expenditure <85% of that planned then Red, (per NHSI risk indicator).

RAG KEY: UOR ● All UOR metrics are at the planned level
 ● Overall UOR as planned, but one or more component metrics are worse than planned
 ● Overall UOR worse than planned

**UPDATE FROM COUNCIL OF
GOVERNORS SUB-COMMITTEE**

11. Nominations and Remuneration Committee (CoG)

a) Minutes of meetings held 22 June 2022

To Approve

Presented by Andrea McCourt

Draft Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) held on Wednesday 22 June 2022, 10:00 – 11:00 am, via Microsoft Teams

MEMBERS

Philip Lewer	Chair
Stephen Baines	Public Elected Governor (Skircoat & Lower Calder Valley) – Lead Governor
Brian Moore	Public Elected Governor (Lindley and the Valleys)
Isaac Dziya	Public Elected Governor (South Huddersfield)

IN ATTENDANCE

Brendan Brown	Chief Executive
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd (CHS)
Victoria Pickles	Director of Corporate Affairs
Karen Heaton (KH)	Non-Executive Director
Helen Hirst	Chair Designate
Andrea McCourt	Company Secretary
Suzanne Dunkley	Director of Workforce and OD
Amber Fox	Corporate Governance Manager (minutes)

13/22 APOLOGIES FOR ABSENCE

Apologies were received from Peter Bamber, Nicola Whitworth, Veronica Woollin and Richard Hopkin.

14/22 DECLARATIONS OF INTEREST

The governors were reminded to declare if they were interested in applying for a Non-Executive Director or Associate Non-Executive Director role in the next 12 months.

KH declared an interest in item 4 (Non-Executive Director Succession Plan) and offered to leave the meeting at this point.

The Chair noted he will leave the meeting at item 10 (Outcome of the Chair's appraisal).

15/22 MINUTES OF THE PREVIOUS MEETING HELD ON 7 APRIL 2022

The minutes of the previous meeting held on 7 April 2022 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 7 April 2022 as a correct record.

16/22 NON-EXECUTIVE DIRECTOR SUCCESSION PLAN

The Company Secretary presented the Non-Executive Director (NED) Succession Plan for approval which covers the next 18 months and takes into account the future challenges, risks and opportunities facing the Trust as well as the skills and expertise required within the Board of Directors to meet these challenges.

The combined skills and competencies of the current NEDs was made available at Appendix B2. The development areas that were identified include Integrated Care System working, understanding of local economic and health priorities to serve our local PLACEs (Calderdale and Kirklees) and delivery and development of services in our communities with population health focus.

The NEDs time commitments are reviewed on an ongoing basis and were reviewed in light of national guidance received earlier in the year which confirmed the five NED champion roles. It is evident the time commitment provided to the Trust by the NEDs exceeds the time commitment required of the NEDs.

Senior Independent Non-Executive Director (SINED)

The Company Secretary explained the Board appoints the SINED and the Council of Governors ratifies this appointment. Following a review with the Chair and Chair Designate, it was proposed that KH takes on this role from 1 September 2022 subject to approval. An overview of the SINED role was detailed in the paper and it was noted this includes responsibility for undertaking the Chair's appraisal.

NED Tenures and Proposed Extension of Tenures

The Company Secretary presented the proposals of NED tenures and extension of tenures, which is summarised below, the skills and competencies of the NEDs were included within the paper to support the discussion:

- Karen Heaton has completed two tenures of six years and a further 12 months; however, there is provision of extending on a 12 month basis each time subject to a satisfactory appraisal. It was noted the Integrated Care System allow for three terms of nine years. The Committee were asked to approve a further extension of tenure for KH from February 2023 to February 2024 to enable KH to continue on the Workforce Committee and Maternity Services review as Maternity Services Champion and Freedom to Speak Up Champion. Papers confirmed the time commitments of KH and that her appraisal has been satisfactory.

Stephen Baines strongly recommended KH's extension, stating she is an excellent Non-Executive Director. Isaac Dziya seconded this and supported a third term for KH, noting she has already successfully completed two terms.

- Andy Nelson has served two tenures of six years. The Committee were asked to approve a further one year extension to enable him to support the digital agenda, with full details of time commitments included with the papers and confirmation that to date appraisal has been satisfactory.

Stephen Baines and Brian Moore expressed their support for Andy Nelson's extension and stated he is an excellent NED.

- Denise Sterling is now eligible for re-appointment for a second tenure as her first tenure ends on 31 December 2022. Denise supports the quality agenda and Chairs the Quality Committee, and details of her time commitments were shared in the papers and confirmation that appraisal has been satisfactory

The governors were supportive of Denise Sterling's re-appointment for a second tenure from 1 January 2023 to 31 December 2025.

- Peter Wilkinson is now eligible for re-appointment for a second tenure as his first tenure ends on 31 December 2022. Peter supports the estate reconfiguration and full details of his time commitments were included in the papers and confirmation that appraisal has been satisfactory.

The governors were supportive of Peter Wilkinson's re-appointment for a second tenure from 1 January 2023 to 31 December 2025. Stephen Baines attends the Transformation Programme Board which Peter Wilkinson chairs and expressed his full support for Peter's re-appointment.

- Nicola Seanor, Associate NED supports the patient experience agenda and end of life care and Chairs the Patient Experience Group and attends the Board and other NED meetings as part of her development. The Trust are piloting the use of an Associate NED role to help with capacity issues with the NEDs and further support the quality governance agenda. Nicola Seanor was appointed last December 2021 for a 12 month

period. Subject to satisfactory appraisal an extension of tenure by 12 months is recommended for Nicola Seanor, from mid-December 2022 to mid-December 2023).

Stephen Baines, Brian Moore and Isaac Dziya expressed their full support for Nicola's extension.

The Chair has discussed the above with Nicola Whitworth outside of the meeting who was in full support of these recommendations.

OUTCOME: The Nominations and Remuneration Committee (CoG):

- **NOTED** the skills and competencies of the Non-Executive Directors.
- **NOTED** the time commitments of the Non-Executive Directors.
- **RECOMMENDED** to the Council of Governors the appointment of Karen Heaton as Senior Independent Non-Executive Director and Deputy Chair from September 2022.
- **APPROVED** the extension of tenure by 12 months for Karen Heaton from 28 February 2023 for 12 months to 27 February 2024, subject to a satisfactory appraisal.
- **APPROVED** the extension of tenure up to 12 months for Andy Nelson from 1 October 2023 to 30 September 2024, subject to a satisfactory appraisal.
- **APPROVED** a second tenure for Denise Sterling from 1 January 2023 to 31 December 2025.
- **APPROVED** a second tenure for Peter Wilkinson from 1 January 2023 to 31 December 2025.
- **APPROVED** the extension of the pilot of the CHFT Associate Non-Executive Director Nicola Seanor to 14 December 2023 subject to a satisfactory appraisal.

17/22 CHS NON-EXECUTIVE DIRECTOR SUCCESSION PLAN

The Managing Director for CHS presented a paper to recommend the re-appointment of an Associate Non-Executive Director to Calderdale and Huddersfield Solutions Limited (CHS).

With support of the governors, CHS recruited to a development role of an Associate Non-Executive Director to support their agenda for a 12 month pilot on 1 December 2021.

This recommendation is following a succession planning review for CHS Board. It is noted that the said Associate Non-Executive Director is currently part way through her first year which expires on 30 November 2022 and subject to satisfactory appraisal it is recommended that the 12 month period as an Associate Non-Executive Director for a further 12 months (1 December 2022 to 30 November 2023) is approved.

This extension of tenure was approved by the CHS Board on Tuesday 21 June 2022. The Managing Director for CHS stated the Associate NED for CHS is very successful in their role and has added great value.

The Chair explained he contacted Alastair Graham, the previous CHS Chair to confirm his full agreement. The Chair confirmed he supported this recommendation.

The governors in attendance were in unanimous agreement of the extension of tenure for the Associate NED for CHS.

OUTCOME: The Committee **APPROVED** the extension of the pilot of the CHS Associate Non-Executive Director, Shahida Iqbal, to 30 November 2023 subject to a satisfactory appraisal.

18/22 CHANGE TO THE TRUST CONSTITUTION

The Company Secretary explained the Nominations and Remuneration Committee of the Board of Directors consider appointments for Executive Directors and they met on 1 June 2022 to consider a six month review by the Chief Executive. The Committee supported a proposal for a new Executive Director post as a voting member of the Board who will fulfil the Deputy Chief

Executive role. This will no longer sit within the Deputy Chief Nurse's portfolio following a recent retirement.

In order to make this change of Executive Directors from six to seven, the number of Non-Executive Directors needs to increase from seven to eight, including the Chair. This requires a change to the Trust Constitution to increase the number of Executive Directors and Non-Executive Directors each by one.

The Committee are asked to recommend to the Council of Governors a proposal to amend the Constitution to increase the number of Executive Directors and Non-Executive Directors by one and note the creation and recruitment of a further Non-Executive Director role which will be undertaken by this Committee.

The Chief Executive provided context that this is part of a broader review of leadership capacity and how to deliver across two Place's, Kirklees and Calderdale and the Integrated Care Board. This will help support the partnership arrangements in both Place's and support one of the biggest reconfigurations in West Yorkshire. The Trust are also a thought leader on Health inequalities work and need to invest in this to take it forward.

The Chair assured the governors there is a cost envelope to cover these posts.

The governors in attendance were in unanimous agreement of this change and expressed their full support.

OUTCOME: The Committee **RECOMMENDED** to the Council of Governors the **APPROVAL** of the Constitution amendment to Board composition, increasing the number of Executive Directors by one and the number of Non-Executive Directors by one and **NOTED** that a consequence of this approval is the creation and recruitment of a Non-Executive Director role which will be undertaken on behalf of the governors by the Nominations and Remuneration Committee of the Council of Governors.

19/22 **APPROVAL OF AN ADDITIONAL NON-EXECUTIVE DIRECTOR (NED) ROLE AND JOB DESCRIPTION AND PERSON SPECIFICATION**

Following approval of the Constitutional amendment, the Company Secretary presented the generic Non-Executive Director job description and person specification for approval.

The additional Non-Executive Director will help with NED capacity and will enable greater NED leadership in areas that the Trust does not have capacity to support currently that are key to achievement of the Trust's longer term strategic objectives outlined in the 10 year plan.

The Company Secretary explained the recruitment process when advertising will highlight the areas the postholder will focus on such as:

- Integrated Care System working
- Partner collaboratives
- Equality, diversity and inclusion agenda, further supporting the Trust's role as a leader in eradicating health inequalities within our service provision
- Community service development and transformation

The additional NED role will be a governor led appointment with approval of any recommended candidate.

The governors were in support of the creation of an additional Non-Executive Director role and agreed the job description and person specification for this role.

OUTCOME: The Committee **APPROVED** the creation of an additional Non-Executive Director role and the job description and person specification for this role.

20/22 RECRUITMENT TIMELINE FOR NON-EXECUTIVE DIRECTOR

The Director of Workforce and OD shared the timeline that will be used for the Deputy Chief Executive post and suggested the same timetable could be held for the additional Non-Executive Director post.

- 11th July 2022 – advert launches
- 22nd July 2022 - advert closes
- 28th 29th July 2022 - Shortlist report
- Week commencing 8th August 2022 - Assessment process
- November 2022 – Start date with 3 month notice
- January 2023 – Start date with 6 month notice

The Director of Workforce and OD explained the Trust are not using an advertising agency to recruit to the Deputy Chief Executive post and will be using in-house skills.

The Chair highlighted the importance of recruiting a NED that can support the communities we serve.

OUTCOME: The Committee **APPROVED** the indicative recruitment timeline for the additional Non-Executive Director.

21/22 GOVERNOR CONDUCT MATTERS

The Chair presented a governor conduct issue to the Committee with the detail described in the paper.

The Company Secretary explained this Committee is required to receive and consider reports from the Trust Chair on issues of Governor conduct, eligibility and removal and provide recommendations to the Council of Governors. This includes the process of dealing with any reports or breaches of the Code of Conduct or Trust Constitution.

Brian Moore supported the proposed termination and re-iterated that governors should attend the minimum meetings.

Stephen Baines was fully supportive of this proposal and, if supported by the Council of Governors, he suggested approaching the next governor in line following last year's elections to confirm whether they still wish to be a governor. The Corporate Governance Manager explained this will be explored with the Election Provider as the Trust will be running with a number of governor vacancies.

OUTCOME: The Committee **RECOMMENDED** to the Council of Governors the termination of office for this governor as the governor requirements have not been met as detailed in the paper.

22/22 OUTCOME OF THE CHAIR'S APPRAISAL

The Chair left the meeting at this point.

Karen Heaton, on behalf of the Senior Independent Non-Executive Director, provided a verbal update on the outcome of the Chair's appraisal which started in January and February 2022 and has now been finalised. The Trust followed the guidance provided by NHS England/Improvement (NHSE/I).

Brian Moore, a long serving governor formally expressed his thanks to the Chair for the work he has done over the last four years and wished him well in the future.

The Chief Executive stated the Trust are in a better place for having Philip as the Chair. The Chief Executive stated the reference to this being a “light touch” appraisal has now been removed.

The Chair is meeting with Richard Hopkin as Senior Independent Non-Executive Director to sign-off the final appraisal documentation and the appraisal form will be submitted to NHSE/ before the Chair retires on 30 June 2022.

Stephen Baines stated Philip has been an excellent Chair and has done a fantastic job. He added that the Trust have made a good appointment for a new Chair in Helen Hirst.

KH added Philip has been an excellent Chair and he has built some very important bridges through different categories and communities of people. She added the Chair has placed the Trust in a good position with the ICS. KH stated the Chair optimises one culture of care and is so genuine and caring. She stated the Chair has put us all in a much better place and deserves an excellent appraisal and recognition.

OUTCOME: The Committee **APPROVED** the outcome of the Chair’s appraisal for 2021/22 which was undertaken in line with national guidance and **NOTED** the outcome will be presented to the next Council of Governors meeting on 14 July 2022.

23/22 ANY OTHER BUSINESS

There was no other business.

24/22 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

Feedback from the meeting was the papers produced were very clear and thorough.

The meeting closed at approximately 11:00 am.

12. Ratification of the Non-Executive Director Re-Appointment and Extensions

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 14 July 2022
Meeting:	Council of Governors Meeting
Title of report:	Non-Executive Directors Re-Appointments and Extensions
Author:	Andrea McCourt, Company Secretary
Previous Forums:	N/A
Purpose of the Report	
<p>This paper seeks to ratify the Non-Executive Director re-appointments and extensions which were approved by the Nominations and Remuneration Committee of the Council of Governors on 22 June 2022.</p> <p>Details of current Non-Executive Director (NED) tenures are given at Appendix I2.</p>	
Key Points to Note	
<p>Non-Executive Director Tenures and Proposed Extension of Tenures</p> <p>The current tenure position of the Non-Executive Directors is given at Appendix H2.</p> <p>The Trust Constitution allows for each Non-Executive Director to hold two tenures of three years (maximum six years), with the option of a 12 month extension subject to approval by the Council of Governors. There is no limit on the number of extensions that can be sought specified in the Constitution. The Trust Constitutions states, para 27.3. that:</p> <p><i>In exceptional circumstances a Non-Executive Director (including the Chair) may serve longer than six years (two three-year terms). Any subsequent appointment will be subject to annual re-appointment. Reviews will take into account the need to progressively refresh the Board whilst ensuring its stability. Provisions regarding the independence of the Non-Executive Director will be strictly observed.</i></p> <p>For context it should be noted that NEDs within the new Integrated Care Board structures designed by NHS England / Improvement allows for NEDs to serve a maximum of nine years (three tenure periods of three years).</p> <p>Below are proposals to:</p> <ul style="list-style-type: none"> • extend the tenure of two Non-Executive Directors • re-appoint two Non-Executive Directors who are approaching the end of their first tenure • continue the pilot of the CHFT Associate Non-Executive Director role for 12 months. <p>3.2.1. Terms of office and Performance - Proposed re-appointment of Karen Heaton</p> <p>A review of tenures of NEDs confirms that Karen Heaton has completed the maximum two tenures of three years (six years in total) and has had one 12 month extension as NED agreed by</p>	

the Council of Governors. This tenure is due to end on 27 February 2023. It is proposed that a further 12 month extension is given for Karen Heaton from 28 February 2023 to 27 February 2024 to ensure Board stability and continuation of the work relating to Workforce, with staffing being a key challenge for all organisations within the health and social care sector and particularly within acute Trusts and as SINED (subject to this being agreed).

The Chair has confirmed that Karen had completed a satisfactory appraisal and fulfilled her time commitment to the Trust. Karen also meets the Fit and Proper Person requirements for a Director. Objectives for the forthcoming year will be agreed with the new Chair.

Karen Heaton is willing to undertake a further one year period to support Board stability as SINED and NED continuing with the Workforce agenda, with recruitment, retention and health and well-being a key priority for the Trust given the impact of Covid-19. In addition to her work related to the Board, Karen chairs the Workforce Committee and brings her Human Resources professional experience to the Board. Karen is also a member of the Quality Committee. Karen is the maternity Board safety champion and closely involved in assurance regarding the Trust response to the Ockenden Review of maternity services. Karen Heaton is also the Freedom to Speak Up (FTSU) NED Champion and supports the FTSU guardian by acting as an independent voice and Board level champion for those who raise concerns.

Karen has completed a self-assessment of her knowledge, skills and experience as part of the annual process undertaken by the Board to satisfy one of its governance obligations. In relation to the skills and competencies assessment, Karen has in depth or working knowledge across a number of areas that are shown in her completed skills and competencies self-assessment.

The Council of Governors is therefore asked to **RATIFY** the extension of tenure by 12 months for Karen Heaton from 28 February 2023 for 12 months to 27 February 2024

3.2.2. Terms of office and Performance - Proposed re-appointment of Andy Nelson

Andy Nelson was appointed in October 2017 and his second term of office expires on 30 September 2023. Andy Nelson is an experienced Technology and Business Transformation executive with experience in Central Government, Management Consulting, Retail and Finance sectors and has had Executive responsibility for Strategy, IT and turnaround programmes and several large-scale Chief Information Officer (CIO) roles in the private and public sectors.

Andy Nelson is willing to undertake a further one year period to support Board stability as NED continuing input to the Audit and Risk Committee, which Andy Nelson currently chairs, 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 the Board champion for security management to promote security management work at Board level.

As part of the Trust's succession plan, with Andy Nelson's tenure due to end in September 2023 it is proposed that Andy's tenure is extended by up to a maximum of 12 months, from 1 October 2023 to 30 September 2024. This will ensure Board stability with there having been a new Chair and two new NEDs during 2022 (to date). Andy Nelson brings his experience of IT and the commercial sector and more recent expertise in sustainability to the Trust, which are key to the Trust's long term strategic objectives. A recent review of NED time commitments including chairing Board Committees sees Andy Nelson taking on the Chair of the Finance and Performance Committee (and remaining on Audit and Risk Committee as a member). Andy Nelson supports the Trust's work around sustainability and climate change and chairs the Green Planning Committee.

The Chair has confirmed that Andy Nelson has completed a satisfactory appraisal, fulfilled his time commitment to the Trust and meets the Fit and Proper Person requirements for a Director. Objectives will be agreed with the Chair designate once in post.

Andy Nelson is willing to undertake a further 12 months to support the Trust in his NED role which will ensure continuity amongst NEDs at a time of system change and implementation of the Trust's IT Strategy and reconfiguration programme.

The Council of Governors is therefore asked to **RATIFY** the extension of tenure by 12 months for Andy Nelson from 1 October 2023 for 12 months to 30 September 2024.

3.2.3. Terms of Office and Performance - Proposed re-appointment of Denise Sterling

A review of tenures of NEDs confirms that Denise Sterling's first period of tenure ends on 31 December 2022. Denise Sterling is eligible for a second tenure, subject to formal approval by the Council of Governors with a recommendation from the Nominations and Remuneration Committee of the Council of Governors.

Denise's time commitments can be seen in the attached appendix from paper B3. In addition to her work related to the Board, Denise chairs the monthly Quality Committee meeting, bringing her clinical experience to the Board and has oversight for the considerable number of groups reporting into the Quality Committee. Denise Sterling also supports the Observe and Act patient experience tool and is the senior sponsor of the Race Equality Network in the Trust. Denise Sterling is also a member of the Audit and Risk Committee and has oversight of clinical audit. Denise Sterling is also a mentor for the CHFT Associate Non-Executive Director who undertakes quality related work such as patient experience and end of life. Denise has confirmed that she is willing to undertake a second tenure.

The Chair has confirmed that Denise Sterling has completed a satisfactory appraisal, fulfilled her time commitment to the Trust and meets the Fit and Proper Person requirements for a Director.

The Committee is therefore asked to **APPROVE** a second tenure of three years from 1 January 2023 to 31 December 2025 for Denise Sterling as Non-Executive Director.

3.2.3. Terms of office and Performance - Proposed re-appointment of Peter Wilkinson

A review of tenures of NEDs confirms that Peter Wilkinson's first period of tenure ends on 31 December 2022. Peter Wilkinson is eligible for a second tenure, subject to formal approval by the Council of Governors with a recommendation from the Nominations and Remuneration Committee of the Council of Governors.

Peter Wilkinson's time commitments can be seen in the attached Appendix B3. In addition to his work related to the Board, Peter Wilkinson chairs the monthly Transformation Programme Board which oversees the reconfiguration programme, to which he brings his private sector real estate, surveyor and consultancy expertise. Peter currently attends the Finance and Performance Committee meeting, Charitable Funds Committee and is a Trust Director on the Pennine Property Partnership Board, a joint venture with the Trust.

The Chair has confirmed that Peter Wilkinson has completed a satisfactory appraisal, fulfilled his time commitment to the Trust and meets the Fit and Proper Person requirements for a Director. His objectives will be confirmed with the Chair once in post.

Peter Wilkinson has completed a self-assessment of his knowledge, skills and experience and confirms he is willing to continue for a second tenure.

The Council of Governors is therefore asked to **RATIFY** a second tenure of three years from 1 January 2023 to 31 December 2025 for Peter Wilkinson as Non-Executive Director.

3.2.3. Associate Non-Executive Director - CHFT

The governors recruited to a development role of an Associate NED role to support the Quality agenda with Nicola Seanor appointed to a 12 month pilot on 15 December 2021. In addition to the

main Board related work common to all NEDs, Nicola chairs the Patient Experience Group, is a member of the Quality Committee and also undertakes work related to End of Life. This role is not a voting Board member role.

Denise Sterling has confirmed that Nicola Seanor has completed a satisfactory appraisal.

The Council of Governors is therefore asked to **RATIFY** the extension of tenure for a further 12 months for Nicola Seanor, Associate Non-Executive Director from mid-December 2022 to 14 December 2023.

EQIA – Equality Impact Assessment

The Board of Directors should have a diversity of skills, experience and knowledge.

Recommendation

Following approval by the Nominations and Remuneration Committee of the Council of Governors, the Council of Governors is asked to **RATIFY**:

- the extension of tenure by 12 months for Karen Heaton from 28 February 2023 for 12 months to 27 February 2024.
- the extension of tenure up to 12 months for Andy Nelson from 1 October 2023 to 30 September 2024.
- a second tenure for Denise Sterling from 1 January 2023 to 31 December 2025.
- a second tenure for Peter Wilkinson from 1 January 2023 to 31 December 2025.
- the extension of the pilot of the CHFT Associate Non-Executive Director Nicola Seanor to 14 December 2023.

NED TENURES

NON-EXECUTIVE DIRECTOR TENURES FROM 1 SEPTEMBER 2022

APPENDIX H2

NAME	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Helen Hirst*							1 st tenure 1.7.22. - 30.6.25			
Karen Heaton	1 st tenure 1.3.16 – 28.2.19			2 nd tenure 28.2.19 – 27.2.22 27.2.23				Ends 27.2.23		
Nigel Broadbent							1 st tenure 1.9.22. - 30.8.25			
Andy Nelson		1 st tenure 1.10.17 – 30.9.20			2 nd tenure 1.10.20 - – 30.9.23			Ends 30.9.23		
Tim Busby*							1 st tenure 1.6.22 - 31.5.25			
Peter Wilkinson					1 st tenure – 1.01.20 – 31.12.22		Ends 31.12.22			
Denise Sterling					1 st tenure – 1.01.20 – 31.12.22		Ends 31.12.22			
Nicola Seanor						1 st tenure – 15.12.21 – 15.12.22	Ends 15.12.22			

13. Appointment of the Deputy Chair and Senior Independent Non-Executive Director (SINED)

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 14 July 2022
Meeting:	Council of Governors Meeting
Title of report:	Appointment of Deputy Chair and Senior Independent Non-Executive Director
Author:	Andrea McCourt, Company Secretary
Sponsor:	Brendan Brown, Chief Executive
Previous Forums:	None
Purpose of the Report	
This paper presents the appointment of the of Deputy Chair and Senior Independent Non-Executive Director for ratification by the Council of Governors.	
Key Points to Note	
<p>Appointment of Deputy Chair and Senior Independent Non-Executive Director</p> <p>The Trust’s current Deputy Chair and Senior Independent Non-Executive Director, Richard Hopkin, ends his tenure with the Trust on 31 August 2022. The Board of Directors therefore needs to appoint another Non-Executive Director to this combined role from 1 September 2022.</p> <p>The Trust’s Constitution contains the following directions relevant to the appointment of a Deputy Chair and Senior Independent Non-Executive Director by the Board of Directors:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>25.Board of Directors – appointment and removal of the Chair, Deputy Chair and other non-executive directors</p> <p>25.1. <i>The Council of Governors shall appoint a Chair of the Trust.</i></p> <p>25.2. <i>The Board of Directors will appoint one non-executive director to be Deputy Chair of the Trust. This individual may, through agreement with the Chair, take on the role of Senior Independent Non-Executive Director (SID).</i></p> <p>25.3. <i>The Chair and Deputy Chair will be the Chair and Deputy Chair of both the Council of Governors and the Board of Directors.</i></p> </div> <p>Section 15.1 of the Constitution additionally confirms that the Council of Governors shall ratify the appointment of the Deputy / Vice Chair at a general meeting.</p> <p>The appointment of the Deputy Chair / SINED was approved by the Board of Directors on 7 July 2022.</p> <p>The SINED role, as detailed in the NHS Foundation Trust Code of Governance (July 2014), section A.4.1. provides a sounding board for the Chair and serves as an intermediary for the other Directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of Chair, Chief Executive, Finance Director or Company Secretary has failed to resolve, or for which such contact is inappropriate.</p> <p>Proposed changes to the Code of Governance by NHS England / Improvement that are currently being consulted on advises that the Audit Committee Chair should not ideally be the Deputy Chair (section B2.5).</p>	

Following review and discussion with the Chair and Non-Executive Directors, it is proposed that Karen Heaton be appointed to the SINED and Deputy Chair role from 1 September 2022. With a new Chair from 1 July 2022 the appointment of Karen Heaton to the combined Deputy Chair / SINED role will help ensure Board stability, particularly amongst the Non-Executive Directors, as she has been with the Trust the longest, since March 2016. Karen Heaton's tenure has been extended to 27 February 2024, subject to satisfactory appraisal, at the Nomination and Remuneration Committee of the Council of Governors on 22 June 2022.

The Trust wishes to formally thank Richard Hopkin, who will stand down as Non-Executive Director, Deputy Chair and SINED for his contribution since he joined the Trust as a Non-Executive Director on 1 March 2016.

RECOMMENDATION: The Council of Governors is asked to **RATIFY** the appointment of Karen Heaton as Deputy Chair and Senior Independent Non-Executive Director from 1 September 2022.

EQIA – Equality Impact Assessment

The content of this report does not adversely affect people with protected characteristics.

Recommendation

The Council of Governors is asked to **RATIFY** the appointment of the Deputy Chair and Senior Independent Non-Executive Director as of 1 September 2022.

14. CHAIR'S REPORT

Brief Update from Deputy Chair

To Note

Presented by Richard Hopkin

GOVERNANCE

15. Outcome of Chair's Appraisal

To Note

Presented by Richard Hopkin



Calderdale and Huddersfield
NHS Foundation Trust

COUNCIL OF GOVERNORS
14 JULY 2022

OUTCOME OF CHAIR'S APPRAISAL 2021/2022

OUTCOMES OF CHAIR APPRAISAL 2021/2022

The appraisal of the Chair has now been finalised; below are details of the process undertaken in line with the principle of performance evaluation and the outcomes.

A light touch appraisal process was undertaken considering the Chair retiring at the end of June 2022.

The appraisal questionnaire (based on the NHSI/E template) was therefore not circulated to key stakeholders for completion due to imminent retirement.

The Senior Independent Non-Executive Director (SINED) met with the Chair to review the objectives set in June 2021 and formally completed an outgoing appraisal. The SINED also discussed the appraisal conversation with the Lead Governor.

Following the appraisal discussion, the NHSI appraisal reporting template was completed jointly by the SINED and the Chair to formally record a summary of the key outcomes arising from the discussion.

The Chair was up to date with all mandatory training as at 30 June 2022.

An update on the process was provided to the Nominations and Remuneration Committee of the Council of Governors on Wednesday 22 June 2022.

The Chair wrote to NHSE/I with the outcome of the Chair's appraisal before his departure on 30 June 2022.

Arrangements were put in place by the Chair for the appraisal process for the Non-Executive Directors.

16. Council of Governors Self Appraisal of Effectiveness Questionnaire Findings and Action Plan

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 14 July 2022
Meeting:	Council of Governors
Title of report:	Council of Governors Effectiveness Questionnaire – Results
Authors:	Andrea McCourt, Company Secretary Vanessa Henderson, Membership and Engagement Manager
Previous Forums:	N/A
Purpose of the Report	
This report contains the analysis of the responses to the Council of Governors effectiveness questionnaire undertaken in 2022 and identifies actions from this.	
Key Points to Note	
<p>As part of the Council of Governors cycle of business it periodically undertakes a review of its own effectiveness 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.</p> <p>The questionnaire for 2022 was administered using Microsoft Forms and was structured into the following areas:</p> <ul style="list-style-type: none"> • Understanding Statutory Duties • Fulfilling Statutory Duties • Holding Non-Executive Directors to Account • Other Aspects of the Governor Role • Council of Governors meetings • Working Together • Support and Training • Support/Involvement During the Covid-19 pandemic • Governors' Individual Effectiveness <p>This paper describes the findings and analyses the responses which are largely positive. It identifies some areas for development with the Trust response and actions identified for each of the areas for development.</p>	
Recommendations	
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> i. NOTE the findings from the 2022 Council of Governors effectiveness questionnaire; ii. APPROVE the action plan to address the areas for development. 	

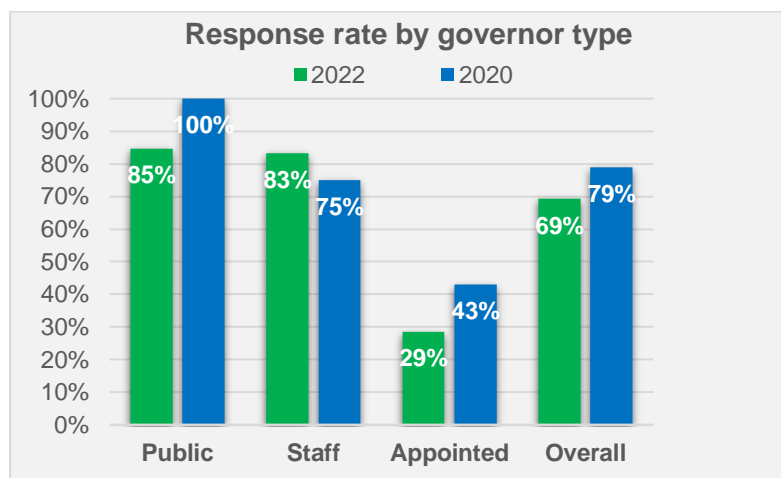
Results of Governor Effectiveness Questionnaire – June 2022

Governors are asked to periodically complete an effectiveness questionnaire in order to assess their individual and collective performance.

Governors completed the on-line questionnaire during May/June 2022 and the main issues and themes that arose are summarised below.

This report includes an action plan which describes how we will address the issues raised.

1) Response Rates



Response rates overall were lower compared with the last time the questionnaire was issued, in 2020.

2) Distribution of responses by governor type

	Staff	Public 0-3 years	Public 4-6 years	Appointed
Positive	70%	82%	89%	52%
Fair	20%	10%	8%	26%
Negative	10%	8%	3%	22%

All the staff governors and appointed governors who responded had been governors for between 0-3 years. The distribution shows that the more experience governors have the more positive their responses are – this is to be expected.

Section 1: Governors Understanding their Statutory Duties

Overall governors reported a good understanding of their statutory duties and where there were issues this was predominantly because governors had not yet had any experience of the duties, examples being:

- Appoint and, if appropriate, remove the NHS Foundation Trust's auditor
- Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose
- Approve an application by the Trust to enter into a merger, acquisition, separation

Section 2: Governors Fulfilling their Statutory Duties

The responses to this section showed that where governors understand their statutory duties, they have been able to fulfil them.

Section 3: Governors Holding the NEDs to Account

There were mixed responses to these questions, with 2 areas that require some focus:

- 1) Governors having adequate training in how to fulfil this duty
- 2) Governors having adequate opportunities to meet with NEDs to discuss/share issues

Section 4: Other Aspects/Duties of the Governor Role

The responses to this section were positive overall. There were 2 areas where governors felt some improvement is required:

- 1) The governor/CoG profile is promoted well, internally and externally
- 2) I have sufficient engagement with members in my role as a governor

Section 5: Council of Governors Meetings

The responses to this section were very positive, with 100% of respondents answering yes/good to the following questions:

- I receive appropriate and understandable information before the meetings
- I contribute my views and opinions at the meetings
- I have the opportunity to ask questions at the meetings
- During the meetings I act in accordance with the Trust's Code of Conduct for Governors

Section 6: Nominations and Remuneration Committee

Responses to this section were very favourable, with 6 out of the 7 governors who have sat on the committee agreeing that they have been able to contribute to the work of the Nominations and Remuneration Committee and that the committee operates effectively.

Section 7: Working Together

Overall, positive responses were received to this section. There were 3 groups – staff governors, Executive Directors and Non-executive Directors - that a small number of governors felt they needed to work better with, although it was acknowledged that this was due to the governors in question being recently appointed and also that the ability to work together has been hampered by the need for virtual meetings.

The profile of the staff governors was raised as an issue.

Section 8: Support and Training

The majority of the governors who responded said they felt well supported and had had adequate training. Those who did not said they felt it was because they were new to the role, due to COVID or due to them not being able to attend training due to time constraints.

One third of the governors who responded said they had not had an annual meeting with the Chair.

Section 9: During the COVID Pandemic

Responses to this section were all positive, with all respondents indicating that they:

- Have felt supported by the Trust
- Have been kept involved by the Trust
- Have been kept informed of issues affecting the Trust and its performance
- Have received adequate training (where required) on new technology to enable them to participate in meetings remotely

Action Plan

The following actions will be taken to address the issues raised:

Issue	Action	By
Governors having adequate training in how to fulfil their duty to hold the NEDs to account for the performance of the Board	Seek views from sub-group of governors on further training or experiences to help governors in their Holding to Account duty	Governors/ Company Secretary
	Offer refresher training session to all governors	Company Secretary/ Membership and Engagement Mgr
Governors having adequate opportunities to meet with NEDs to discuss/share issues (in relation to holding to account)	Review programme of workshops, attendance of governors and other opportunities for governors to meet with NEDs	Company Secretary/ Corporate Governance Mgr

Issue	Action	By
Promotion of governor profile, externally and internally (including staff governors)	Continue to progress the work of the Membership and Engagement Working Group (MEWG) to support governors engaging with their members	Membership and Engagement Mgr/ Company Secretary
Engagement with members	The progress of the group will be reported to the full CoG more frequently so all governors are aware of the actions being taken/agreed by the MEWG	
Governors having individual annual meetings with the Chair	Discuss and agree plan with Chair for governor engagement	Corporate Governance Mgr

17. COMPANY SECRETARY REPORT

a. Update on the Date of the 2022 Annual Members Meeting

b. Council of Governors Draft Meeting Dates for 2023

c. Review Council of Governors Declarations of Interest Register

d. Receive Register of Council of Governors

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 14 July 2022
Meeting:	Council of Governors
Title of report:	Company Secretary's Report – Governance
Author:	Andrea McCourt, Company Secretary
Purpose of the Report	
This report brings together the following items for receipt, noting and approval by the Council of Governors in July 2022.	
Key Points to Note	
<p>a) Date of the 2022 Annual Members Meeting</p> <p>The Council of Governors is advised that the joint Board of Directors/Council of Governors' Annual Members Meeting has been postponed from July 2022 due to delays with the Trust's external auditors (KPMG) signing off the accounts.</p> <p>The 2021/22 Annual Report and Accounts were approved at the extra-ordinary Audit and Risk Committee on Tuesday 5 July 2022.</p> <p>The proposed date to hold the Annual Members Meeting is by 30 September 2022.</p> <p>The Council of Governors is asked to NOTE the update on the date of the Annual Members Meeting for 2022.</p> <p>b) Council of Governors Draft Meeting Dates 2023</p> <p>The proposed Council of Governors meeting dates and workshops for 2023 are attached at Appendix L2 for approval.</p> <p>The Council of Governors is asked to APPROVE the proposed Council of Governors meeting dates and workshops for 2023.</p> <p>c) Review of Council of Governors Declarations of Interest Register</p> <p>The Council of Governors declarations of interest register is attached at Appendix L3 for review. All governors must ensure they have submitted an annual declaration of interest. Any changes to current declarations are to be notified to Amber Fox, Corporate Governance Manager. A link to the Council of Governors Declarations of Interest Register is included in the 2021/22 Annual Report.</p> <p>The Council of Governors is asked to RECEIVE and NOTE the current Council of Governors Declarations of Interest.</p> <p>d) Receive Register of Council of Governors</p> <p>The current Register of Council of Governors as of 7 July 2022 is attached at Appendix L4 for information.</p>	

The Council of Governors is asked to **RECEIVE** and **NOTE** the Register of Council of Governors as of 7 July 2022.

Recommendation

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

- Council of Governors meeting and workshop dates for 2023
- Council of Governors Declarations of Interest Register

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

- Update provided on the 2022 Annual Members Meeting
- Register of Council of Governors as of 7 July 2022

Council of Governors Meetings Dates Proposal for 2023

Date	Time	Location
Thursday 26 January 2023	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Microsoft Teams or alternate sites between Huddersfield Royal Infirmary and Calderdale Royal Hospital
Thursday 20 April 2023	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Microsoft Teams or alternate sites
Thursday 20 July 2023	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Microsoft Teams or alternate sites
Thursday 19 October 2023	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Microsoft Teams or alternate sites

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

*Date of the Annual Members Meeting for 2023 to be confirmed in 2023

Joint Council of Governors and Non-Executive Directors Informal Workshops – Proposal for 2023

Date	Time	Location
Thursday 16 February 2023	2:00 – 4:00 pm	Microsoft Teams or alternate sites
Thursday 21 September 2023	2:00 – 4:00 pm	Microsoft Teams or alternate sites
Tuesday 12 December 2023	12:30 – 4:00 pm	Microsoft Teams or alternate sites

Joint Council of Governors and Board of Directors Workshops – Proposal for 2023

Date	Time	Location
Tuesday 16 May 2023	1:00 – 4:00 pm	Microsoft Teams Or alternate sites between
Tuesday 14 November 2023	1:00 – 4:00 pm	Microsoft Teams Or alternate sites between

Bank Holidays 2023

Monday 2 January 2023 (New Year's Day)
Friday 7 April 2023 (Good Friday)
Monday 10 April 2023 (Easter Monday)
Monday 1 May 2023 (Early May Bank Holiday)
Monday 29 May 2023 (Spring Bank Holiday)
Monday 28 August 2023 (Summer Bank Holiday)
Monday 25 December 2023
Tuesday 26 December 2023

**DECLARATION OF INTERESTS REGISTER – COUNCIL OF GOVERNORS
AS AT 7 JULY 2022**

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

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

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
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02.09.21	Peter BELL	Public Elected - East Halifax and Bradford	-	-	-	-	-	-
25.08.21	Gina CHOY	Public Elected – Calder and Ryburn Valleys	-	-	-	-	-	Childline Counsellor (Voluntary)
26.08.21	Isaac DZIYA	Public Elected - South Huddersfield	Isaacs Cons Trading Ltd	Isaacs Cons Trading Ltd	Isaacs Cons Trading Ltd	Board Member Housing Kirklees Council	-	Calderdale Council
14.10.21	John B GLEDHILL	Public Elected – Lindley and the Valleys	Chairman and Director of Yorks WR Masonic Activities Limited Former Director of Interaction and Community Academy Trust at Castle Hill School, Newsome, Huddersfield	-	-	-	-	-
31.08.21	Robert MARKLESS	Public Elected - Huddersfield Central	-	-	-	-	-	-
15.03.21	Christine MILLS	Public Elected - Huddersfield Central	-	-	-	-	-	-

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

STAFF GOVERNORS

19.09.21	Sandeep GOYAL	Staff Elected – Drs/Dentists	-	-	-	-	-	Registered with the General Medical Council (GMC)
07.09.21	Jo KITCHEN	Staff Elected – Ancillary	-	-	-	-	-	Nutrition Association Membership
3.09.21	Emma KOVALESKI	Staff Elected – Admin/Clerical	-	-	-	Charity Manager, Calderdale and Huddersfield NHS Charity	Charity Manager, Calderdale and Huddersfield NHS Charity	-

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

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
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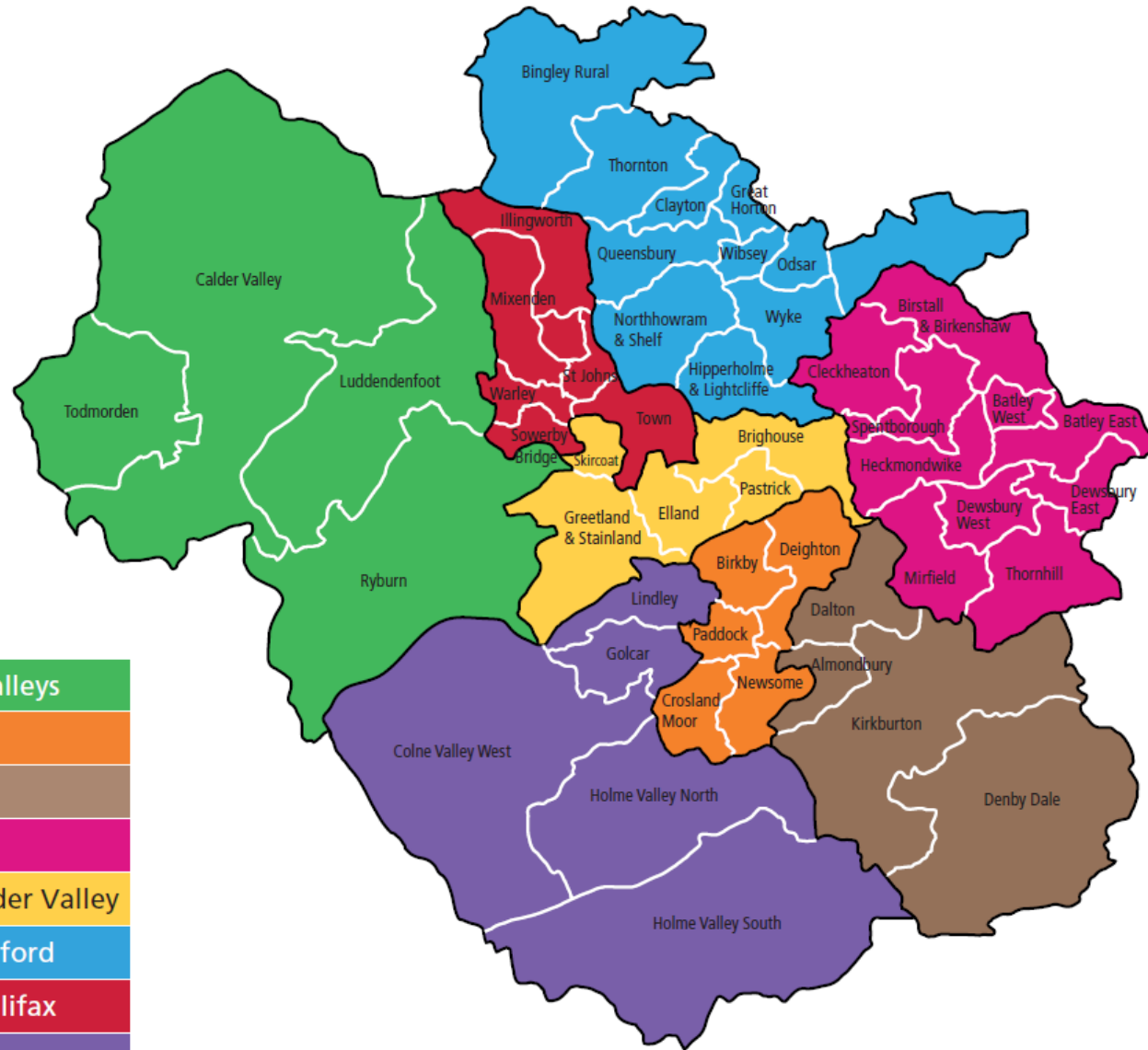
APPOINTED GOVERNORS - STAKEHOLDERS								
03.05.22	Abdirahman DUAALE	Calderdale and Huddersfield Solutions Ltd.	-	-	-	-	-	-
11.3.21	Joanne GARSIDE	University of Huddersfield	Strategic Director of the Health and Wellbeing Academy at the University of Huddersfield	-	-	-	-	Registered with the Nursing and Midwifery Council (NMC)
02.03.22	Karen HUNTLEY	Healthwatch	-	-	-	Director of Healthwatch Calderdale	-	Lay Member for Patient and Public Involvement – Tameside and Glossop Clinical Commissioning Group
22.4.21	Chris REEVE	Locala	Company Secretary – Locala Community Partnerships CIC	-	-	-	Co-opted governor of Calderdale College	-
22.4.21	Megan SWIFT	Calderdale Metropolitan Council	-	-	-	Trustee - Health Trust Trustee – Mixenden Parents Resource Centre	-	Councillor – Calderdale MBC
16.3.21	Salma YASMEEN	South West Yorkshire Partnerships NHS Foundation Trust	Director – South West Yorkshire Partnerships NHS FT	-	-	-	-	Registered with the Nursing and Midwifery Council

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
22.4.21	Cllr Lesley WARNER	Kirklees Metropolitan Council	-	-	-	-	-	Councillor – Kirklees Metropolitan Council

**COUNCIL OF GOVERNORS REGISTER
AS AT 7 JULY 2022**

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
PUBLIC – ELECTED				
1 – Calder and Ryburn Valleys	Peter Bamber	28.07.21	3 years	2024
1 – Calder and Ryburn Valleys	Gina Choy	28.07.21	3 years	2024
2 – Huddersfield Central	Christine Mills	19.07.18 28.07.21	3 years 3 years	2021 2024
2 – Huddersfield Central	Robert Markless	28.07.21	3 years	2024
3 – South Huddersfield	Isaac Dziya	28.07.21	3 years	2024
3 – South Huddersfield	VACANT SEAT			
4 – North Kirklees (Cons. 4 from 15.11.17)	Veronica Woollin	15.09.16 17.07.19	3 years 3 years	2019 2022
4 – North Kirklees	VACANT SEAT			
5 – Skircoat and Lower Calder Valley	Stephen Baines	15.09.16 17.07.19	3 years 3 years	2019 2022
5 – Skircoat and Lower Calder Valley	Nicola Whitworth	28.07.21	3 years	2024
6 – East Halifax and Bradford	Peter Bell	28.07.21	3 years	2024
6 – East Halifax and Bradford	VACANT SEAT			
7 – North and Central Halifax	Alison Schofield	15.09.17 Extended 1 year 28.07.21	3 years 1 year 2 years	2020 2021 2023
7 – North and Central Halifax	VACANT SEAT			
8 – Lindley and the Valleys	John Gledhill	17.07.19	3 years	2022
8 - Lindley and the Valleys	Brian Moore	28.07.21	3 years	2024

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
STAFF – ELECTED				
9 - Drs/Dentists	Sandeep Goyal	28.07.21	3 years	2024
10 - AHPs/HCS/ Pharmacists	Sally Robertshaw	17.7.19	3 years	2022
11 - Mgmt/Admin/ Clerical	Emma Kovaleski	28.07.21	3 years	2024
12 – Ancillary	Jo Kitchen	28.07.21	3 years	2024
13 – Nurses/Midwives	Liam Stout	28.07.21	3 years	2024
13 – Nurses/Midwives	Jason Sykes	28.07.21	3 years	2024
APPOINTED GOVERNORS				
University of Huddersfield	Prof Joanne Garside	01.01.21	3 years	2024
Calderdale Metropolitan Council	Cllr Megan Swift	3.10.17 Extended 1 year 2 years	3 years 1 year 2 years	2020 2021 2023
Calderdale Huddersfield Solutions Ltd (CHS)	Abdirahman Duaale	31.03.22	3 years	2025
Kirklees Metropolitan Council	Cllr Lesley Warner	14.6.19	3 years	2022
Healthwatch Kirklees and Healthwatch Calderdale	Karen Huntley	20.12.21	3 years	2024
Locala	Chris Reeve	21.11.17 21.11.20	3 years 3 years	2020 2023
South West Yorkshire Partnership NHS FT	Salma Yasmeen	18.10.17 18.10.20	3 years 3 years	2020 2023



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

18. RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

- a. Quality Committee held 21.03.22,
20.04.22 & 16.05.22
 - b. Workforce Committee held 12.04.22
 - c. Charitable Funds Committee held
11.05.22
 - d. Audit and Risk Committee held on
26.04.22
 - e. Finance & Performance Committee
held on 04.04.22, 03.05.22 & 07.06.22
- To Receive

QUALITY COMMITTEE

Monday, 21 March 2022

STANDING ITEMS

38/22 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Gina Choy (GC)	Public Elected Governor
Lisa Cook (LC)	Head of Risk and Compliance
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Jo Fawcus (JF)	Chief Operational Officer
Dr Cornelle Parker (CP)	Deputy Medical Director
Nicola Seanor (NS)	Associate Non-Executive Director
Elisabeth Street (ES)	Clinical Director of Pharmacy
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Anna Basford (AB)	Director of Transformation and Partnerships (item 48/22)
Jennifer Clark (JC)	Associate Director of Therapies (observing)
Lauren Green (LG)	Dementia Lead Practitioner (items 42/22)
Philip Lewer (PL)	Chairman (observing)
Ann Pennell-Johnson (APJ)	Quality & Safety Committee Chair – Lancashire Teaching Hospital (Observing)
Emma Short (ES)	Assistant Human Resources Manager (Observing)
Kate Smyth (KS _m)	Non-Executive Director - Lancashire Teaching Hospital (Observing)
Karen Spencer (KS _p)	Head of Midwifery (items 45/22 and 46/22)

39/22 APOLOGIES

Dr David Birkenhead (DB)	Medical Director
Karen Heaton (KH)	Non-Executive Director
Jo Kitchen (JK)	Staff Elected Governor
Lindsay Rudge (LR)	Deputy Director of Nursing
Kim Smith (KS)	Assistant Director for Quality and Safety
Lucy Walker (LW)	Quality Manager for CCGs

40/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

41/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 21 February 2022 were approved as a correct record. The action log can be found at the end of these minutes.

42/22 MATTER ARISING: DEMENTIA SCREENING UPDATE

Lauren Green was in attendance to present the above report, as circulated at appendix C.

Compliance with dementia screening has reduced significantly over recent months, and improved compliance has been a challenge across wards. Focus has taken place on the acute assessment areas, which includes the Acute Floors both at Huddersfield and Calderdale, the Surgical Assessment Unit (SAU), Ward 19 HRI and Ward 21 HRI.

Ways to improve compliance have included:

- The circulation of a Standard Operating Procedure (SOP) to new rotational medical colleagues.
- A daily email circulated to consultants / ward managers / ward sisters and matrons of the assessment units, ward 19 and ward 21 of a list of patients with an overdue dementia screen, to prompt medical colleagues to complete.
- A '*Dementia Screening – What is it and why do we do it?*' educational package. This was developed for medical colleagues to support them to understand the importance of dementia screening and impact on patient experience. It has also been presented at the induction for all new rotational medics and is uploaded on the intranet.

LG is also available on wards to demonstrate how and when a dementia screen needs to be done on the electronic patient record (EPR). Feedback from medics has stated that they have no time in which to do a dementia screen. This has been discussed with the Medical Director, who will have further discussion with the Executive and Deputy Directors of Nursing. Other Trusts in the locality have been contacted, who report that their dementia screens are carried out by nursing colleagues, which is a different process to CHFT. New medical colleagues who are rotating from other Trusts are not aware of carrying out dementia screening, therefore they need to be educated of this during their induction. **LG** also raised challenges with getting the Dementia Operational Group embedded across the Trust and asked for support from Executive teams.

Further work taking place includes support for the Enhanced care team, due to high turnover of colleagues. Educational sessions are being reviewed to build morale within the team and support to develop the skills required for the complex role. **LG** is also working with the Dementia Lead at Bradford to develop a more specific dementia and delirium care plan, which will provide specific detail on how to support a patient with dementia and/or delirium whilst in hospital. Work is ongoing with Kirklees Dementia Hub Gateway to Care to develop a hospital admission pack for people with dementia and/or delirium coming into hospital. The pack will be available for patients at their point of diagnosis, which will include information required for a hospital admission, for example, who is involved in their care, if a DNACPR is in place, and if there is advanced care planning, etc. This will initially be trialled in Kirklees in the next few months, with a view to expand to Calderdale.

LG continues to have a clinical caseload with patients reviewed around discharge planning, complex care needs, ensuring Deprivation of Liberty Safeguards (DoLS) are in place, ensuring mental capacity assessments have been carried out, and providing support and guidance to ward staff on how to support patients, family members and carers whilst the patient is in hospital. It was noted that the number of referrals have increased and are becoming more complex.

EA queried whether there was anything which could be done to make the screening process simpler, as medical colleagues have described it as a lengthy process. Due to several options being explored, it may come to a point where a suggestion is that nursing colleagues may need to undertake the screening, however, **LG** would like to avoid this as it would be a challenge. **EA** also asked if it is known whether the dementia screens are not being recorded correctly, or whether the screens are not being carried out. **LG** stated that this is a challenge and has highlighted that EPR is a significant issue. Historically, when done on paper, it was part of the clerking process and was a clear and straightforward process to follow, however, finding it within EPR has been difficult, hence **LG** attending wards and demonstrating this on EPR. Another solution is the use of electronic whiteboards in the next few months, which will be a visual reminder to all colleagues to complete dementia screening.

CP stated that dementia screening needs to remain with medical colleagues, and an easier way is needed for those who are not familiar with the system.

ES asked whether any Physician Associates are involved with dementia screening. **CP** stated that Physician Associates are included, and asked **LG** whether a breakdown of doctors and physician associates could be done for some learning.

DS stated that an enormous amount of work has taken place, and commended **LG** for the collaborative work being done.

Full support from the Executive team was agreed in relation to the Dementia Operational Group.

OUTCOME: The Quality Committee noted the report, and no further comments were made.

43/22 MATTER ARISING: FALLS COLLABORATIVE UPDATE

Lauren Green presented the above report, as circulated at appendix D.

There has not been much of an impact with the reduction of harm falls or falls overall, and a number of initiatives have been put in place to try to mitigate risks as much as possible.

The Falls Collaborative continue to meet every six weeks, with a work ongoing in the electronic patient record (EPR) workstream updating the current falls assessment tool. Work is also ongoing with Bradford Falls Leads to have a more holistic falls assessment tool. There is also a quality improvement project on the Acute Floor at Huddersfield, where it has been identified that lying and standing blood pressure readings are not being carried out to the compliance level expected. If the project is successful at improving compliance, the aim is to roll this out across the Trust. The patient and carers falls leaflet has been updated and will be uploaded onto the intranet, and a specific Falls intranet page is also being developed.

The bed rail risk assessment process has also been updated, and a flow chart developed for colleagues to follow when assessing bed rails. This was recently signed off by the Falls Collaborative and will be uploaded onto the intranet and cascaded across wards. All wards are now compliant with the new Sure Falls devices and stealth mats. This was a large piece of work undertaken with support from the Enhanced care team. All wards are now compliant with the new falls detectors, and the Falls Policy is now being finalised before being uploaded onto the intranet.

A serious investigation was recently completed following a patient who unfortunately passed away following a fall. The learning has been disseminated through the Falls Collaborative and in the process of all actions being put in place.

Following an audit carried out across the Trust on harm falls, themes were identified including a high number of falls which were unwitnessed. Each ward is now being mapped out to identify high-risk areas. Ward 6, as the first trial area, has been reviewed, as well as the Acute Floors at Huddersfield and Calderdale. A risk assessment has also been developed to support nursing colleagues with their decision-making on where to place a patient when they are admitted onto a ward. A falls link practitioner will also be developed in a few weeks' time, to support with disseminating, learning and supporting audits on wards. **LG** stated that a lot of work is being done to try to reduce the number of falls, however, this is not being shown in the data.

EA stated that there is an opportunity with the upcoming changes around visiting, and asked **LG** to liaise with Carol Gregson, as there will be a reduction in the number of restrictions, and an opportunity for visitors to help prevent falls, and share information about their loved ones. It was asked that this is part of the action plan for the Falls Collaborative.

DS asked if there was a similar role to the falls link practitioners for dementia. **LG** stated that this is being looked into to develop as part of the Dementia Operational Group.

LG was thanked for the update.

OUTCOME: The Quality Committee noted the report.

44/22 TERMS OF REFERENCE

An updated copy of the terms of reference were circulated at appendix E.

DS stated that the terms of reference have been updated in response to a review undertaken by NHS England / Improvement regarding Non-Executive Director roles as either champions or leads. In response to guidance, key areas should be delegated to relevant committees, and the highlighted section of the terms of reference showed those for the Quality Committee.

OUTCOME: The Quality Committee approved the amended terms of reference.

SAFE

45/22 MATERNITY REPORT

Karen Spencer presented the report at appendix F, highlighting that:

- evidence has been submitted to provide assurance of compliance with the seven immediate and essential actions in maternity services, and the action plan shared with both the Trust Board and the Local Maternity System (LMS) in early March. This was available within the report.
- Perinatal quality surveillance meetings continue to be held monthly, and an example of what is included in those meetings was available in the report.
- Continuity of Carer (COC) continues to be provided to 25% of all women and 52% of women from a BAME background were booked for maternity care, despite the ongoing staffing challenges due to vacancies and unavailability. A planned visit by the regional and National COC leads is expected in April 2022.
- Year 4 of the NHS Maternity Resolution Scheme remains suspended at the time of the report, although an update is expected in the near future.
- The service currently has four open and ongoing Healthcare Safety Investigation Branch investigations, and a resume of each case is included within the report.
- The 2021 CQC maternity survey was received into the organisation in late February 2022. Women who received all their pregnancy care and birthed in February 2021 were invited to respond, and CHFT had a response rate of 49% which compares favourably with the national response rate of 52% and is an improvement on the previous survey in 2019 where the response rate was 38%. For 48 out of 50 questions, the Trust were about the same as other trusts, but were worse than expected and much worse than expected in two areas. These related to skin-to-skin contact after birth and partners or someone else being as involved as they wanted in labour and birth. The service is developing an action plan to improve both these areas.

In relation to the Ockenden action plan, **CP** asked where the recommendations have not yet been met, if there were any timelines toward achieving them. **KSp** stated that the action plan is reported every three months into the LMS.

DS mentioned the Chief Midwife visit a few weeks ago, and the useful information provided and asked if there has been any reflection on some of the information shared. **KSp** stated that the maternity services self-assessment tool is partially complete, and a report will be submitted to Board on where the service feels they are at.

KSp was thanked for the update.

OUTCOME: The Committee noted the report.

46/22 CHILDREN AND YOUNG PEOPLE SURVEY AND ACTION PLAN

Karen Spencer presented the survey and action plan at appendix G, stating that the survey was commissioned during the COVID-19 pandemic, and as an organisation, the response rate was low at 24% compared to other Trusts at 30%.

A lot of the issues which were found to be desired within children services, were thought to be directly affected by COVID, for example, the closure of play in the messy play areas and group play in the children's ward, the closure of some parent-only areas, and the way that processes were altered through the emergency department in response to COVID. There were lots of positives from the survey for example, the way that young people felt involved in decision-making about their care, the way they felt involved in discussions about their care, and the way that their pain was managed, which the team were really proud of.

In relation to the action plan, there is a risk on the risk register around play and distraction. In relation to engagement with families, the matron for children services has worked with some of the children on the ward to design a children's passport, to support those families who have young children with repeated admissions to hospital. The passport was co-designed with a child with complex needs, and a child with a learning disability, to ensure that needs are matched with all children who use the services. Another successful area in children's services pre-COVID was the Youth Forum, and the sister for children's outpatients is working with the Youth Forum members to reinvigorate and reactivate that group. In terms of children's menus, the matron is working with ISS to carry out a children's ward food and menu survey.

The findings of the action plan were available within the report.

GC asked whether the service is where it needs to be in order to get the actions addressed. **KSp** stated that the service is where it needs to be in planning for some actions being reintroduced, however, the recruitment to the play team may be more of a challenge in terms of whether there are specially trained play therapists and play specialists to recruit. The children's passport is underway and is vital for children who are frequent attenders to the service, and the work with ISS is also underway.

PL stated that this is a pleasing piece of work which shows how teams have worked together and can be evidenced as being brought to the Board's attention, assurance sought, reassurance continuing to be provided, and being a good system of leadership.

DS stated that the submitted action plan is at a very early stage of work, and that the next report will be able to show the progress made.

KS was thanked for the update.

OUTCOME: The Committee noted the report.

WELL LED

47/22 RESEARCH AND INNOVATION REPORT

Dr Cornelle Parker presented the report at appendix H highlighting key points, including:

- notification received in March 2021 for the National Institute for Health and Care Research (NIHR) Local Clinical Research Network annual funding allocation for 2021-2022 of £753,968 with a recruitment target of 1,473. There was an internal target of 10% higher, which was also exceeded by recruiting 2,335 patients into clinical trials.
- Throughout the pandemic, nearly 4,000 patients have been recruited into COVID clinical trials, and CHFT have been in the top ten recruiting sites for the biggest randomised controlled trial of COVID around the world – RECOVERY – and at the time of writing, CHFT was the 13th highest, and also the highest recruiting site in Yorkshire and Humber. The teams have worked incredibly hard to achieve this on behalf of our patients and had excellent support from pathology and pharmacy throughout.
- In terms of funding, there is a stable allocation of £753,968, as well as an additional £142,156 from additional bids.
- Due to the small research team, several colleagues were deployed throughout the year, both to the vaccination programme and in support of occupational health in recognition of

the pressures facing the whole organisation. The team have been looking to expand the number of people involved in research at CHFT, and as a result of the trials, 40 doctors are undertaking training in recruiting patients, and now have seven nurse principal investigators and three allied health professional (AHP) principal investigators.

- In October 2021, a very successful and well-received virtual COVID research event took place, with some excellent guest speakers including Professor Sir Martin Landry, Principal Investigator for the RECOVERY trial; Professor Susan Hopkins, Chief Investigator of the SIREN study, and Professor, Kenneth Baillie, Chief Investigator of the GeNOMICC study.
- Next steps include moving to restart other studies and expand the portfolio, particularly in respect of the commercial aspects, to ensure the sustainment of income, and to also offer new therapies to patients.
- A new three year research strategy is being finalised.
- Work continue with the University of Huddersfield around a research hub

ES also thanked the pharmacy team on the work done and commented that the drugs used in the RECOVERY trial for reducing either admission to hospital, mortality, seriousness of disease, have then become clinical policies, which have been implemented at great speed, and have clinical teams who are then confident and competent at describing and using those drugs. It has been a fantastic journey to watch and observe.

GC commented that despite the exceptional circumstances and pressures that the Trust has been under, the patient is still central, and congratulated the team on that.

DS also commented on the excellent work and asked how the business case is developing on the research hub. **CP** stated that this is at a standstill, due to the requirement of considerable capital and revenue investment.

DS noted in the report, feedback from patients who were part of the trials, who suggested two areas for improvement - the dissemination of study results and better representation from underserved communities. **DS** asked if there has been an opportunity for any thought about how those two areas can be addressed. **CP** stated that a brief conversation about the disseminating of results will be incorporated in the research strategy, and in relation to the second suggestion, NHS England / Improvement are doing some work with the NIHR around under-served communities and representation and doing some focus groups. Unfortunately, CHFT do not have any patient groups which could be put forward to contribute into that work, and further work is to be done.

CP was thanked for the report.

OUTCOME: The Committee noted the report.

AD HOC REPORTS

48/22 BUSINESS BETTER THAN USUAL UPDATE

The report was available at appendix I.

DS asked that any questions or issues are raised with Anna Basford, however, there is a very clear description of which Committees and Boards will continue the work.

OUTCOME: The Quality Committee noted the report.

RESPONSIVE

49/22 QUALITY ACCOUNT TIMELINE

Lisa Cook presented the Quality Account timeline at appendix J for approval.

DS stated that last year, the Board of Directors agreed to delegate authority for the sign-off of the Quality Accounts to the Quality Committee, and it is anticipated that the Board will agree this again this year at the next Board meeting on 5 May 2022. The final version of the Quality Account will then be due at the Quality Committee meeting on 20 June 2022.

The Chair conveyed thanks for the clear timeline to ensure the Trust meets the required deadlines.

OUTCOME: The Committee approved the report and **LC** was thanked for the update.

50/22 INTEGRATED PERFORMANCE REPORT

Jo Fawcus presented the integrated performance report at appendix K, highlighting key points.

Trust performance for January 2022 was 61% which is at its lowest position in this financial year, with the Responsive domain now red, and the Workforce domain impacting most on this overall deterioration. The Safe domain is now the Trust's only green domain. The Caring domain remains amber with four of the five Friends and Family Test (FFT) areas now green, but performance in complaints has dipped again following improvement last month. Dementia screening is now at its lowest level this financial year at 20%. The Effective domain has become amber as a further couple of targets have been missed, and Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) values have increased further. Fractured Neck of Femur is still struggling to improve its position at 60%. The Responsive domain is showing as red for the second month this year with a couple of 31-day cancer targets being missed to add to those areas that have been struggling to maintain performance. Stroke indicators alongside the underperformance in the main planned access indicators and Emergency Department are the main challenges. Workforce remains amber but has deteriorated with a significant increase in COVID-related absence, and as a result there has been a peak in the 12-month running total for both long-term and short-term sickness. Return to Work Interviews are still below 60%. The Finance domain is still amber and has improved a little, although the Use of Resource Metric is now red.

In relation to the national comparative performance, the cancer 62-day referral to treatment remains in a strong position and maintained performance through December and January. The Emergency care standard performance was in a cumulative position, with CHFT placed 14th out of 111 Trusts. In terms of elective care, CHFT continue to be in a good position around P2 patients and should have eliminated the 104-week waits by April 2022. An increase in the emergency department attendances was noted, with significant issues around hospital-acquired COVID and issues around 12-hour length of stay waits in the emergency department. The staffing position through January was very challenged with Omicron, with colleagues isolating and having a significant impact on the pay position with agency cover ensuring wards were safely staffed.

DS commented on the new elective care standard and asked if there was a concern with where CHFT were in the national ratings (99 out of 113). **JF** stated that if we were being measured against the old 18-week standard, we would be at 55.3%, which is not a good position to be in. Some of that is around the decisions made as an organisation to treat our patients, particularly with learning disabilities and the health inequality piece. If the pilot standard is looked at, where CHFT is at an average of 22 weeks for an average wait, and before the pandemic, were at eight or nine weeks, this is a significant jump, however, this would have been expected, due to not operating for a certain amount of time and being slower to restart once restrictions were lifted last year. As a result, there is a large backlog to clear, with around 3,000 patients over 52 weeks currently and around 8,000 which are over 37 weeks currently. The position will not dramatically improve within the next five to six months, however, there are planning targets this year to eliminate the 104 week waits which are currently on trajectory to do, and to also eliminate patients waiting over 78 weeks by the end of 22/23, and significantly reduce the number of patients that are waiting 52 weeks. All of this is significant and will rely on having capacity; physical capacity is in place; however, it will depend on having colleagues to maintain the level of operating required internally. We will continue to use

internal and external outsourcing and insourcing; however, this is dependent on COVID. There has been another spike with inpatients, and also another spike with colleagues being off.

DS commented on maintaining the increased capacity and increasing the focus of work with colleagues in the system and asked if there has been any opportunity to progress any of those discussions. **JF** stated that the biggest area of progress has been around moving some of our patients to pathway one and pathway zero. Pathway one being that patients can successfully go home with a small package of care, and pathway zero patients can go home with other types of support such as Age UK, Red Cross, etc. Some progress is being made on those pathways, and reviews are being done on patients that have had no reason to reside, which is bringing about discussion around treatments that patients are getting in hospital, such as physiotherapy. There is progress, but not at the speed expected. It is also being seen that there is more capacity in the Community, due to not as many colleagues isolating with COVID.

EA commented on the inspection of the system, which will focus on transfers of care delays, stating that the CQC will be undertaking one of their urgent care whole system inspections, which will not be rated, but will be helpful for CHFT to engage in the process as there may be some opportunities that the review identifies. This will be starting sometime in April 2022.

DS also asked what the biggest area of concern is at the moment. **JF** stated that elective recovery is a challenge, as patients wait longer, they become more complex and they stay in hospital longer, and recovery is complex.

OUTCOME: **JF** was thanked for the update and the Quality Committee noted the report.

ITEMS TO RECEIVE AND NOTE

51/22 CLINICAL OUTCOMES GROUP MINUTES

A copy of the Clinical Outcomes Group minutes was available at appendix L for information, and the Committee were asked to direct any comments to Dr David Birkenhead.

OUTCOME: The Committee received and noted the minutes.

52/22 ANY OTHER BUSINESS

There was no other business.

53/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- Dementia screening update
- Falls Collaborative update
- Maternity Report
- Children and Young People's Survey and Action plan
- Excellent Research and Innovation Report
- Metrics which are performing above national average from the integrated performance report

54/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix M for information.

POST MEETING REVIEW

55/22 REVIEW OF MEETING

The following comments were noted:

“how open the organisation is by having different people attend the meeting, which is a testament to the way the Board works”

“A nice balance of being able to show consistency with our quality priorities as well as accepting specific issues, such as the children and young people survey”

NEXT MEETING

Wednesday, 20 April 2022

3:00 – 4:30 pm

Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 21 MARCH 2022

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
CURRENT ACTIONS				
21.02.22 (23/22)	Update on Serious Incidents Position	Risk Team	A formal report on the issue of deteriorating patients was asked into Quality Committee for April 2022. ACTION: Report to be requested for Quality Committee in April 2022.	See agenda item 60/22

There were no new actions or actions closed in March 2022

QUALITY COMMITTEE

Wednesday, 20 April 2022

STANDING ITEMS

56/22 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Dr David Birkenhead (DB)	Medical Director
Gina Choy (GC)	Public Elected Governor
Lisa Cook (LC)	Head of Risk and Compliance
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Jo Fawcus (JF)	Chief Operational Officer
Karen Heaton (KH)	Non-Executive Director
Nicola Seanor (NS)	Associate Non-Executive Director
Kim Smith (KS)	Assistant Director for Quality and Safety
Elisabeth Street (ES)	Clinical Director of Pharmacy
Lucy Walker (LW)	Quality Manager for CCGs
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Anita Hill (AH)	Medication Safety Officer (item 63/22)
Sarah Mather (SM)	Acting Head of Legal Services (item 65/22)

57/22 APOLOGIES

Jo Kitchen (JK)	Staff Elected Governor
Lindsay Rudge (LR)	Deputy Director of Nursing
Dr Cornelle Parker (CP)	Deputy Medical Director

58/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

59/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 21 March 2022 were approved as a correct record. The action log can be found at the end of these minutes.

60/22 MATTER ARISING: DETERIORATING PATIENT UPDATE

Lisa Cook presented the above report, as circulated at appendix C, providing the Committee with an update regarding ongoing work related to deteriorating patients, with input for multiple teams and challenges with access to beds.

KH stated that consistent improvements are needed to ensure that the work being done has the impact required and can be sustained, therefore an update at a reasonable timescale at the Committee would be welcomed.

DS commented on the significant reductions of incidents from 62% to 15%, as well as the suggested case note review to evidence that recommendations have been embedded and asked when this is likely to be undertaken. **LC** stated that it could be done in the next few months and is similar to work already undertaken with patient safety alerts and other themes and trends and fed into the audit programme. It was also noted that this could also link into another case note review around vulnerable patients who attended the emergency department and be done as a joint piece of work and into the audit programme. **KS** agreed to the joint piece of work, as there will be shared learning and actions.

LC was thanked for the update, with a further update requested in three months' time.

OUTCOME: The Quality Committee noted the report.

SAFE

61/22 Q4 INFECTION CONTROL PREVENTION AND CONTROL REPORT

David Birkenhead presented the report, as circulated at appendix D, stating that the report is also the year-end report.

The objective for Clostridium difficile (C. diff) was breached for 2021/22. CHFT was not unique, as there is an increase in C. diff across all acute sector organisations, which possibly relates to COVID-19, an increased acuity of hospital admissions, increased admissions of the elderly and probably broad spectrum antibiotic usage, all of which will contribute to the increase in cases.

There were no cases of Methicillin-resistant staphylococcus aureus (MRSA) bacteraemia through the last year, and also fewer Escherichia coli (E. coli) bacteraemia than in previous years.

Overall, CHFT infection prevention and control metrics performed well compared to peer trusts. COVID-19 continued to dominate over the last year and over the last quarter, with high rates of Omicron within the organisation. With Omicron being more transmissible than previous strains of COVID, it is not surprising that there have been a number of outbreaks, with seven open outbreaks at this point in time. Many outbreaks have not been avoidable, due to patients who have been identified with COVID after a number of days after being admitted and have been asymptomatic. Other outbreaks have included norovirus, with three outbreaks occurring during quarter 4 on the Huddersfield site.

Guidance continues to be refreshed and revised around testing and visiting. Revised guidance around general infection prevention and control (IPC) measures are being reviewed and recommendations will be made, or not, for their implementation. COVID-19 has affected a number of patients, and had a significant impact on staffing, with a number of colleagues away from the organisation with COVID, which presents additional challenges.

FFP 3 mask testing is being revised to ensure resilience for future waves of COVID, and a number of COVID assurance audits which took place are included in the report.

GC asked about non-compliance from the general public. DB stated that the vast majority of the public are compliant with mask guidance, however, there have been a few people who may inadvertently forget to wear a mask. Where this has been identified, colleagues are encouraged to remind patients and their visitors they need to wear masks. That guidance remains in place and will not change.

DB acknowledged the work of the IPC team over the last two or three years for their ongoing support, which has been, and continues to be a challenging time.

DB was thanked for the update.

OUTCOME: The Committee noted the report.

62/22 Q4 TRUST PATIENT SAFETY AND QUALITY BOARD REPORT

Kim Smith presented highlights from the report, as circulated at appendix E.

In relation to the Medication Safety and Compliance Group and findings from the Journey 2 Outstanding (J2O) visits, EA stated that attendance at the Group is crucial. In relation to issues

around medical device training, a pragmatic approach may be needed with the training. **KS** stated that blended learning may be the new approach to different types of training.

KH stated that there are a number of critical issues which need addressing, and some improvement and commitment is needed.

DS mentioned the good progress made in terms of patient safety alerts, and the one outstanding alert in relation to the steroid emergency card. It was asked if the alert would be closed soon. **KS** stated that it will be closed down, as the immediate actions and learning will be addressed. The follow-up actions in relation to audits and processes will continue to be monitored. **LC** confirmed that the alert has now been closed, however, there are some robust actions and ongoing work which will continue.

KS was thanked for the update.

OUTCOME: The Committee noted the report.

63/22 Q4 MEDICAL GASES GROUP REPORT

Anita Hill was in attendance to present the report as circulated at appendix F.

In relation to the audit process and the number of never events where people were connected to air instead of oxygen, **EA** asked when an audit was last carried out and if the Group is cited on that. **AH** stated that the audit has been discussed and needs to be identified on the risk register on how it will be managed. It is currently part of the J2O audits that are being undertaken. **EA** stated that an urgent piece of work is now required and would be worth carrying out a quick audit, independent of the divisions. **ES** stated that an audit has been carried out at HRI and one now needs to be done at Calderdale. **AH** agreed to take the action away.

AH was thanked for the update.

OUTCOME: The Committee noted the report.

64/22 HIGH LEVEL RISK REGISTER

Lisa Cook presented the report as circulated at appendix G.

There is an ongoing piece of work around the risk registers, and key to that is the role and function of the Risk Group. The terms of reference have been reviewed, however, there is still some work to do in terms of getting the meeting to work effectively. There is good engagement in the Group, and one of the key things being done at the moment is looking at cross-divisional risks and how they feed into any trustwide risks. There is also ongoing work with the divisions to link risk descriptors to measurable outcomes. This will support a clear link with risk scores and the effectiveness of mitigating actions as well as the impact of any gaps.

The number of high risks across the organisation have reduced, and the new risks proposed and accepted by the Risk Group require some further information and detail. There were four risks with a reduced score.

KS added that some focused work around implementing lessons learned as a result of serious incident panels will begin next week.

LC was thanked for the update.

OUTCOME: The Committee noted the report.

WELL LED

65/22 Q4 LEGAL SERVICES REPORT

Sarah Mather was in attendance to present the report as circulated at appendix H.

In terms of claims, **KH** asked how other Trusts compare to CHFT. Given that there are two hospital sites, **SM** stated that the numbers are fairly low in comparison.

DS commented on the Prevention of Future Deaths report, and **SM** stated that the Trust last received a report in 2019, which is encouraging. In relation to this particular case, **SM** stated that the serious incident report was not as robust as it could have been, therefore, measures have been put in place in terms of strategy meetings and risk profiling those inquests to ensure plans in place to mitigate prior to getting to an inquest.

EA stated that the next step would be to review any Regulation 28 cases or any complex coroners cases to check that there has been some learning.

SM was thanked for the thorough report.

OUTCOME: The Committee noted the report.

66/22 COMMITTEE'S SELF-ASSESSMENT 2021-2022 FORM

The Chair noted that the Committee's annual self-assessment is now due, and the form will be circulated for a response by Friday, 6 May 2022.

RESPONSIVE

67/22 QUALITY REPORT

Kim Smith presented the report as circulated at appendix I.

GC commented on the dementia screening which needs to be addressed, as well as the quality account priorities which went to the Council of Governors, where there was a debate as to what was going to be agreed going forward. It was agreed that they would continue, however, it seems that progress is not being made. **GC** was seeking stronger reassurance that more progress will be made in those areas. **KS** stated that the focus this year is that each quality priority will have three key performance indicators which will be clearly measured with clear outcomes. Work has been taking place on the governance arrangements.

In terms of dementia screening and the low levels against compliance, **DB** stated that this is a challenge, and may remain so, as CHFT is the only Trust in West Yorkshire where this is a medical activity rather than nursing, and work is ongoing to try to resolve the issues.

DS shared concerns about the three deaths from falls, and the comprehensive list of actions that are being taken. In terms of the three deaths, it was asked if there were any themes. **KS** stated that there were no themes, due to the patients being frail. The Falls Collaborative are looking at the risk assessment and ensuring they are monitored. It is also part of the safety huddles and J2O processes for assurance. **DB** also mentioned that there is some work which is reported into the Clinical Outcomes Group, however, there was not an obvious trend in relation to the falls. The frailty of patients and staffing levels on some wards as a result of COVID absences was noted as potential risk simulation to falls management.

OUTCOME: The Quality Committee noted the report.

68/22 INTEGRATED PERFORMANCE REPORT

Jo Fawcus presented the integrated performance report at appendix J, highlighting key points.

The SAFE domain is still the Trust's only area still green. The CARING domain remains amber although four of the five Friends and Family Test areas are now amber and performance in Complaints has dipped again. Dementia screening is now at its lowest level this financial year at just below 20%. The EFFECTIVE domain remains amber and Summary Hospital-level Mortality Indicator and Hospital Standardised Mortality Ratio values continue to increase. Fractured Neck of Femur has shown a small improvement at 67%. The RESPONSIVE domain is now amber with improvements in 31-day cancer performance. Stroke indicators alongside the underperformance in the main planned access indicators and ED are the main challenges. WORKFORCE remains amber and we are still seeing a peak in the 12-month running total for both long-term and short-term sickness. Return to Work Interviews are still at 60%. FINANCE domain remains amber.

The number of transfer of care patients have managed to get below 100 for the first time, and another stroke summit around transfer of care delays took place to try to move that number as it will impact on falls and other indicators.

DS asked whether the cancer target performance is sustainable going forward. **JF** stated that the 62 day standard has been achieved consistently however, the move to the new 28 day faster diagnostic will present another burden in terms of how the teams work. The first cancer delivery group meeting took place in April, which is a monthly meeting, and each month, a deep dive into each tumour site will be done to see where the problems are and what support is required, as it is not sustainable if it does not keep evolving.

OUTCOME: **JF** was thanked for the update and the Quality Committee noted the report.

ITEMS TO RECEIVE AND NOTE

69/22 MEDICINES MANAGEMENT COMMITTEE MINUTES

A copy of the Medicines Management Committee minutes was available at appendix K for information.

OUTCOME: The Committee received and noted the minutes.

70/22 CLINICAL OUTCOMES GROUP MINUTES

A copy of the Clinical Outcomes Group minutes was available at appendix L for information.

OUTCOME: The Committee received and noted the minutes.

71/22 ANY OTHER BUSINESS

Journey 2 Outstanding (J2O) Immediate Learning

KS briefly highlighted the set of slides circulated at appendix M, from some work done last week, and the actions which have been progressed.

CQC Preparation

EA stated that the CQC are expected in the emergency department at some stage, and it is assumed that they may want to go into other areas. Some focussed Journey 2 Outstanding visits have taken place and been helpful in getting to a place of readiness. Enough findings and themes from the J2O visits will provide a picture of what is needed in terms of leadership assurance going forward. A paper will be taken to the Executive Board making expectations of the organisation very clear. It was stated that this is not only about CQC preparation;

however, it is about getting back on track, and no doubt COVID-19 has had an impact on our quality metrics, and this is a good opportunity to get back on track.

There is an immediate urgent action to ensure the emergency department and acute floors are where they need to be, then an assurance framework will be created, and running alongside that will be some well-led preparation. There will also be a piece of work around maternity, much of which is covered in the Ockenden action plan. The emergency department are in a strong position and an update into this Committee around some of that preparation will be welcomed.

DS asked that the expectations paper is also shared with the Committee.

72/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- The quarter 4 Infection Prevention and Control report
- The quarter 4 Trust Patient Safety and Quality Board report, and encouragingly, in a good position with the patients and safety alerts
- The quarter 4 legal services report, and receipt of a Regulation 28 report, however, in a position to provide assurance that the response to the coroner will give an appropriate update on the changes put in place.
- The Integrated Performance Report.

73/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix N for information.

POST MEETING REVIEW

74/22 REVIEW OF MEETING

The meeting overran.

NEXT MEETING

Monday, 16 May 2022

3:30 – 5:00 pm

Microsoft Teams

QUALITY COMMITTEE

Monday, 16 May 2022

STANDING ITEMS

75/22 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Dr David Birkenhead (DBirk)	Medical Director
Gina Choy (GC)	Public Elected Governor
Jo Fawcus (JF)	Chief Operational Officer
Karen Heaton (KH)	Non-Executive Director
Nicola Seanor (NS)	Associate Non-Executive Director
Kim Smith (KS)	Assistant Director for Quality and Safety
Elisabeth Street (ES)	Clinical Director of Pharmacy
Lucy Walker (LW)	Quality Manager for CCGs
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Funmilayo Akinbodunse (FA)	Student Nurse on Placement (observing)
David Britton (DBrit)	Associate Director of Nursing – Medical Division (item 80/22)
Stacey Cartwright (SC)	Matron (item 80/22)
Amanda McKie (AMcK)	Matron lead for learning disabilities (item 81/22)
Julie Mellor (JM)	Lead Nurse – Paediatrics (item 80/22)
Diane Tinker (DT)	Interim Head of Midwifery (item 83/22)

76/22 APOLOGIES

Lisa Cook (LC)	Head of Risk and Compliance
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Jo Kitchen (JK)	Staff Elected Governor
Lindsay Rudge (LR)	Deputy Director of Nursing
Dr Cornelle Parker (CP)	Deputy Medical Director

77/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

78/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Wednesday, 20 April 2022 were approved as a correct record. The action log can be found at the end of these minutes.

79/22 MATTER ARISING: CQC INSPECTION PREPARATION PLAN

Ellen Armistead provided a verbal update on the CQC inspection preparation plan for undertaking an urgent and emergency care system review, which would entail the CQC attending the Emergency Department (ED) and possibly some acute medical ward areas. A process is in place to review compliance and standards to which CQC would hold us to account, with a daily meeting taking place, with good multidisciplinary representation. Last week, the CQC were on site for a planned visit to the ED and Ward 6 at HRI. The ED have been working through a process of putting in place an improvement plan, with evident, positive changes.

EA stated that the Trust has a good system in place for focused project management support, and the next steps will be to have continuous rounds of business as usual, compliance assessments. Meetings will take place both twice a week, and every day for preparation

around maternity services, and there will be six major work streams, data of which will be provided at the next Quality Committee on how the Trust will be prepared for CQC attending for a rated inspection.

The Committee conveyed thanks and appreciation to all colleagues who were involved with improvements in the ED, which were made in a very short space of time and under very difficult circumstances.

AD HOC REPORTS

80/22 SPLIT PAEDIATRIC SERVICE

David Britton, Julie Mellor and Stacey Cartwright were in attendance to present the above report, as circulated at appendix D, updating on work of the paediatric pathways on both the HRI and CRH sites; ongoing reconfiguration processes in relation to the paediatric pathways; the associated risks in both the Emergency Department and paediatrics, and the patient experience vision for children and young people.

In relation to risk 7776, **JM** reported that there is now an additional three whole time equivalent ACP's in training currently, one is in their first year, and two are nearing the end of their second year and will be qualified in September 2022. In relation to risk 7539, there are now four whole time equivalents, not 5.08 as stated in the report, which may also reduce the score of the risk. With regard to risk 6916, between the paediatric service, the surgical team and the ED team, a co-designed escalation process has been developed to escalate any time if there are concerns about a sick child. Risk 7872 will close once the children's Community Nursing Services move to Clock House in Elland, and the reconfiguration of that service is planned for Summer/Autumn 2022.

Next steps are to formalise the governance arrangements of the two services within medicine and children's services. There is a commitment from both teams, with a plan in place to meet to formalise the agenda. Given the risks and the significant mitigations in place, it is recognised that there is more work to be done to enhance the service for children and young people in the Emergency Department; and in line with the reconfiguration plan, there is a commitment for a single site, paediatric service as a whole.

EA asked about the model which should be in place for paediatric oversight of patients who are currently under the care of adult surgeons. **JM** stated that the escalation process, which is now in place, is that there is a paediatric consultant on call, available from the CRH site, that in the event that a child needed a clinical review from a paediatric point of view. In relation to oversight, **EA** stated that the electronic patient record is available, where the Paediatrician of the day should have some responsibility, and it was suggested that the original arrangements are revisited to confirm whether it was an escalation service or a proactive overview of patients that was required.

Action: That the original escalation process is revisited.

The Chair asked about the recommendation in the report relating to the consideration of whether the development of the paediatric ED requires executive sponsorship is required and dedicated project management support and put it to the Committee for any thoughts. **DBirk** stated that support from the Medical Directors' team will be provided.

KS suggested doing some quality improvement methodology with paediatrics and the ED, which will have external support and produce outcome measures. **KS** and **DBrit** agreed to meet to put together a proposal outside of the meeting.

DBrit commented on the good working relationship between Medical division and Families and Specialist Services (FSS) division colleagues who support each other really well, and conveyed thanks to colleagues in the FSS division.

OUTCOME: The Quality Committee noted the report.

81/22 LEARNING DISABILITIES MORTALITY REPORT

Amanda McKie was in attendance to present the above report, which will be circulated to the Committee after the meeting. The report highlights the Structured Judgement Reviews (SJRs) of deaths reported to the Learning Disability Morality review programme (LeDeR).

There were six deaths reported in quarters 1 and 2 of 2021/2022, and three of those deaths were serious incidents, which is an obvious deterioration. 66% of the SJRs noted very poor or poor quality of care, with some significant learning and issues. The average age of the deaths were 61 years of age. All six were white males with 67% mild/moderate learning disability. The deaths were in relation to:

- CPR being delayed due to confusion of status – this was a never event
- Application of principles of the Mental Capacity Act / Capacity assessments / best interest process
- A reliance on the specialist Matron lead for learning disabilities role
- Clinical ownership between the Emergency Department, the Acute Floor and the intensive support team
- Recognising the needs of people with learning disabilities and that outpatient investigations may not be in the persons best interests

Two patients' care were subject to a serious (red) investigation; one orange investigation was subsequently downgraded to a yellow investigation at surgical division level, and one orange investigation was also subsequently downgraded to yellow at medical division level.

The report was briefly summarised, which included data on the number of deaths, analysis on the age, level of learning disability and ethnicity of the patients, comments from the SJRs and the actions in place following the areas for consideration and discussion at the Mortality Surveillance Group.

EA asked which group is responsible for overseeing the actions in relation to improvements needed to be put in place, and whether there is clear governance. **AMcK** confirmed that this was the Care of the Acutely Ill Patient (CAIP) programme, and that further work is being done as the actions are wider than learning disabilities. **EA** stated that the matron lead for learning disabilities cannot be the only advocate for patients with learning disabilities and asked about other groups of colleagues. **AMcK** stated that work is ongoing with people with learning disabilities now on the situation report, which was a direct action from this; and the development of an inpatient Standard Operating Procedure, which is now being tested, and any escalation to be discussed at tactical meetings.

EA requested that a clear plan on a page of what action have been taken and will be taken in order to address this is brought back to the Quality Committee, to assure the Board that there is a governance structure and clear actions in place. It was also noted that medical teams and Allied Health Professional colleagues also need to be engaged, not only the nursing staff, as they will play a critical part in the care of these patients as well.

KS provided additional assurance on the serious incidents (SI), stating that rather than doing individual action plans and almost making the process more complicated, the serious incidents will be gathered by themes and trends which will be monitored by the SI panel, to ensure that there is no duplicate of effort. **KS** also stated that the work done by the SI panel will also be included in the action plan which is returned to the QC.

JF stated that support for this is available from divisional performance review meetings, and also suggested how this could be incorporated into divisional directors' appraisals

Action: **AMcK** to circulate report.

Action: Plan on a page to be provided at a later meeting, which will include the work of the SI panel.

82/22 MENTAL HEALTH STRATEGY

To be deferred.

SAFE

83/22 MATERNITY REPORT

Diane Tinker was in attendance to present the report at appendix G, highlighting the key points on:

- The final published Ockenden report, which identified 75 recommendations / actions for Maternity services. Following an initial RAG (red, amber, green) rating review of the standards, the Trust has 16 red actions and 38 amber actions, and a multidisciplinary action plan is being devised.
- The maternity services planned external support visit by the Regional Chief Midwife's team on 28 June 2022 to review progress with the seven immediate and essential actions from initial Ockenden report. Some targeted CQC meetings will start tomorrow, taking place twice weekly to concentrate on actions and see the position of the service for the visit.
- A letter received on 1 April 2022 asking Trusts to immediately assess the midwifery staffing position and make a decision about the continuation or suspension of Midwifery Continuity of Carer (MCoC). A paper was presented at Executive Board on 28 April 2022 outlining current position and recommendations, that we continue with two mixed risk locality-based teams in the highest areas of deprivation and suspend the delivery of care in labour and focus on increasing antenatal and postnatal continuity for a named midwife and buddy. This was agreed in principle at the Public Board, therefore will be aiming to implement the approved model from 20 June 2022.
- Year 4 of the NHS Maternity Resolution Scheme relaunch date is 6 May 2022, with a submission date of 5 January 2023. There have been some extended and new requirements which are being worked through.
- The service currently has five open and ongoing Healthcare Safety Investigation Branch investigations, and a resume of each case is included within the report.
- Maternity services submit workforce data to NHS England/Improvement each month and as of 25 April 2022, there was a recorded 162.55 whole time equivalent (WTE) (including 1 new appointments not in post) midwives against an establishment of 186 WTE midwives, however, with the approval of the continuity of carer new model, there should be a reallocation of staff in a place what can suit the acuity better. The service have also successfully offered four Band 6 midwives posts, and currently undergoing the regional recruitment for the newly qualified staffing, expected to join us in September 2022. Just put a bit of information there about Acuity and what we're looking for.

In relation to the relaunch of year 4 of the NHS Maternity Resolution Scheme, the Chair asked how confident the service were of achieving the requirements. **DT** stated that upon review, they should be able to be achieved, albeit with challenges, however, in the timeframe available, they will be able to be achieved.

The Chair also asked about the list of actions now required with the visit planned in June, and the amber and red actions. A number of actions are still linked to regional guidance or for a decision from the Local Maternity System. One of the red risks is linked to training which has not yet been developed and the Chair asked if we are in a position to get further guidance on those areas. **DT** stated that the service feel that the visit will concentrate on the seven initial actions from the first Ockenden report, however, they have not yet provided a steer on what needs to be done, therefore the service have benchmarked themselves. Other organisations will be having their visits imminently, and hopefully should receive some feedback from the Local Maternity System network on what they are focusing on.

OUTCOME: **DT** was thanked for the assurance update and the Committee noted the report.

CARING

84/22 ANNUAL PATIENT EXPERIENCE REPORT

To be deferred.

EFFECTIVE

85/22 MEDICAL EXAMINER UPDATE

To be deferred.

RESPONSIVE

86/22 INTEGRATED PERFORMANCE REPORT

Jo Fawcus presented the integrated performance report at appendix J, highlighting key points.

Trust performance for March 2022 was 64%. The **SAFE** domain is now amber following a never event in March. The **CARING** domain remains amber with two of the five Friends and Family Test areas now green but maintaining performance in Complaints is still a challenge. Dementia screening has improved slightly to 25%. **EFFECTIVE** domain remains amber as Hospital Standardised Mortality Ratio has risen above 100. Fractured Neck of Femur is still a challenge at 64%. The **RESPONSIVE** domain remains amber with all key cancer targets achieved for March which is an excellent achievement. Stroke indicators alongside the underperformance in the main planned access indicators and the Emergency Department remains a challenge moving forward. **WORKFORCE** remains amber and there is a peak in the 12-month running total for both long-term and short-term sickness with an increase in Covid-related sickness in March when compared to February, though not at the same level as seen in January. Return to Work Interviews have improved in month. **FINANCE** domain remains amber whilst Use of Resources indicator has returned to green.

In relation to recovery, one of the tasks at the moment is that 104-week patients are treated by July 2022, which the Trust is currently on track to achieving. There are still significant issues around some diagnostic modalities, in particular MRI which is on a trajectory to clear the backlog and there are issues remaining in our echo and neurophysiology diagnostic services.

The Chair asked Stroke capacity and how that has improved. **JF** stated that following the stroke summit in March 2022, our key partners have been working very closely with the discharge team and doing some significant detailed work on the stroke wards. It has now been realised, going forward, that different types of stroke services in the community will need to be commissioned to support stroke patients. It was also noted that during last week, the transfer of care numbers reduced down to 64, which remained consistently around 110 throughout winter. This has demonstrated a real improvement in how teams are working together.

OUTCOME: **JF** was thanked for the update and the Quality Committee noted the report.

ITEMS TO RECEIVE AND NOTE

87/22 CLINICAL OUTCOMES GROUP MINUTES

A copy of the Clinical Outcomes Group minutes was available at appendix K for information.

GC asked about the plan for dementia going forward, and whether there was any further progress with dementia screening. **DBirk** stated that work is ongoing with dementia screening, including trying to find ways of making it visible on the Electronic Patient Record (EPR) when dementia screens have not taken place and therefore need to be actioned. Work

is ongoing around whiteboards and making EPR more transparent, however, there are some issues in relation to data accuracy and quality which need to be addressed. There are ways which dementia screens can be forced to be done, however, they are not without risk. One of them is to have a full stop on the system, making it difficult to progress past a screen which asks for the screen to be completed. Another way is to require that dementia screens and other mandatory screens are completed before patients move wards, but this potentially places some risks in relation to flow. There is more work ongoing around whether the data reported and automatically generated from EPR represents a true picture, as there is a view from colleagues that dementia screens are being carried out but not recorded in the section of EPR whereby they are picked up automatically. There is a manual audit ongoing for some evidence.

The Chair noted the discussion on sepsis from the minutes and a comment on the sepsis trajectory being stalled and asked if there were any actions going forward on in terms of the key issues. **DBirk** stated that there is a sepsis working group which sits outside of the Clinical Outcomes Group, and reports into the Care of the Acutely Ill Patient (CAIP) programme, which is focusing its work on the Emergency Department, with an action plan and a trajectory to improve. The key is that it is not just the Emergency Department but deteriorating patients in the acute admission wards also.

In relation to the quality priority for Sepsis, **KS** commented on three specific quality indicators which will be managed via the Knowledge Portal, and will be submitted to the Quality Committee, along with the quality indicators for all quality priorities with more oversight and scrutiny of performance.

OUTCOME: The Committee received and noted the minutes.

88/22 ANY OTHER BUSINESS

The Chair reminded Committee members about the circulated draft copy of the Quality Accounts for comments, which are expected by Thursday, 19 May 2022.

89/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- An update on the split paediatric service, the work being done and what is going forward
- The learning disability mortality report, with an action plan returning to the Quality Committee at a later date
- The maternity report and the approved model of working for midwives which will be implemented on 20 June 2022.
- The Integrated Performance Report, and the achieved cancer targets in April 2022, and the improvement in stroke capacity and the reduced transfer of care figures.

90/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix L for information.

POST MEETING REVIEW

91/22 REVIEW OF MEETING

- *Could do better.....*if reports were submitted on time, which then impacts on heavy agendas in subsequent months. **NS** stated that this is a similar picture from the Patient Experience Group with challenges with feedback and representation.
- *What went well.....* everyone working well together.

NEXT MEETING

Monday, 20 June 2022 - 3:00 – 4:30 pm - Microsoft Teams

QUALITY COMMITTEE ACTION LOG

Following meeting on Monday, 16 May 2022

Overdue
New / Ongoing
Closed
Going Forward

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	RAG RATING
NEW / ONGOING ACTIONS				
16.05.22 (80/22)	Split Paediatric Service	Julie Mellor	<p>Action 16 May 2022: That the original escalation process is revisited.</p> <p>Update: Awaiting response from Julie Mellor as to when this will be available for the Quality Committee</p>	ONGOING
UPCOMING ACTIONS				
16.05.22 (80/22)	Learning Disabilities Mortality Report	Amanda McKie	<p>Action 16 May 2022: Plan on a page to be provided at a later meeting, which will include the work of the SI panel.</p> <p>Update: Amanda McKie to take to Mortality Surveillance Group for sign-off on 24 June 2022</p>	DUE Monday, 18 July 2022
21.02.22 (23/22) 20.04.22 (60/22)	Deteriorating patient case note review	Risk Team	<p>A formal report on the issue of deteriorating patients was asked into Quality Committee for April 2022.</p> <p>ACTION: Report requested for Quality Committee in April 2022.</p> <p>Update 20 April 2022: See agenda item 60/22.</p> <p>ACTION - 20 April 2022: Update on case note review requested for three months' time (Added to workplan to return to Quality Committee in August 2022)</p>	DUE Monday, 17 August 2022
CLOSED ACTIONS				
20.04.22 (66/22)	Committee Self-assessment	All	<p>ACTION - 20 April 2022: Self-assessment forms to be circulated on Friday, 22 April 2022, with a response requested by Friday, 6 May 2022.</p>	CLOSED Friday, 6 May 2022
20.04.22 (71/22)	CQC Preparation	Ellen Armistead	<p>ACTION – 20 April 2022: EA to provide an update on CQC preparation and expectations of the organisation.</p> <p>Update 16 May 2022: See item 79/22</p>	CLOSED Monday, 16 May 2022
16.05.22 (80/22)	Learning Disabilities Mortality Report	Amanda McKie	<p>Action 16 May 2022: AMcK to circulate report - COMPLETED</p>	CLOSED

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE

**Held on Tuesday 12 April 2022, 3.00pm – 5.00pm
VIA TEAMS**

PRESENT:

Ellen Armistead	(EA)	Chief Nurse
Peter Bamber	(PB)	Governor
David Birkenhead	(DB)	Medical Director
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Karen Heaton	(KH)	Non-Executive Director (Chair)
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Helen Senior	(HS)	Staff Side Chair
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Carys Bentley	(CB)	Colleague Engagement Advisor (for item 28/22)
Alison Bohannon	(AB)	Workforce Business Intelligence Officer (for item 25/22)
Brendan Brown/Tahliah Kelly-Martin	BB/TKM	BAME Network Update
Andrea Dauris	(AD)	Associate Director of Nursing (Corporate) (for items 30/22 and 31/22)
Nikki Hosty	(NH)	Assistant Director of HR (for item 27/22)
Jackie Robinson	(JR)	Assistant Director of HR (for item 26/22)
Emma Short	(ES)	HR Advisor

20/22 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting.

21/22 APOLOGIES FOR ABSENCE

Andrea McCourt, Company Secretary
Mark Busby, Workforce Business Intelligence Manager

22/22 DECLARATION OF INTERESTS

There were no declarations of interest.

23/22 MINUTES OF MEETING HELD ON 15 FEBRUARY 2022

The minutes of the Workforce Committee held on 15 February 2022 were approved as a correct record.

24/22 ACTION LOG – April 2022

The action log, as at 15 February 2022, was received.

25/22 QUALITY AND PERFORMANCE REPORT (WORKFORCE) – MARCH 2022

AB presented the report.

Summary

Performance on workforce metrics is now amber and the Workforce domain has remains at 52.2% in February 2022. This has remained in the amber position for an eighth month. 6 of the 15 current metrics that make up the Workforce domain score are not achieving target – 'Return to Work interviews recorded', short Term Sickness Absence rate (rolling 12 months) and 'Sickness Absence Rate (rolling 12 month)' and 'Long term sickness absence rate (rolling 12 month)', and Data Security Awareness EST compliance as well as Fire Safety EST compliance. Medical appraisals are currently not included in the overall Domain score due to the current Covid-19 pandemic, and Non-medical are not included as the appraisal season is extended to March 2022

Workforce – February 2022

The Staff in Post has decreased to 6146, which, is due, in part to 25.46 FTE leavers in February 2022. FTE in the Establishment figure increased by 27.50, along with student nurses leaving.

Turnover increased to 7.90% for the rolling 12-month period March 2021 to February 2022. This is a slight increase on the figure of 7.83% for January 2021.

Sickness absence – February 2021

The in-month sickness absence decreased to 6.08% in February 2022. The rolling 12-month rate also increased for the twenty ninth consecutive time in 39 months, to 5.45%. Anxiety, Stress and Depression was the highest reason for sickness absence, accounting for 26.57% of sickness absence in February 2022, with Chest and Respiratory problems the second at 22.43% in February 2022.

The RTW completion rate decrease to 60.67% in February, down from 62.05% in January 2021. This is the seventh consecutive month under 65%.

Essential Safety Training – February 2022

Performance has increased in 5 of the core suite of essential safety training. With 7 out of 10 above the 90% target however only 1 achieving the 95% 'stretch' target. Data security awareness target has been amended to fall in line with national guidelines and is now 95%. Overall compliance increased to 92.57% and is the first increase following last month's decrease. It is however no longer above the stretch target of 95.00%.

Workforce Spend – February 2022

Agency spend increased to £0.91M, whilst bank spend decreased by £0.48M to £3.42M.

Recruitment – February 2022

All of the 5 recruitment metrics reported (Interview to conditional offer, and Pre employment to unconditional offer) increased in February 2022. The time for Unconditional offer to Acceptance in January 2022 improved and was 0.5 days.

DS asked how the new portal can assist with RTW interviews. ES explained the RTW recording process has been streamlined with the portal designed to provide e-prompts to managers once they have recorded the absence on ESR. The portal has direct e-links to ESR/e-roster. ES reported positive feedback has been received from managers, HS reinforced the great feedback adding it's a brilliant system.

PB queried why the report omitted to show a breakdown of data by department. SD advised there is an established monthly workforce monitoring meeting which undertakes the deeper analysis. JR confirmed the integrated performance report is produced on a divisional level and is communicated by the HR BPs into divisional senior management teams for divisional discussion.

KH was pleased to hear about the enhanced RTW recording system. KH noted the increase in new starters in some areas and asked about the gap between starting date and undertaking corporate induction. SD reported the aim is to take in new starters every 2 weeks to coincide with fortnightly induction dates. JR advised during the pandemic a more flexible approach to start dates has been adopted which has resulted in the coordination of the onboarding and engagement more challenging. The approach is being closely monitored.

SD reported following discussions with the performance team it has been agreed from 1 April 2022 to stretch the sickness absence target to 4.75% for non-covid absence (5.75% including covid).

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

26/22 **RECRUITMENT STRATEGY**

JR presented the 2022/2025 recruitment strategy.

The strategy described the goal 'To recruit, develop and retain an outstanding workforce which delivers one culture of care to each of our patients and makes CHFT an employer of choice for our local communities'. The strategy has an overarching four key themes; Attraction and Recruitment, Developing our Workforce, Widening Participation, and Why we are CHuFT to be CHFT. The strategy outlined specific themes and activities underpinning the four key themes. An action plan will be developed to support the strategy. The strategy will be shared more widely and be embedded as part of the strategic recruitment work and through the recruitment microsite.

KH felt this is a good, clear strategy and looks forward to seeing the action plan.

EA liked the format, adding that the strategy should be more explicit in regard to becoming an Anchor Institution and also suggested tweaking the wording to read 'a Workforce reflective of our local communities'. JR thanked the Committee for its feedback and will amend the strategy accordingly. An update will be presented to the Committee in 6 months' time.

OUTCOME: The Committee **NOTED** the Recruitment Strategy.

27/22 **DEVELOPMENT FOR ALL**

NH presented the new interactive OD development for all brochure, an e-magazine which all colleagues can access via their Trust email account. The approach fosters one culture of care, focusing on change and improvement, wellbeing, inclusion and engagement. CHFT aims to implement an inclusive workforce development approach, centred on leadership, personalised learning, networks, experiential learning and unlocking the talent of our people. Everything we deliver will align to the overall NHS People Promise.

OUTCOME: The Committee **NOTED** the Development for All offer.

28/22 **COLLEAGUE ENGAGEMENT PLAN**

CB presented the 2022 engagement, inclusion and Health & Wellbeing calendar. Successful activities already taken place this year include LGBT+ history month, International womens day and elimination of racial discrimination – root out racism pledge. Other events to come include a Wellbeing event, A day to be CHuFT and the CHuFT Awards. The calendar brings together engagement, inclusion, wellbeing and development. Events will focus on outcomes of the staff survey to continue to encourage colleagues to use their voice.

OUTCOME: The Committee **NOTED** the Colleague Engagement Plan.

29/22

TEAM ENGAGEMENT AND DEVELOPMENT (TED)

PG presented an overview of TED, a team engagement approach to a diagnostic survey exploring 8 dimensions. It allows structured engagement discussions, offering a toolkit of resources with measurable outcomes. It emphasises the impact of teams on care, and highlights benefits throughout different levels, benefitting the team, team leader and the organisation. The framework underpins one culture of care and gives colleagues a voice to be part of a team.

JE asked about the teams taking part in the first tranche. PG reported CHFT is one of the first organisations trialling TED. The first cohort of eight teams comprised pharmacy, nursing and corporate teams.

DS asked how the development will be fed back in across the organisation. PG confirmed there is a level of anonymity to encourage honesty. The diagnostic tool facilitates at an organisational level the tracking of trends at the start and finish of the process.

The Committee recognised the excellent work in defining the new approaches - Development for All, Colleague Engagement Plan and TED. KH looked forward to future updates and extended an invitation to hear from colleagues who had taken part.

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

30/22

NURSING WORKFORCE PROGRAMME UPDATE

AD presented an overview on the schemes to establish safe and effective nursing and midwifery staffing. The strategies are coordinated through the Nursing and Midwifery Steering Group. The key points to note were:

- Use of Business Intelligence Data to inform recruitment
- The development and implementation of the Enhanced Dashboard Metric
- Successful International Recruitment Campaign
- Ongoing Recruitment to Apprentice Nursing Associate programme
- Ongoing Recruitment to Apprentice RN programme
- Enabling an Effective Learning Environment (EELE) and Clinical Placements Expansion (CPEP) programmes
- HCSW Recruitment Programme
- Effective E-Rostering

KH commended the positive statements in particular the work towards a nationally recognised pastoral quality award. DS praised the international recruitment and noted the low attrition rate.

DS was interested to know more about the work to expand the student experience across other professions and highlighted that all areas should be involved in providing learning to enhance the student experience. AD confirmed a number of opportunities exist currently and added this is a piece of work being undertaken by the Education Committee. JE concluded the Education Committee's governance framework is designed to ensure students have a voice to inform the Trust's offer to future student cohorts. The Workforce Committee would be updated as the work progresses.

DS noted the fantastic target for the number of vacancies for the next year and asked in terms of the over 50s workforce what the expected vacancy position is looking like for the coming years. JE confirmed a piece of work looking at age profile activity is currently being undertaken and a paper will be presented at the next Workforce Committee meeting.

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

31/22 **DEVELOPING WORKFORCE SAFEGUARDS**

AD presented an update on the progress against the 14 key recommendations as set out in the Developing Workforce Safeguards (2018). The key points to note were:-

- Of the 14 recommendations within the Developing workforce safeguards (2018) document the Trust is compliant with 9 recommendations, and partially compliant with 5 recommendations.
- Effective workforce planning has a positive impact on quality of care and patient, service user and staff experience, while ensuring financial resources are used efficiently.
- Accurate plans will help predict the numbers of healthcare workers required to meet future demand and supply and help with improvements in safe and effective care delivery.

AD felt from a CQC perspective there is assurance the Trust's could describe clearly its position against this document and its position on how we progress going forward.

An update will be provided at a future Committee meeting.

OUTCOME: The Committee **APPROVED** the updated position and **NOTED** the assessment against the 14 recommendations, including the revised action plan.

32/22 **ENHANCED SUPPORT TO COLLEAGUES**

SD reported that as the NHS is facing continued challenges due to COVID, backlogs and colleague availability, some incentives that were previously dismissed need to be revisited. SD presented to the Workforce Committee for discussion and consideration 2 incentives:

- Buy back of annual leave
- Pensions recycling

Following discussion, the Committee agreed there are some merits to both incentives however there was real concern regarding the implications both incentives could have for some colleagues. HS would gain views from staff side colleagues and report back. SD thanked Committee members for their views. Annual leave would be discussed further at Executive Board. Further research is being undertaken regarding pensions recycling before being further discussed at Executive Board. Both incentives will be presented for discussion at a future Board of Directors meeting.

OUTCOME: The Committee **COMMENTED** on the incentives.

33/22 **WEST YORKSHIRE AND HARROGATE (WY&H) PEOPLE PLAN**

SD provided an overview of the main focus of the WY&H People Plan and how the publication of the plan will impact CHFT. The Plan has a clear focus which is more staff working differently in a compassionate culture. A new People Director, Kate Sims, will be responsible for ensuring all sectors work together to deliver the actions set out in the plan and in the timescales agreed. The Plan brings together work in all health and social care sectors – local authorities (LAs), universities and colleges, NHS trusts including mental health and community.

SD confirmed a refresh and refocus on CHFT's People Strategy is underway with alignment to the WY&H People Plan and NHS People Promise. CHFT will focus on increasing our work on working with carers, work more closely with our LAs, Locala, GPs and further development of the Workforce Design section of our People Strategy. Aligned with our staff survey action plan, the refreshed Strategy will take a 'bottom up' approach. The refreshed Strategy will be

presented to the Board of Directors. The Committee agreed this was appropriate timing and looked forward to seeing the refreshed CHFT People Strategy.

OUTCOME: The Committee **NOTED** the main aspects of the WY&H People Plan.

34/22

BOARD ASSURANCE FRAMEWORK – RISK 10b/19 NURSE STAFFING

EA presented a deep dive into BAF risk 10b Nurse Staffing. EA confirmed the risk remains relevant and is reflective of the current position. A review of existing key controls has strengthened arrangements for triangulation of the impact of staffing availability on patient experience and nurse sensitive key performance indicators. Senior nurse staffing meetings remain in place. Further key controls include the development of staffing Opel action cards and introduction of quality and oversight meetings which have received positive feedback from senior nurses. In terms of Positive Assurances, the vacancy position is significantly improved and the Hard Truths process was completed in March 2022. EA advised Gaps in Control relate to management of covid numbers, increase in non-elective activity and staff sickness. The level of risk remains unchanged and the Committee noted the Quality Committee will also examine any gaps in control and assurance.

OUTCOME: The Committee **NOTED** the updated BAF.

35/22

UPDATE FROM BAME CHAIR

BB/TKM presented an overview of the Network which included:-

- Network aims
- Reflections of 2021
- Objectives for 2022
- Challenges and opportunities
- Looking to rename the group

The presentation outlined how the Workforce Committee can support the network:-

- Senior level conversations to raise awareness
- Encourage more involvement of more managers
- Supporting release from duty for colleagues

SD stated Cultural Awareness would be really well received and would welcome a conversation on how to take this forward. DS felt the presentation covered very well where priorities need to be and agreed that it is important to have safe spaces for cultural awareness conversations to take place. DS underscored the points made that the Trust is committed to calling out zero tolerance to inappropriate behaviour. DS referenced the lack of progression opportunities and highlighted the importance of constructive feedback.

JE remarked on the calling out of poor behaviour and would certainly welcome this in order to route it out. JE commended the presentation and highlighted the importance of receiving regular updates from each of the Network groups and the opportunity it gives the Workforce Committee to help and support. DS echoed this stating we need to communicate the benefits the Networks bring to the Trust. KH reinforced there is an open door into Workforce Committee for all the Network Committees.

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

36/22 **UPDATE FROM EDUCATION COMMITTEE**

The notes of the Education Committee had been shared with the Workforce Committee. JE highlighted the following pieces of work:-

- 6 priorities for next 12 months have been established
- A data dashboard to be developed
- Use of simulation suites on both sites
- Immediate work required on EST compliance

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

37/22 **WORKFORCE COMMITTEE WORKPLAN**

The workplan was received and reviewed.

38/22 **ANY OTHER BUSINESS**

The Workforce Committee Self-Assessment would be circulated to members for completion. The Workforce Committee Annual Report would be presented at the June Committee meeting.

39/22 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

Recruitment Strategy
Workforce Report
Reflections BAME network
BAF – Nurse Staffing
People Strategy Refresh

40/22 **EVALUATION OF MEETING**

No comments were given.

41/22 **DATE AND TIME OF NEXT MEETING:**

Hot House: 29 April 2022, 2pm-4pm The CHFT colleague journey (building in our 2021 staff survey feedback)

Committee Meeting: 6 June 2022, 3pm – 5pm



**Minutes of the Charitable Funds Committee meeting held on
Wednesday 11 May 2022, 10.30am – 12.00am
via Microsoft Teams**

PRESENT

Philip Lewer (PL)	Chair
Gary Boothby (GB)	Director of Finance
David Birkenhead (DB)	Medical Director
Richard Hopkin (RH)	Non-Executive Director
Peter Wilkinson (PW)	Non-Executive Director
Adele Roach (AR)	BAME Representative

IN ATTENDANCE

Emma Kovalski (EK)	Charity Manager
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Emily Overend (EO)	Marketing & Comms Assistant
Emma-Leigh Quinn (EQ)	Fundraising & Engagement Coordinator
Lyn Walsh (LW)	Finance Manager
Heather Lamont (HL)	CCLA
Antonia Cavalier (AC)	CCLA

1. DECLARATION OF INDEPENDENCE

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

2. APOLOGIES FOR ABSENCE

Apologies were received from Ellen Armistead, Jo Kitchen and Zoe Quarmby.

3. CCLA INVESTMENT PERFORMANCE REVIEW

A very comprehensive presentation was given by HL and AC from CCLA and its contents were NOTED. The paper had been circulated before the meeting so that the Committee was already aware of its contents. GB asked about Russian involvement in the portfolio and received clarification that there were no direct holdings in either Russia or Belarus. PL thanked them for the advice and guidance given to date.

4. MINUTES OF MEETING HELD ON 8 FEBRUARY 2022

The minutes of the meeting held on 8 February 2022 were approved as an accurate record but with one slight amendment. These amended minutes were emailed to Amber Fox to take to the next BOD.

5. ACTION LOG AND MATTERS ARISING

EK gave an update on the action log, in particular where due dates have been extended, and this was NOTED.

6. RISK REGISTER - REVIEW

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

EK mentioned that some risk ratings had been reduced and that Public and Product Liability insurance was now in place.

RH asked that the reduced ratings and also target levels are reviewed again and GB/EK agreed to meet before the next meeting to review.

ACTION: GB/EK/RH meet to review risk ratings – 11.05.22 – 1.

7. ACCOUNTS 2021/22 OVERVIEW

CH presented this paper and its contents were NOTED. RH offered to look at these after ZQ/LW had checked them.

ACTION: RH to review once ZQ/LW's checks had been done - 11.05.22 – 2.

8. FUNDRAISING UPDATE

EK gave the update as a slide presentation. She thanked her team for raising the Charity's profile via digital communications both internally and externally and for the increased community engagement.

The Tree of Memories will be unveiled on 23rd May.

As the next five agenda items were all related to General Purpose bids, PL asked about the Operations Sub Committee which was meant to look at these bids in advance of them being taken to this Committee. EK reported that, due to difficulties with quoracy, she had decided to suspend these meetings and the sub committee. The approvals process, together with other policies and procedures will be looked at once the Director of Corporate Affairs was in place.

9. BIDS FOR RATIFICATION

GB presented three bids which came via the cost pressures process and which have been approved outside of the meeting by some Executive Directors - ReSPECT, Childrens' Therapy equipment and BAME post extension for further year. GB asked that they are ratified. The Committee was happy to ratify. CH to inform successful bidders.

ACTION: CH to inform successful bidders – 11.05.22 – 3.

10. NEUROPHYSIOLOGY BIDS UPDATE

GB gave assurance that these two bids which had been approved in principle at the February meeting had now been approved via CMG/Dragon's Den and by EBME colleagues. The Committee was happy to approve. CH to inform C Roberts.

ACTION: CH to inform C Roberts – 11.05.22 – 4.

11. BEREAVEMENT SUPPORT BID – update on BCAG’s decision

GB confirmed that this bid which had previously been approved in principle by this Committee had now been through other governance and asked that it now be ratified. The Committee was happy to approve. CH to inform C Button.

ACTION: CH to inform C Button – **11.05.22 – 5.**

12. DRAGON’S DEN BIDS

GB explained the capital process that resulted in these bids being approved by an expert panel drawn from a multi disciplinary team (Ops/Risk/Associate Medical Directors). The Committee was happy with this assurance that they had been through a robust governance process and agreed to fund all six bids from the General Purpose fund. CH to inform successful bidders.

ACTION: CH to inform successful bidders – **11.05.22 – 6.**

13. BID – JENNIFER CLARK

GB presented this bid but the Committee did not feel that it was an appropriate use of Charitable Funds and therefore was not approved.

ACTION: GB to inform J Clark – **11.05.22 - 7**

14. MINUTES OF STAFF LOTTERY COMMITTEE MEETING 15 MARCH 2022

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

15. ANY OTHER BUSINESS

EK presented a late bid for a Wellbeing Choir with support from DB. The Committee was happy to approve this. EK will inform the bidder and ask for information around time frames, impacts, KPIs, etc.

ACTION: EK to inform the bidder and get further information - **11.05.22 – 8.**

PL confirmed that this is his last meeting and the Committee expressed their thanks for all his excellent work.

CH asked that she meets with GB to confirm an amount to transfer to the General Purpose fund from the General Reserve fund, due to the bids that have been approved and to be mindful of the cashflow situation moving forwards.

DATE AND TIME OF NEXT MEETING:

Tuesday, 9 August 2022, 10.30 – 12am, via Microsoft Teams

Draft Minutes of the Audit and Risk Committee Meeting held on Tuesday 26 April 2022 commencing at 10:00 am via Microsoft Teams

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Gary Boothby	Director of Finance
Helen Higgs	Head of Internal Audit, Audit Yorkshire
Shaun Fleming	Local Counter Fraud Specialist, Audit Yorkshire
Jim Rea	Managing Director, Digital Health
Ric Lee	Engagement Director, KPMG
Salma Younis	External Audit Manager, KPMG
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Amber Fox	Corporate Governance Manager (minutes)
Liam Stout	Staff Elected Governor
Kim Smith	Assistant Director of Quality and Safety
Lisa Cook	Head of Risk and Compliance (for item 05/22)
Helen Hirst	Designate Chair (Observer)
Jade Kerrigan	Student – Quality and Risk Team (Observer)

20/22 APOLOGIES FOR ABSENCE

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

The Chair welcomed Helen Hirst, designate Chair to the meeting who was in attendance as an observer as part of her induction.

Apologies were received from Denise Sterling, Philip Lewer and Kirsty Archer.

21/22 DECLARATIONS OF INTEREST

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

22/22 MINUTES OF THE MEETING HELD ON 25 JANUARY 2022

The minutes of the meeting held on 25 January 2022 were approved as a correct record subject to the following amendment:

- Bottom of page 8 - External Audit – Jenny Hibberd*

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 25 January 2022 subject to the amendment above.

23/22 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updated accordingly.

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

24/22 RISK MANAGEMENT PROCESS DEEP DIVE

Kim Smith, Assistant Director of Quality and Safety and Lisa Cook, Head of Risk and Compliance presented a deep dive into the Risk Management Process.

The Head of Risk and Compliance updated the Committee on the recent improvement work undertaken on the risk management process. The key points to note were:

- Review of the Risk Management Strategy and Policy has been completed
- Terms of Reference for the Risk Group have been reviewed and updated
- Work is taking place with Divisions to gain some greater consistency and level of understanding around the management of risks
- Discussion has taken place at the Risk Group regarding a review and refresh of risks that have been on the risk register for a prolonged period of time.

RH recognised there is lots of work still to be done around learning and training in risk management in the Divisions and asked if the team are happy with the level of buy in and commitment from Divisions. The Assistant Director of Quality and Safety explained the buy in has increased significantly since using the risk register as a learning tool. The risk team are using a critical friend approach focusing on development. She explained the focus of the Risk Group has been improved and Divisions understand the need to identify and to challenge how risks are described.

AN stated he is pleased to hear about divisional engagement at the meetings. The Head of Risk and Compliance agreed there is an improved buy in and commented there are now clear flowcharts about the risk management process and further detail about specific risks.

AN stated that for some risks there is a need to accept a level of risk. There also needs to be more discipline around setting the target scores and more thought on the actions required to meet the target score. The Head of Risk and Compliance responded that work has taken place on the risks that we tolerate and further work needs to take place on the target scores. She re-assured the Committee that a clearer process will be in place to monitor risks and risk scores.

OUTCOME: The Committee **NOTED** the Risk Management Process Deep Dive and ongoing work in the Risk team.

25/22 REVIEW OF SUB-COMMITTEE TERMS OF REFERENCE

1. Data Quality Board

The Chair confirmed the changes to the Data Quality Board terms of reference detailed were minor and relate to the membership of the Board.

2. Risk Group

The Head of Risk and Compliance confirmed a minor update has been made to the terms of reference on the membership.

RH asked if the Director of Corporate Affairs should be added to the Risk Group membership. The Assistant Director of Quality and Safety responded that this needs to be understood further and may be a future change to the terms of reference.

The Company Secretary confirmed she attends the Risk Group from a strategic risk and High Level Risk Register point of view which will need to be reviewed once the Director of Corporate Affairs is in post. She suggested it may be helpful for the Director of Corporate Affairs to attend a meeting as part of her induction in which the terms reference can be reviewed.

AN highlighted that the High Level Risk Register (HLRR) reports to the Board of Directors three times a year which should be included in the terms of reference under reporting.

Action: The Assistant Director of Quality and Safety to update the reporting of the High Level Risk Register which reports to the Board of Directors three times a year in the Terms of Reference.

AN asked if there were any links to the Weekly Executive Board (WEB). The Company Secretary responded that prior to the Risk Register going to Board there could be a review for sign-off at the WEB which is worth re-introducing as it ensures the Executives sign up to the risks.

The Director of Finance flagged there may be duplication if the High Level Risk Register reported to WEB as he confirmed it is presented at the Divisional Review Business Meetings where Divisions flag new risks and risks removed. He confirmed this meeting is attended by the majority of the Executive team.

The Assistant Director of Quality and Safety suggested developing a flow chart for the terms of reference to confirm the reporting of the HLRR for clarity and to avoid duplication.

Action: The Assistant Director of Quality and Safety to develop and include a flow chart of the reporting structure for the HLRR in the Risk Group Terms of Reference.

OUTCOME: The Committee **APPROVED** the updated Terms of Reference for the Data Quality Board and Risk Group subject to the changes noted above.

26/22 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments

The Director of Finance presented a report summarising the losses and special payments for quarter 4 2021/22. The key points to note were during Q2 the Trust wrote off a debt just over £100k in relation to overseas visitors. The Director of Finance reported they have been liaising with NHS England/Improvement (NHS E/I) and Treasury in relation to another loss and special payment relating to an IT contract and became aware that any write off in excess of £100k requires Treasury approval and this has been re-instated.

OUTCOME: The Committee **NOTED** the Review of Losses and Special Payments report.

2. Review of Waiving of Standard Orders

The Director of Finance presented the quarter report showing fifteen waivers during quarter 4, 2021/22 at a total cost of £643,404.99.

The Director of Finance highlighted in relation to February, an urgent repair for Thermofisher was needed and gave assurance that the £78K was good value for money with a bundle awarded to Thermofisher which is a comparatively cheaper than the other two suppliers (£85k and £114k).

RH asked why the Luna Carts was a single source tender and challenged that there seemed to be a high number of items in the fourth quarter for single source and asked for assurance that the Trust are getting value for money. The Director of Finance responded that this was in relation to consistency with products across the Trust for Luna Carts. This also related to capital monies being allocated at very short notice which does not support a full tender process.

AN asked what the timescales were for a full tender process. The Director of Finance described joint working with the Health Informatics Service to be ready to respond quickly to bids for digital funds made available throughout the year and the Managing Director for Digital Health added that the challenge is the timescale for bidding which affects the ability to go to a tender process due to the timeline allocated to complete the project.

The Director of Finance added that it was noted at a recent Joint Liaison Committee that a procurement system, Atamis is being introduced to review what is purchased over 12 months which should put the Trust in a better position.

OUTCOME: The Committee **NOTED** the Waiving of Standing Orders report for quarter 4, 2021/22.

27/22 INTERNAL AUDIT

1. Internal Audit Follow Up Report

The Internal Audit Manager presented the follow up report which sets out the Trust-wide position on the implementation of Internal Audit recommendations due during Q4 2021/22.

The report was presented at the WEB prior to the Audit and Risk Committee.

The report looks at all recommendations open during the last year including any that were overdue that were raised prior to the year.

- 116 of 164 recommendations have been implemented which equates to 71%
- 34 recommendations were implemented since the last quarter
- 16 recommendations are overdue where a revised date has not been agreed
- 19 recommendations are overdue with a revised target date agreed
- 18 of the 35 recommendations overdue relate to the medical directorate three main audits - Consultant Study Leave, Consultant Job Planning and Delegated Consent
- Lots of chasing has taken place during the last quarter.

The Internal Audit Manager confirmed Trust staff have been contacted about the overdue recommendations, including the Medical Director who responded that the consultant study leave recommendations will be implemented by the end of April 2022.

Good progress has been made on follow ups during the last quarter. A total of 6 out of the 7 recommendations relating to Risk and Complaints Management that were overdue last time have now been closed. One remains open with a target date of the end of June 2022.

The Director of Finance stated a paper relating to Consultant Job Planning is due at the Business Case Approvals Group this week and progress has been made. He acknowledged the programme has slipped; however, the Trust have invested some significant sums to complete this and revised timescales will be confirmed this week. This

work will support productivity and will be discussed at a number of different forums. The Chief Executive is challenging progress on closing this recommendation.

AN suggested a further push in May to get these recommendations closed off with a reflection to understand why it took so long. The Director of Finance acknowledged a number of these recommendations had an original target date before the Covid-19 pandemic.

The Internal Audit Manager explained the target date for the Delegated Consent recommendations has been pushed back by six months to 31 October 2022 and there is detailed ongoing work with divisions on this and the need to review action plans. The Internal Audit Manager agreed to follow up further on the status of responses. RH challenged that six months was a long time to extend a target date and suggested three months would be more reasonable.

Action: AN to contact the Medical Director regarding the three audits with overdue recommendations cc Chief Executive.

The Assistant Director of Quality and Safety confirmed the one outstanding action on Risk and Complaints Management is virtually complete and expects to close this in the next few weeks ahead of the deadline. She explained lessons learnt will be shared as a result of Serious Investigation (SI) panels. The Head of Risk and Compliance confirmed the Trust are currently providing information to Audit Yorkshire who are looking at SI's to gain an external view on the SI process.

2. Internal Audit Progress Report

The Internal Audit Manager presented a report which details the progress made by Internal Audit in completing the Internal Audit Plan for 2021/22. There were:

- Six assurance report finalised during the last quarter – significant assurance opinion
- The Board Assurance Framework and Financial Transactions audits which are key audits which help inform the Head of Internal Audit Opinion have been completed
- Two reports with significant assurance are still in draft.

The Internal Audit Manager confirmed they have identified 60 days of audits that will be cancelled this year, which has been agreed by the relevant Executive Director and approved by the Director of Finance. Detail is included in the paper on the reason for cancelling these audits. Two of these audits relate to limited assurance opinion reports from last year, Delegated Consent and the Portable Medicines Trolley audits. Limited assurance reports are usually re audited the following year; however, these audits are included in the 2022/23 plan with plans to re-audit imminently.

RH asked the Head of Internal Audit how the position re audit completion impacts on the internal audit opinion, acknowledging the target has not been hit in terms of number of audits completed. The Head of Internal Audit confirmed they have completed enough work to provide an internal audit opinion, which provisionally is a significant opinion. The Internal Audit Manager added that compared to the previous two or three years there has been a reduction in the number of limited assurance reports, with only one limited assurance report in the current year.

OUTCOME: The Committee **APPROVED** the Internal Audit Follow Up Report and Progress Report and **APPROVED** the removal of 60 days of audit from this year's plan.

3. Internal Audit Plan 2022/23

The Internal Audit Manager presented the Internal Audit Plan for 2022/23. The key points to note were:

- Previous three-year plan ended in 2020/21
- Last year due to Covid-19 a one-year plan was agreed
- Met with all Executive Directors at the Trust except the Director of Transformation and Partnerships
- Plan was approved at Executive Board
- Likely changes in year for 2022/23 due to Covid-19.

AN asked if Controlled Drugs and Delegated Consent would re-appear in this operational plan. The Internal Audit Manager confirmed the Delegated Consent audit will be added and confirmed the Controlled Drugs has been re-titled Portable Medicine Trolleys which is included in the 2022/23 plan.

AN asked the Director of Finance for an update on the Business Case audit and if this audit will also look at benefits realisation, which the Director of Finance confirmed it would. The Commercial Investment Strategy Group changed to the Business Case Approvals Group from 1 January 2022 with a more rigorous timetable.

AN proposed three challenges to the Strategic Plan:

1. No items included on the Green Plan
2. No items on the impact or response to Integrated Care System (ICS) and Place arrangements
3. Asset management – will this pick up a wider review of how to maintain all the assets.

In terms of 3, the Managing Director for Digital Health confirmed scan for safety assists with this and part of this funding is to audit the assets internally. He confirmed this can include IT hardware assets and software license contracts. The Internal Audit Manager and Managing Director for Digital Health reviewed asset management as part of this year's audits given the amount of investment.

The Director of Finance responded that the Green Plan and ICS audits seem reasonable requests and need to be reviewed in terms of measurements as this also affects other Trusts. The Director of Finance is a member of the ICS Capital and Estates Board where the ICS Green Plan was agreed with 40 actions which each organisation will interpret. The challenge will be where to get the assurance that the Trust Green Plan matches the ICS Green Plan and delivers the expected overall impact on the carbon footprint. AN, Chair of the Green Planning Committee, suggested it is more about independent assurance on the outcomes expected.

Action: Internal Audit Manager to consider how to incorporate the Green Plan and ICS arrangements in the Strategic Plan for the second and third year of the plan.

The Director of Finance suggested there are a number of days allocated to the Director of Corporate Affairs in the plan and the ICS audit would be a relevant audit to be picked up here.

AN recognised the challenge in getting the audits completed and asked the Director of Finance how this ongoing challenge can be improved. The Director of Finance confirmed the position has been worse over the last few years due to access to colleagues, isolation

and infection prevention and control requirements. He suggested once the plan is set that the audit executive owners are signed up to the plan and timescales. AN suggested the Internal Audit Manager reminds Executive Directors of audits that are coming up for the next quarter when attending Executive Board.

OUTCOME: The Committee **APPROVED** the Internal Audit Plan for 2022/23 subject to the Delegated Consent audit being included.

4. **Significant and High Assurance Reports and Internal Audit Monthly Insight Reports (E3)**

Six significant assurance reports and one advisory report, including the internal audit monthly insight reports (E3) were available in the review room.

OUTCOME: The Committee **RECEIVED** the significant assurance reports and advisory report and the Insight reports for January, February and March 2022.

28/22 **LOCAL COUNTER FRAUD PROGRESS REPORT**

1. **Local Counter Fraud Progress Report**

Shaun Fleming, Local Counter Fraud Specialist presented the Local Counter Fraud progress report and provided an update on current investigations. The key points to note were:

- Counter Fraud newsletter is available in the review room
- Counter Fraud survey has been completed and a report will be brought to the next meeting
- Counter Fraud standards return will be reviewed at the next meeting
- Counter Fraud master classes will continue with directed sessions for Departments to increase uptake
- Counter Fraud Champions have been recently introduced and the Company Secretary is the Counter Fraud Champion for the Trust
- Counter Fraud Functional Standard Return (CFFS) return to be verified by the Director of Finance and AN with a deadline the end of May 2022, highlighting the issues responding to Component 3 of the return
- Counter Fraud Plan for 2021/22 will be completed to the full planned days.

Liam Stout highlighted that prior and after to the upgrade to the Powerchart software it gives you an option to download a package and was not sure if this was a software issue or was malicious. Liam confirmed he has been trying to disseminate information to staff. The Local Counter Fraud Specialist confirmed he has received no reports on this software.

Action: Managing Director of Digital Health to follow up on the feedback regarding the upgrade to the Powerchart software with the team.

RH supported the encouragement of maximum attendance at the Counter Fraud master classes to increase awareness and congratulated the team for delivering the plan this year.

OUTCOME: The Committee **RECEIVED** the Local Counter Fraud Progress Report and Counter Fraud newsletter for March 2022.

2. Anti-Fraud, Bribery and Corruption Workplan

The Local Counter Fraud Specialist presented the draft Counter Fraud workplan for 2022/23.

OUTCOME: The Committee **APPROVED** the Counter Fraud Workplan for 2022/23.

29/22 EXTERNAL AUDIT

1. VFM Risk Assessment

Ric Lee, KPMG Engagement Partner, presented the Value for Money risk assessment for 2021/22 and highlighted no significant risks have been identified to date.

Salma Younis, KPMG confirmed the assessment covers the three domains. The key points to note were:

- No significant risks identified with no issues anticipated
- Summary of findings for each significant risk included in the report to support the assessment
- Annual auditor report will be issued in June 2022.

The Director of Finance confirmed the proposed plan for next year is for a £20.1m deficit as opposed to the £23m deficit plan presented to the last Board meeting. This is an improvement of £3m which will be described at the Board next week.

RH asked if any reference to the Turnaround Executive, now the Effective Use of Resources Group, should be flagged up in the assessment. As part of this, he added that the Trust have an Agency Spend Group which is also a key control in terms of looking at agency spend. Ric Lee responded that the arrangements in place are covered to the end of the financial year and these conclusions will be reflected in the auditors reports and if good practice can be evidenced for the year this can be reflected in the final commentary.

Salma Younis confirmed the Deputy Director of Finance referenced these groups; however, these groups are not referenced in the report and can be added if needed. AN suggested including this evidence would provide assurance that the Trust are doing everything they can to mitigate the risks.

AN asked if the 2022/23 deficit would change the VFM assessment. Ric Lee confirmed an opinion or conclusion on value for money opinion is not issued any more. A commentary is provided on any significant weakness on value for money. He explained other Trusts have had a significant deficit where significant weaknesses have not been reported due to the arrangements in place and steps taken to address this. The national audit framework guidance is followed on value for money, which highlight any weaknesses.

OUTCOME: The Committee **NOTED** the Value for Money (VFM) Risk Assessment.

2. Benchmarking Q3 Provider Finance Return (PFR) Report

The External Audit Partner, KPMG presented the Q3 PFR benchmarking report for information. The key points to note were:

- Page 4 – the Trust have spent 75% of their agency costs ceiling and are within the agreed ceiling
- The Trust have controlled agency costs throughout the year

- Capital spend (page 6) will change next year with increased spend as part of reconfiguration.

Covid-19 expenditure benchmarking (page 7) is given as a percentage of total spend - the Director of Finance confirmed the Covid-19 spend is higher than some of our peers, partly due to double running costs of two sites.

RH highlighted the Trust are assuming a £5m saving in the current year on Covid-19 expenditure. The Director of Finance highlighted the efficiency challenge next year. The Director of Finance and Medical Director recently met with the Families and Specialist Services (FSS) Division to review Covid-19 spend and put in further challenge; acknowledging IPC guidance is changing on a regular basis.

OUTCOME: The Committee **NOTED** the CHFT Benchmarking Q3 Report 2021/22.

30/22 COMPANY SECRETARY'S BUSINESS

1. Annual Accounts Reporting and Process 2021/22

The Company Secretary presented the updated NHS accounts timetable for the annual report and accounts for 2021/22. The key dates to note were:

Financial Accounts

- Deadline for draft accounts (or agreement of balances) is 26 April 2022 (noon)
- Audited accounts submission is 22 June 2022 (noon)

Annual Report

- Annual Governance Statement – draft presented for review at Committee meeting on 26 April 2022
- Annual report submitted by 22 June 2022

The Committee will approve the annual report and accounts at its extra-ordinary meeting on 20 June 2022. A CHS Board meeting will be arranged to sign off the CHS element of the Group accounts prior to this meeting.

OUTCOME: The Committee **NOTED** the draft annual report and accounts timetable for 2021/22 and key dates and supported the request to the Board of Directors for delegation of authority to the Audit and Risk Committee to approve the 2021/22 Annual Report and Accounts.

2. Annual Governance Statement

As part of the annual reporting arrangements committee members were asked to review the draft 2021/22 annual governance statement which has been developed in line with the 2021/22 Foundation Trust Annual Reporting Manual guidance from NHS England / Improvement.

The number of internal audit reports referred to in the statement will be updated once the year end position is confirmed by Internal Audit.

The Trust is planning to declare that there have been no significant control issues during 2021/22, a similar position to that reported for 2020/21.

The draft statement has been reviewed by the Chief Executive and the Audit and Risk Committee Chair and been circulated to auditors for comment.

The final Annual Governance Statement will be formally approved as part of the sign off process for the 2021/22 Annual Report and Accounts.

The Company Secretary highlighted the reduction in days for internal audit will be reflected in the report.

RH agreed to share his comments with the Company Secretary.

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

3. Review Code of Governance Compliance

The Company Secretary confirmed the Trust is compliant with all provisions of the code of governance. The enclosed paper details the Trust position relation to the application of the code and references key sources of evidence.

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

4. Self-Effectiveness of Committee Action Plan

The Company Secretary presented the 2021/22 self-assessment summary of responses and associated action plan.

RH asked if the third-party assurances and payroll is covered in the internal audit plan. The Internal Audit Manager confirmed Leeds internal auditors are PWC who undertake their payroll function audit and the Internal Audit report is out in draft.

AN asked Committee members if there was a balance in terms of the Committee length of papers and if there were any views on how to improve this further. AN suggested closing this action and to keep it under review. RH acknowledged that progress has been made in terms of reviewing the main agenda and papers in the review room and he feels the Committee is in a reasonable place.

Action: Company Secretary to close the action relating to reducing the length of papers.

OUTCOME: The Committee **NOTED** the outcome of the Audit and Risk Committee self-effectiveness review for 2021/22 and the areas of continued improvement for 2022/23 in the action plan.

5. Declaration of Interest 2021/22 End of Year Update

Compliance at the end of the 2020/21 financial year for declarations by decision making staff was reported as 83% which has improved to 86% for the 2021/22 financial year.

The total number of decision makers for 2021/22 also increased by 96 staff. This shows the positive improvement on the compliance position for this year.

Weekly reminders to submit an annual declaration were sent to all decision makers during March 2022 and to increase compliance further, the Corporate Governance Manager contacted all 234 decision makers who had not yet made a declaration during in the last few days of the financial year. This improved the position with 76 decision making staff submitting a declaration by 31 March 2022.

OUTCOME: The Committee **NOTED** the improved compliance position on declarations by decision makers for the 2021/22 financial year as of 31 March 2022.

6. Review Audit and Risk Committee Attendance Register 2021/22

The Company Secretary presented the attendance register of the Audit and Risk Committee from 1 April 2021 to 31 March 2022 for any comment or corrections. The attendance of the Non-Executive Directors will be published in the annual report and accounts for 2021/22.

OUTCOME: The Committee **NOTED** the Audit and Risk Committee Attendance Register for 2021/22.

7. Audit and Risk Committee Workplan 2022

The Company Secretary presented the routine workplan for 2022 for approval.

AN reminded members due to timings the 20 June meeting will include a deep dive to avoid deferring any scheduled deep dives for the year.

OUTCOME: The Committee **APPROVED** the Audit and Risk Committee workplan for 2022.

31/22 SUMMARY REPORTS

A summary report of work undertaken since January 2022 was provided for the following sub-committees and these were made available in the review room:

- Risk Group – The Assistant Director of Quality and Safety formally thanked the team for their commitment and support in turning these key pieces of work around.
- Information Governance and Records Strategy Group – RH noted training compliance for IG (Information Governance) which is linked into the toolkit at 86% and asked if the 95% target will be reached. The Managing Director for Digital Health responded Helen McNae ran some advertising to promote awareness of the IG training. A further snapshot of the training position is expected this week to see if this improved compliance.
- Health and Safety Committee – no questions were raised.
- Data Quality Board – no questions were raised.
- CQC and Compliance Group – The Assistant Director of Quality and Safety confirmed there is a slightly different approach with focused Journey to Outstanding (J2O) reviews across the organisation over the last few weeks due to the likelihood of a CQC visit in the imminent future. Daily updates and meetings are taking place in an effort to get back to business as usual from Covid-19 and prepare for a CQC visit.

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

32/22 ANY OTHER BUSINESS

There was no other business.

33/22 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- **Acknowledge** – Risk Management Process deep dive – encouraging progress has been made.

- **Assurance** – Approved the Internal Audit and Counter Fraud Plans for 2022/23. The Value for Money assessment undertaken by KPMG has not identified any significant risks. Approved the updated terms of reference for the Data Quality Board and Risk Group.
- **Awareness** – There are still 35 overdue Internal Audit recommendations which is a concern. Internal Audit have found it is taking much longer to complete some audits than in previous years.

34/22 DATE AND TIME OF THE NEXT MEETINGS

Monday 20 June 2022

Extra-ordinary meeting to sign-off the Annual Report and Accounts

1:00 – 2:30 pm

Microsoft Teams

Tuesday 26 July 2022

10:00 – 12:15 pm

Microsoft Teams

35/22 REVIEW OF MEETING

The meeting closed at approximately 12:01 pm.

**Minutes of the Finance & Performance Committee held on
Monday 04th April 2022, 11.00am – 13.00pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Gary Boothby	Executive Director of Finance
Philip Lewer	Trust Chair
Jo Fawcus	Chief Operating Officer
Anna Basford	Director of Transformation and Partnerships

IN ATTENDANCE

Kirsty Archer	Deputy Director of Finance
Peter Keogh	Assistant Director of Performance
Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Robert Markless	Public Elected Governor
Brian Moore	Public Elected Governor
Stuart Baron	Associate Director of Finance - CHS

ITEM

052/22 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

053/22 APOLOGIES FOR ABSENCE

Apologies were received from Peter Wilkinson

054/22 DECLARATIONS OF INTEREST

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

055/22 MINUTES OF THE MEETING HELD 28th FEBRUARY 2022

The Minutes of the last meeting were APPROVED as an accurate record.

056/22 MATTERS ARISING

039/22 – New Access Committee TOR and reports to be presented to Committee - JF

057/22 ACTION LOG

The Action Log was reviewed as follows:

138/20 – Stroke Deep Dive: comparison of CHFT mortality rates to regional and national rates still to be circulated – JF/PK

131/21 – Neck of Femur Performance: Update originally scheduled for February 2022 now deferred until 3rd May meeting.

025/22 – Capital Profile: The ICS is currently trying to agree the capital plan across the area. The ICS capital plan is oversubscribed by approximately £40m as it currently stands, with ICS capital funds at £160m available. A capital planning session took place on Tuesday 29th March where a number of actions were agreed. It was agreed that the CHFT capital plan would be reduced by approximately £1m leaving £16.5m. A second capital planning day with the ICS has been arranged for the 13th April where it is hoped the plan will be finalised. The capital planning funding allocation remains higher than plans in previous years. Some items have been brought forward which will create more resource. Once agreed with the ICS, the plan will come back to this committee.

ACTION: Leave on action log until process is complete and agreed.

FINANCE & PERFORMANCE

058/22 INTEGRATED PERFORMANCE REVIEW – FEBRUARY 2022

The Assistant Director of Performance reported the Trust's overall performance score for February 2022 was 62%, which is a small improvement on January's position. The RESPONSIVE domain has returned to Amber from Red which accounts for the difference.

Safe domain is still the only one currently in green and has been green year to date.

Caring domain remains Amber but two of the friends and family areas are close to Green. Complaints responses have dipped again and Dementia screening is down to its lowest level at just below 20%.

Effective domain remains Amber. Summary Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) continue to increase. A lot of work is ongoing by the mortality group and there has been some improvement in fraction atrophy but still some distance from the 85% target.

Responsive domain is showing as Amber after dropping into Red last month. Stroke , which continues to have issues around trying to achieve the indicators including access, and ED (see below) have been the main challenges for this year.

Workforce domain remains Amber and a peak in both long and short term sickness is being seen in the 12 month running total. Return to work interviews are at 60% of completion. Discussion is planned at the next Executive Board around the sickness targets.

Finance domain remains Amber.

At the FSS meeting on the 30th March a decision was made to remove Caesarean section from the IPR and reporting against the indicators as it is not considered a sign of quality performance. It will continue to be reported as part of the maternity dashboard.

There has been a dip in overall performance since September 2021 and the main areas behind this have been the Friends and Family test, Sickness, Finance and Stroke.

There is continuing good performance around Cancer targets. ED are still dealing with winter pressures in terms of demand levels. Last week saw the biggest numbers ever. Gaps in rotas for ED are providing significant challenges.

Surgery have lost 21 whole time equivalents during Covid that were experienced staff, and a cohort of staff were moved into ICU. They have just completed two successful recruitment rounds, and the first cohort of staff has arrived. It is worth noting that these staff are new and it will take time for them to get up to speed. There are two new team leaders within

Surgery which will bring the momentum needed to make the changes. This will be discussed at the next governor meeting.

ACTION: Deep dive in Surgery to be planned for this meeting in October.

The following observations were noted:

When the SWOT analysis comparing P1, P2, P3 and P4 was completed it made sure that health inequalities was applied to it. This is still done and is reported periodically.

Issue retaining Community Pharmacists in Quest due to conflicting demands with PCN Pharmacies.

Have introduced a locally developed acuity and complexity score for District Nursing caseloads this is adding value in weighting caseload management but also evidencing increased activity in demand.

ACTION: PK to discuss certain of these issues (including health inequalities) with PL outside of meeting.

059/22 RECOVERY UPDATE An updated graph will be sent out post meeting that gives the target date of February 23 and not March 23.

. The Assistant Director of Performance presented a recovery update as follows:

P2's – Despite challenges presented by staffing etc. the team are very proud that P2's and 104 week waits are still on track to reduce to forecast levels.

P3's – As expected these are away from the trajectory. This is expected until the first quarter of 2022/23 which will be two years on from the start of the Pandemic and there will be a reduction in the 104 week waits.

P4's – Any available capacity is being used to treat P4's. Consequently, these have met the target level.

Total Pathways – These have continued to decrease since the peak 12 months ago.

Inpatients / Day Cases – Targets have been set for 2022/23 and there will be a significant reduction, with ENT being the only area with 52 week waits.

104 week waits – All of the patients have been identified and there will be a very small number remaining at the end of March. These are patients who have chosen to defer their treatment but have been given the opportunity for treatment by CHFT.

Diagnostics – Endoscopy was a challenge earlier in the year but those numbers were down by the end of November as planned. There are two areas that have higher numbers than desired, Neurophysiology and ECHO. These have a target date of May for reaching lower numbers.

MRI – The numbers have been increasing over the last financial year. Plans and funding have been put in place to use external sources. There have been delays on equipment delivery and the build works at HRI have impacted the scanners there. The aim is to return to previous levels by the end of June.

ASI's and Follow ups – The number of first attenders has increased over the last two years. The aim is to return to pre-Covid levels by March 2023 with the exception of ENT, which has a plan to reduce their numbers by 50%.

Follow up Trends – There are 86,186 patients on the follow-up waiting list, 26,117 of which have exceeded their appointment due date. Plans are in place to develop trajectories at a speciality level over the next few weeks to reduce these numbers during 2022/23.

Congratulations to all the teams involved in reducing the numbers and their ongoing work.

The Committee **NOTED** and **RECEIVED** the Recovery update for February 2022.

060/22 MONTH 11 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

Year to date the Trust is reporting a £2.53m deficit, a £0.13m favourable variance from plan. Whilst the Trust has submitted a balanced plan for the year and has delivered a break-even position in the first half of the year (H1), the financial position remains challenging. Capital spend was behind plan at Month 11. SB has been man marking all of the schemes and we are forecasting to deliver the plan for this year.

Aged Debt: Aged debt reduced by 1.3m in February. A target was set at the beginning of the year to reduce the aged debt from £4m to £3m. As of the end of March the position was £2.919m meaning that the target was achieved. KA thanked all staff involved in debt recovery. A new trajectory for the 2022/23 year is being looked at, but learning from experience the Christmas peak will be built in. Payments seem to be affected by the Christmas period.

Cash is currently in a good position with nearly £55m in the bank. The future Cash Committee meetings will be focussing more on stock management as well as aged debt, as stock levels can have an effect on the cash position and it will improve the governance.

The Committee **NOTED** and **RECEIVED** the Month 11 Finance report.

061/22 EFFECTIVE USE OF RESOURCES GROUP (ERG) / EFFICIENCY TARGETS

Throughout March a significant amount of work has taken place to identify efficiency opportunities for 22/23. A workshop took place on 1st March 2022 and from that date on the scale of ideas and opportunities has increased with a further significant push in the week commencing 21st March. A number of other meetings were stood down to create capacity to focus on this financial challenge.

An ambitious target of £20m efficiency savings has been set plus a £5m Covid exit costs challenge. When reported externally this is reported as a £25m efficiency challenge to compare with other ICS partners' reports.

The report presented to the committee shows that the £5m Covid exit costs have been identified, but against the £20m CIP target the report shows that £16.6m worth of opportunities have been identified to date. Over the last week further work has taken place regarding how the Trust can become more productive and how the activity levels are recovered. This could provide a further efficiency saving of £2m. Further opportunities have been identified to bridge the gap to £20m. The support and leadership to enable the work on these efficiencies to be completed has been welcomed.

The majority of the schemes are 'good to go' subject to the quality impact assessment process. The presented report also shows the position across the ICS as we fail or succeed as an ICS.

Weekly Effective Use of Resources Group meetings take place every Tuesday at 12noon.

The Committee **RECEIVED** the ERG update.

062/22 OPERATIONAL AND FINANCIAL PLAN 2022/23

The plan was covered in detail at the last meeting. The key changes were covered at this meeting. The timetable shows submissions due within the next couple of weeks but the next Board meeting is not scheduled until the 5th May 2022. The date for the contract signature has already passed. Contracts remain pending final agreement from the Commissioners and CHFT is not an outlier in this.

The key changes and issues relating to the Plan were as follows:

Operational

- Not planning to achieve the 25% reduction in follow ups by the end of 2022/23 due to current backlogs.
- The MRI back log has been amended to clear the backlog by June 22.

Financial

- The share of the local Convergence Adjustment has been factored in to assumptions. The CCG has an adjustment of c.£1m and CHFT have agreed to take 50% of that £440,000.
- The £1m contingency currently has bids of £2m sitting against which will have to be prioritised in order to stay within the £1m.
- £20m has been allocated to recovery costs in order to reach the 104% target. This assumes further recovery costs to support the increased activity can be contained within the £11.7m which is a lower assumption due to Kirklees CCG looking to retain an element of their recovery funding to commit to directly commissioned Independent Sector work.
- A slide showing the ICS broken down by Places has been added. As a Place the Calderdale/Kirklees draft plan has moved adversely by £36m from 21/22 and because of this level of movement a deep dive has been arranged for Thursday 7th April. CHFT have already participated in a deep dive but his one will focus on the whole Kirklees and Calderdale Place.
- Overall, in terms of the draft plan the ICS was showing a deficit plan of £122m which has since been reduced to £80m as plans are amended.
- Risks: Assumed achievement of 104% activity target to secure full allocation of Elective Recovery Funding and to provide the service patients expect. Delayed transfers of care - the bed base must be reduced to allow for elective work instead of patients awaiting discharge. Exiting Gazprom contract early could result in additional unplanned costs of £3m but reputational risk of retaining also noted.
- Opportunities – improved productivity and staff availability could deliver recovery at a lower cost and close the CIP gap.
- Cash position to be reduced as accruals take effect eg annual leave that staff were unable to take over the last two years. The potential deficit of £23m would also inevitably eat into the £55m cash balance carried into 22/23.

The Committee is asked to approve the proposed operational and financial plans but with a note to support an improved financial plan submission should the funding allocations be amended in our favour.

The Committee **APPROVED** the Draft Operational and Financial Plan for 2022/23 for presenting to the Board.

The plan must be submitted to the ICS on the 19th April and then the final plan to NHSEI on the 28th April but the next Board meeting is not planned until the 5th May. A 'Chairs action' including Richard Hopkin and Peter Wilkinson is likely to be taken to approve the final plan which will then reported into Board on the 5th May.

063/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- THIS Executive Board – February 2022
- Capital Management Group – February 2022

The Urgent Emergency Care Board has been stood down and is to be replaced with the Urgent and Emergency Care Delivery Group from April.

ACTION: Brief overview / Terms of reference for the Urgent and Emergency Care Delivery Group to be provided at the next meeting. Minutes to be sent to Rochelle

ACTION: RLS to chase summaries for next meeting.

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

064/22 WORKPLAN – 2022/23

The workplan for 2022/23 was reviewed.

ACTIONS:

Urgent Emergency Care Board to be replaced with the Urgent and Emergency Care Delivery Group

Access Committee TOR and Minutes to be added

Surgery / Theatre deep dive to be added for October.

065/22 ANY OTHER BUSINESS

It was noted that the proposed NED successor to Richard is currently going through final due diligence checks. Once these are completed Richard will arrange a full handover and the new appointee to the Committee will be invited to attend these committee meetings.

066/22 MATTERS TO CASCADE TO BOARD

Key points to be covered in Chair's Highlights Report to Board.

067/22 REVIEW OF MEETING

No specific review carried out.

DATE AND TIME OF NEXT MEETING:
Monday 3rd May 2022, 11:00 – 13:00, MS Teams

DRAFT

**Minutes of the Finance & Performance Committee held on
Tuesday 3rd May 2022, 11.00am – 13.00pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Gary Boothby	Executive Director of Finance
Philip Lewer	Trust Chair
Anna Basford	Director of Transformation and Partnerships
Peter Wilkinson	Non-Executive Director

IN ATTENDANCE

Kirsty Archer	Deputy Director of Finance
Peter Keogh	Assistant Director of Performance
Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Robert Markless	Public Elected Governor
Brian Moore	Public Elected Governor
Stuart Baron	Associate Director of Finance - CHS
Jim Rea	Managing Director Digital Health - THIS
Jane Peacock	General Manger - Surgery
Isaac Dziya	Public Elected Governor

ITEM

068/22 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

069/22 APOLOGIES FOR ABSENCE

Apologies were received from Jo Fawcus

070/22 DECLARATIONS OF INTEREST

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

071/22 MINUTES OF THE MEETING HELD 4th April 2022

The Minutes of the last meeting were APPROVED as an accurate record.

072/22 MATTERS ARISING

039/22 – New Access Committee TOR and reports to be presented to Committee - JF

073/22 ACTION LOG

The Action Log was reviewed as follows:

138/20 – Stroke Deep Dive: comparison of CHFT mortality rates to regional and national rates still to be circulated – JF/PK – The feedback was that there is no current data available. Is there a national standard that CHFT can monitor themselves against?

ACTION: PK to follow up outside of the meeting

131/21 – Neck of Femur (NofF) Performance: A short presentation was provided by JP with a more in-depth report planned for the August meeting once the new consultant has been in post for six months.

The last presentation was in November 2021. Since then a consultant has been employed specifically for trauma on a 12 month contract. KPI's have been added to the business case for that consultant. The 36 hour from admission to theatre target is set at 85%. This has not been achieved by CHFT over the last twelve months. Covid is expected to have impacted on this. This picture is reflected nationally. There is a KPI relating to a reduction to 12 days length of stay but the CHFT average number of days has been around 15 to 17 with an increase in February to 19.2 days. In the last two months there has been a substantial increase in the number of patients coming into hospital with a fractured neck of femur. The average length of stay nationally is 14.7 days. The treatment pathway has been reviewed and the service users have been asked for their experiences as well as nursing homes and relatives. The plan is to update the patient pathway so that it is suitable for all. Mortality rates have been steady except for a spike in December. Many patients were too unwell to go to theatre. Nationally the mortality rate across the country is running at 7.6% and with the CHFT figure over a 12 month period running at an average of 6.3%. A deep dive has taken place and found nothing untoward. There was no correlation between a patient reaching theatre within 36 hours and the mortality rates. It was not an organisational issue but as a result of having more poorly patients. The arrival of the new consultant is allowing measures to be put in place to improve the performance. These will be reported on at the August meeting. CHFT has been linking up with other Trusts around the country and sharing learning on what works well for each Trust.

ACTION: Numbers to be included in future reports as well as percentage variances. JP

025/22 – Capital Profile: This action can now be closed.

FINANCE & PERFORMANCE

074/22 MONTH 12 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

The risks for 2022/23 will be updated and brought to the next meeting.

The financial position at year end was better than break even with a £40k surplus (based on the regulatory view of performance, the annual accounts figure will differ for technical accounting adjustments which are excluded from the NHSE/I judgement). This did rely heavily on non-recurrent income to support this position, to cover the shortfall in CIP as well as additional pressures. Achieving this position has been challenging with the Trust experiencing a number of significant financial pressures, in particular the growing cost of temporary staffing (enhanced bank rates and high cost agency) the ongoing pressure on capacity due to Covid 19 and the cost of Recovery. H2 also included a significant efficiency requirement of £6.7m, of which only £3.54m has been delivered. However, the Trust successfully bid for additional Elective Recovery Funding in support of schemes to increase capacity, and also secured some additional non-recurrent funding allocations from both local Commissioners and the Integrated Care System (ICS), which between them have mitigated these additional cost pressures.

CHFT achieved a Use of Resources score of 2 for the year.(1 is the highest score).

Cash balance of £54.65m in the bank at the end of the year but this is expected to reduce in the new year as capital payment commitments are processed.

Aged debt has been reduced by £1m over the last year.

A better payment practice score of 94% was achieved against a target of 95%.

The overall ICS position at the end of the year was breakeven with a lot of organisations who also broke even and some who were in a better position.

The Committee **RECEIVED** the Month 12 Finance report

075/22 EFFECTIVE USE OF RESOURCES GROUP (ERG) / EFFICIENCY TARGETS

At the last meeting time was spent reviewing the latest updates of the plan preparing it for submission to Board on Thursday. Since the last submission the planned deficit has improved from £23.1m to £20.1m. There has been a deep dive from the ICS looking at some of the data around planning and also a deep dive by Rob Webster, CEO Designate of the ICS and the ICS team who challenged CHFT to identify improvements.

There is still a further challenge but as of this moment there has been no agreement to commit to anything further. There is still a reliance on delivering a £20m CIP programme and the £5m Covid exit costs reduction. Overall, a £25m efficiency which is around 5%. There remains a £20m deficit in the plan that was submitted.

The overall ICS plan that was submitted is for a £72m deficit next year. £20m of this is attributed to CHFT, with deficits from other organisations within the Place which suggests that this local area is more challenged than others within the region. The Yorkshire Ambulance Service (YAS) has several challenges from both a service performance and financial point of view. Currently this equates to a £30m challenge for next year and as they are hosted by West Yorkshire it is a key factor in the overall position for the region.

While the final plan for the ICS has been submitted and shows a deficit, this remains a work in progress.

Further efficiency schemes for CHFT are to be agreed in today's ERG meeting that aim to bridge the gap between the £18.5m already identified and the £20m efficiency target. These schemes will go through thorough governance before being implemented.

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

077/22 BBRAUN DECONTAMINATION CONTRACT

BBraun provides the decontamination service for the Trust and other trusts across West Yorkshire. BBraun were unwilling to extend the existing contract beyond the break clause date without a change in the commercial value of the contract. BBraun proposed an 18% uplift to the contract. Through negotiation, partners have proposed the following:

- A one-off non-recurrent payment in 2022/23, with CHFT's share of this being £192k; and
- A recurrent price increase of 13.5% per annum, equivalent to £250k per annum for CHFT for the remaining 4 years.

The total cost of the proposed contractual change is £1.2m.

A price increase was anticipated as part of the annual planning cycle for 2022/23 however there is a non-recurrent cost pressure in 2022/23 of £112k based on this proposal.

To obtain an alternative supplier would take approximately 2-3 years and it will require some investment and involvement from partners across the ICS and WYAAT.

The Committee **NOTED** the change to the BBraun decontamination contract.

078/22 INTEGRATED PERFORMANCE REVIEW – MARCH 2022

The Assistant Director of Performance reported the Trust's overall performance score for March 2022 was 64% which is an improvement on February's position of 62%. There was however a 'never event' in March. Hospital Standardised Mortality Ratio (HSMR) went above 100 as expected but all cancer targets were met.

Safe domain is now in AMBER following the never event.

Caring domain remains Amber but two of the friends and family areas are now Green but performance in complaints responses is still a challenge. Dementia screening has improved slightly to 25% and plans are in place to improve this further.

Effective domain remains Amber as Hospital Standardised Mortality Ratio (HSMR) has risen above 100. Challenges to the availability of specialist palliative care staffing led to patients not being captured through coding as being on a palliative case pathway. The Medical Director is looking at a way to resolve this. Neck of Femur is still a challenge at 64%.

Responsive domain remains amber with all key cancer targets achieved for March which is an excellent achievement. Stroke indicators alongside the underperformance in the main planned access indicators and ED remain a challenge moving forward.

Workforce remains amber and there is a peak in the 12-month running total for both long-term and short-term sickness with an increase in Covid related sickness in March when compared to February though not at the same level seen in January. Return to Work Interviews have improved in month.

Finance domain remains Amber and the Use of Resources indicator has turned green.

Health Inequalities group met last week and updated the gap between average wait times for both BAME patients and non BAME patients and IMD1 against IMD9 and IMD10. (IMD 1 being the most deprived area). In March last year the difference in BAME was 7.2 weeks longer. As of April, the difference in the average wait time is down to 0.2 weeks. For P2 patients for IMD1 and IMD2 there is only a difference of 0.4 weeks compared to a number of weeks last year. For P2, P3 and P4's combined, BAME and Non BAME patients were compared. In May last year these combined groups of patients were waiting an extra 5.1 weeks but in April this year the difference was down to 2 weeks.

As a result of such significant progress having been made CHFT has been asked to talk about our success regionally and nationally, as other organisations are not seeing the same improvements. We have been asked to give a one-hour presentation next week to the CQC for their health and equalities week.

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

079/22 RECOVERY UPDATE

The Assistant Director of Performance presented a recovery update as follows:

P2's – It was planned that the P2's would reach zero by the end of March 2022. The numbers have reduced and the figure at the end of the year was around the 100 mark. Surgery in particular are confident that they will reduce those numbers soon.

P3's – Due to the reduction in 104 week waits the next two to three months will allow focus on the P3's and improvement is expected by the end of June.

P4's – Any available capacity is being used to treat P4's.

Open Pathways – These are reducing slowly.

Inpatients / Day Cases – Targets have been set for 2022/23 and the intention is to reduce all 'longer waiters' numbers down to zero by February 2023, with the exception of ENT which is ahead of external targets.

78 week waits – again the intention is for these to reach zero by the end of March 2023.

104 week waits – These have suddenly reduced nationally as it is two years since the covid pandemic started. This was expected. The numbers at CHFT are showing an excellent performance compared to other organisations within West Yorkshire. We do have waits where the patient has specifically chosen to wait. These are being man marked.

Diagnostics – In Neurophysiology and ECHO new trajectories have been created. These have a target date of May for reaching lower numbers. The aim was to achieve zero in Neurophysiology by May 2022. This is slightly off track. ECHO is scheduled to be back on track by the end of August.

MRI – The numbers have deteriorated over the last few months due to staffing, the installation of the new scanners, and problems with the third party provider. Now on target to have cleared the backlog by June.

ASI's and Follow ups – Plan to reduce to pre Covid numbers. ENT to reduce their numbers by 50%. ASI's over 22 week plans to reduce back to zero.

Follow up Trends – Trajectories for each speciality will be added to the graphs to show how the numbers are expected to reduce. In the plans for 22/23 nationally, follow ups are expected to reduce however, CHFT to date has been unable to do this and reduce the follow up backlog. There are almost 80,000 patients on the follow up wait list so still plenty of work to be done, but positive progress has been made on the key areas of focus.

As the new Access Group gets underway more detail will become available.

Achieving the 104% target (against 2019/20 figures) will be crucial for the financial position in 2022/23 as spending will be committed with the expectation this will be achieved, and the funding targets for the ERF are met.

The Committee **NOTED** and **RECEIVED** the Recovery update for March 2022.

080/22 ANNUAL REVIEW

The written annual review of this Committee was submitted as part of the papers.

Under the business and commercial development section for future reports, recognise that this Committee also reviews the strategies for THIS and HPS. The digital strategy was also received by this Committee.

063/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- THIS Executive Board – February 2022

- Capital Management Group – February 2022

The Urgent Emergency Care Board has been stood down and is to be replaced with the Urgent and Emergency Care Delivery Group from April.

ACTION: Brief overview / Terms of reference for the Urgent and Emergency Care Delivery Group and Access Group to be provided at the next meeting. Minutes to be sent to Rochelle - JF

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

064/22 WORKPLAN – 2022/23

The workplan for 2022/23 was reviewed.

ACTIONS:

Surgery / Theatre deep dive and Stroke deep dive to be separated so they are not reported at the same meeting.

RH and RLS to arrange with Suzanne Dunkley how often the workforce deep dive needs to come to this meeting.

065/22 ANY OTHER BUSINESS

None noted.

066/22 MATTERS TO CASCADE TO BOARD

Key points to be covered in Chair's Highlights Report to Board.

067/22 REVIEW OF MEETING

No specific review carried out.

DATE AND TIME OF NEXT MEETING:

Monday 7th June 2022, 13:00 – 15:00, MS Teams

**Minutes of the Finance & Performance Committee held on
Tuesday 7th June 2022, 13.00am – 15.00pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Anna Basford	Director of Transformation and Partnerships (Until 2pm)
Peter Wilkinson	Non-Executive Director
Jo Fawcus	Chief Operating Officer

IN ATTENDANCE

Kirsty Archer	Deputy Director of Finance
Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Robert Markless	Public Elected Governor
Brian Moore	Public Elected Governor
Nigel Broadbent	Non-Executive Director

ITEM

086/22 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

087/22 APOLOGIES FOR ABSENCE

Apologies were received from Gary Boothby, Peter Keogh and Stuart Baron

088/22 DECLARATIONS OF INTEREST

There were no declarations of interest noted.

089/22 ONE CULTURE OF CARE (OCOC)

This is a new agenda item that is to be included on the agenda for every Trust meeting. This will be a standing item but if attendees have any specific OCOC issues to raise they can be raised at any time.

The Trust is refreshing the People's strategy and the four pillars are to be replaced with four values.

RH has spoken to Suzanne Dunkley and it has been agreed she will attend this meeting quarterly.

ACTION: Rochelle to arrange dates with Suzanne.

090/22 MINUTES OF THE MEETING HELD 3rd May 2022

The Minutes of the last meeting were APPROVED as an accurate record.

091/22 MATTERS ARISING

Data around stroke mortality rates benchmarking has still not been received by RM.

ACTION: JF and Peter Keogh to follow up. RH to follow up at next meeting in the absence of RM.

092/22 ACTION LOG

The Action Log was reviewed as follows:

063/22: No ToR's or minutes have been received from the new Urgent and Emergency Care meeting.

ACTION: To be circulated outside of this meeting. JF to follow up.

FINANCE & PERFORMANCE

093/22 MONTH 1 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

A new page has been added to the report this month which shows the Integrated Care System (ICS) and PLACE financial position.

All financial plans for all organisations are due to change as national funding has been announced. An extra £1.5b to cover inflationary pressures, but how it will be distributed is still to be confirmed. The locally allocated funding will go to both CHFT and the local CCGs. The ICS will expect to see an improvement in overall financial positions.

Year to Date Summary

Year to date the Trust is reporting a £3.03m deficit, a £0.11m favourable variance from plan. The Trust has submitted a plan to deliver a £20.1m deficit for the year. Additional funding for inflationary pressures has since been announced, which is likely to improve this position to some extent.

- In Month 1 the Trust has incurred costs relating to Covid-19 of £1.80m, £0.70m higher than planned. Covid-19 activity was higher than planned, driving additional staffing costs and consumables, with some extra capacity opened that was planned to be closed by the start of the new financial year.
- Year to date the Trust has delivered efficiency savings of £0.82m as planned.
- Agency expenditure year to date is £0.87m, £0.140m higher than the NHS Improvement Agency expenditure ceiling (planned value yet to be confirmed).
- Total planned inpatient activity was only 94% of the activity planned for April.

Key Variances

- Income is £1.18m below the planned year to date. This includes £0.72m of planned Elective Recovery Funding (ERF), that has not been assumed due to the activity levels delivered in Month 1 being below plan.
- Pay costs are £1.15m below the planned level year to date. The underspend is primarily linked to vacancies, particularly in Community and FSS Divisions and lower than planned Recovery costs. The majority of pay related efficiency plans are profiled to start later in the year, including those relating to the exit from Covid-19 costs and this likely to put greater pressure on pay budgets as the year progresses.
- Non-pay operating expenditure is at the planned level.

Forecast

The Trust is forecasting to deliver the planned £20.1m deficit. This assumes delivery of a challenging £20m efficiency target.

High Level Risks

The financial risks for 2022/23 have been reviewed. Capital and cash are proposed to remain as they were based on the healthy cash position going into the year. The risk around Income and Expenditure plan has been amended and a risk score of 20 has been proposed at this point in the new financial year. The associated narrative describes the challenges that reflects. The thresholds around securing ERF have not yet been set nor have the mechanisms as to how the funding will be secured. The scale of the CIP requirement is challenging.

It was noted that two thirds of efficiency savings are non-recurrent and queried whether there a risk between the end of the non-recurrent savings and reconfiguration taking place? Yes there are risks. The focus of the ERG meeting going forward is the maintenance of those savings identified to make sure they are delivered, and to work on identifying savings for 2023/24. Due to Covid and other pressures the timeline for identifying savings for this year was very tight.

In order to achieve ERF, 104% recovery target must be achieved which is based on value not volume and is cumulative across the year.

It was noted that the information around recovery was not easy to find within the report. Is it possible that the ICS can be monitored as whole as to how they are performing against the 104%. CHFT has requested to see this data once it has all been collated but there will be a time lag in this on a monthly basis.

Agency spend is running higher than expected. Covid affected capacity pressure. ERG is focussing on reducing this. This is more of a cost avoidance exercise rather than efficiency as high levels of agency spend was not planned for. The agency threshold has not been received from NHSEI. Agency meetings are in diaries.

ACTION: An additional comparator relating to 104% is to be added and this element to be made more prominent in the reporting.

The Committee **RECEIVED** the Month 1 Finance report and **APPROVED** the proposed risk ratings.

094/22 EFFECTIVE USE OF RESOURCES GROUP (ERG) / EFFICIENCY TARGETS

The ERG headlines were included in the paper. As the papers were issued £18.8m of savings had been identified. The full £20m has now been identified inclusive of further covid exit costs. Withdrawing additional layers of staffing in ED. CHFT is planning to receive specific income to support a development, which we had originally been expected to fund internally.

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

095/22 INTEGRATED PERFORMANCE REVIEW – MARCH 2022

The Chief Operating Officer reported the Trust's overall performance score for April 2022 was 68% which is an improvement on March's position of 64%. This was mainly due to changes in the workforce domain.

Safe domain is now GREEN again.

Caring domain remains Amber. Two of the friends and family areas are now Green but performance in complaints is at its lowest level in terms of those closed within the target timeframe. Dementia screening has fallen again in month following a slight improvement last month.

Effective domain remains Amber although Neck of Femur has surpassed 70% for the first time since May 2021 but is still below the 85% target.

Responsive domain remains Amber with all key cancer targets again achieved for April. Stroke indicators alongside the underperformance in the main planned access indicators and ED remain a challenge moving forward.

Workforce remains Amber and there is a peak in the 12-month running total for both long-term and short-term non covid related sickness. Return to Work Interviews have reduced in month.

Finance domain remains Amber.

Note that the Jubilee celebrations could have an impact in the next couple of weeks as people gathered to celebrate.

Cancer performance all targets were met. This is becoming more and more challenging due to workforce.

Stroke demand is outstripping the available capacity.

Workforce is still being affected by short term covid sickness and isolations.

JF and Peter Keogh are currently working on changing the IPR which is a work in progress. Going forward the data will be based more on the SPC analysis. Looking at each chart for actions and mitigations. Health and Equality will become clearer.

ACTION: Full IPR not in pack. Include Health inequality new info re learning disabilities page going forward as mentioned on cover sheet– PK

ACTION: Skill Mix shows as Red each month In Theatres etc. lots of experienced staff have left. JF to get more details from SD and Lindsay

Delayed transfer of care has changed. CHFT reached 69 just before the bank holiday as of today the figure is 74. A daily meeting with system leads and the discharge lead takes place to focus on discharge on the wards. Electronic white boards being piloted on some wards are helping with focus on facts and not opinions.

Complaint response times have continued to deteriorate. This is being picked up at the performance review meetings. Each division has key actions how to improve complaint response times. There is a challenge with complex complaints that cover multiple divisions. Aim to improve over the next 3 months.

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

096/22 RECOVERY UPDATE

The Chief Operating Officer presented the recovery update. The number of slides included in the pack increased and a lot of detail added.

104 week – Colleagues are micromanaging a small group of patients through their treatment. The number still waiting is now reduced to 14. A Daily meeting around 104 weeks takes place, and we are on track to clear the position by July. Worth noting that other organisations are not in same positive position as CHFT. CHFT has been asked to help other organisations.

78 weeks – started to reduce. Divisional breakdowns are included in the papers highlighting some specialties where there are challenges. ENT was a challenge but now reducing as are the Appointment Slot Issues (ASIs). Progress is being made.

52 weeks – The trajectory aims to reduce to zero by Feb 23. This is a CHFT created target which is stricter than any national targets. The number of theatre lists is expected to increase over Summer which will impact the 52 week waits positively.

ASI's – Have been broken down by division and by speciality. The CCG's have been very supportive and have commissioned extra capacity.

Follow up backlog now included in pack.

Diagnostics are on track. MRI are aiming to clear the backlog by the end of June. ECHO and Neurophysiology are showing signs of improvement still highlighted. External companies are providing support.

P2/3/4's may not be included in the paper going forward. An audit and review of P3's will take place at the new Access and Urgent care meeting.

Work is ongoing to produce a dashboard. This should be ready completed in time for the June meeting.

The Committee **NOTED** and **RECEIVED** the Recovery update for March 2022.

097/22 Board Assurance Framework (BAF)

The Company Secretary presented the first BAF update of this year and the full BAF framework will go to board in July. Included within the papers are the six risks that this committee have responsibility and oversight for. No new risks have been added in this update and there is only one risk where the score has changed. The risk is around commercial growth and has been increased from 6 to 9 with the rationale in the paper. The risk is around Huddersfield Pharmacy Specials (HPS) and the loss of a customer and some uncertainty around future access to pricing.

The HPS wholesale strategy is being reviewed.

It was felt by the committee that the risks and their scores reflect the challenging financial position we are in.

RISKS Approved to take to board.

The Committee **APPROVED** the BAF risks to be taken to board.

098/22 TERMS OF REFERENCE FOR THIS COMMITTEE

The ToR's have been brought to this meeting to update membership as the Chief Executive no longer attends but the new Director of Corporate Affairs will attend. (As per email 5th May 2022.)

Hospital Pharmacy Specials to be corrected to Huddersfield Pharmacy Specials.

Section 5.2 will be updated to two Governor representatives invited to the meeting instead of one.

ACTION: The paper for the next committee meeting to be sent to Vicky Pickles, Director of Corporate Affairs.

099/22 TERMS OF REFERENCE FOR ACCESS COMMITTEE

The aim of the meeting is to oversee recovery and make sure there is a governance architecture. Different boards and forums that existed previously are now under one umbrella. Decisions will be made around remedial actions. Meet monthly with key attendees. Look at waiting lists and national directives.

The ToR's submitted were in draft form and changes had been discussed since the papers were submitted.

The Vice Chair will be the Surgical Director of Operations.

This will be a subgroup of this committee and will report in accordingly.

The Committee **APPROVED** the Terms of Reference for the Access Committee.

100/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Cash Committee
- Business Case Approval Group
- CHFT / SPC Quarterly
- THIS Executive Board – April 2022
- Capital Management Group – May 2022

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

101/22 WORKPLAN – 2022/23

The workplan for 2022/23 was reviewed.

The commercial strategy for HPS has been deferred until the next meeting.

The Committee **APPROVED** the Workplan for 2022/23

102/22 ANY OTHER BUSINESS

RH enquired if the year end audit was going to plan. KA stated that the feedback received so far has not highlighted anything unexpected.

103/22 MATTERS TO CASCADE TO BOARD

Key points to be covered in Chair's Highlights Report to Board.

104/22 REVIEW OF MEETING

No specific review carried out.

DATE AND TIME OF NEXT MEETING:

Monday 7th June 2022, 13:00 – 15:00, MS Teams

DRAFT

19. INFORMATION TO RECEIVE

- a. Council of Governors Workplan 2022
- b. Council of Governors Calendar 2022

To Receive

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2022

THE STATUTORY FUNCTIONS OF THE COUNCIL OF GOVERNORS

Under National Health Service Act 2006:

- To appoint and, if appropriate, remove the Chair
- To appoint and, if appropriate, remove the other non-executive directors
- To decide the remuneration and allowances, and other terms and conditions of office, of the Chair and other NEDs
- To approve the appointment of the Chief Executive
- To appoint and, if appropriate, remove the NHS Foundation Trust’s external auditor
- To receive the NHS Foundation Trust’s annual accounts, any report of the auditor on them and the annual report

In preparing the NHS Foundation Trust’s forward plan, the Board of Directors must have regard to the views of the Council of Governors.

Under Health and Social Care Act 2012:

- To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors
- To represent the interests of the members of the Trust as a whole and of the public
- To approve “significant transactions” as defined within the constitution
- To approve any applications by the Trust to enter into a merger, acquisition, separation or dissolution
- To decide whether the FT’s private patient work would significantly interfere with its principal purpose, i.e. the provision of goods and services for the health service in England or the performance of its other functions
- To approve any proposed increase in private patient income of 5% or more in any financial year
- Jointly with the Board of Directors, to approve amendments to the FT’s constitution

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

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
Chair's Report	✓	✓	✓		✓	
Lead Governor Update	✓	✓	✓	✓ (Annual update)	✓	
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register		✓ Receive Register	✓ Receive updated Register of CoG with new governors	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - - Audit & Risk Committee - Finance & Performance Committee - Quality Committee - Workforce Committee - Nomination & Remuneration Committee - Charitable Funds Committee - Organ Donation Committee	✓ Receive update – as appropriate	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update – as appropriate	<u>Private meetings:</u> • Feedback from Divisional Reference Group (DRG) meetings • Feedback from private Board meetings • Feedback from questions
Finance Summary Report	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive and approve Annual Accounts	✓ Receive an update from DOF	
Integrated Performance Report (Quality)	✓ Receive an update from COO	✓ Receive an update from COO	✓ Receive an update from COO		✓ Receive an update from COO	
Quality Report	✓	✓ Including confirmation of new 22/23 QA detail	✓ including quarterly update 3 QA priorities 22/23		✓ including quarterly update 3 QA priorities 22/23	

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

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

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

CALENDAR OF MEETINGS FOR GOVERNORS
For the period January 2022 – December 2022

Meeting Type	Date	Time	Venue
Council of Governors Meeting Attend: All	Thursday 27 January 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 10 February 2022 CANCELLED	2:00 – 4:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 21 April 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Joint Board of Directors / Council of Governors Workshop Attend: All	Tuesday 10 May 2022	1:00 – 3:00 pm*	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 14 July 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 15 September 2022	2:00 – 4:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 20 October 2022	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Joint Board of Directors / Council of Governors Workshop Attend: All	Tuesday 15 November 2022	1:00 – 4:00 pm	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Tuesday 13 December 2022	12:30 – 4:00 pm	Via Microsoft Teams

**DIVISIONAL REFERENCE GROUPS AND ESTATES & FACILITIES
SERVICE GROUP MEETINGS 2022**

GROUP	DATE & TIME	GOVERNORS
Medical Divisional Reference Group	Friday 11 February 2022 1:00 – 2:30 pm	Peter Bell John Gledhill Jo Kitchen Alison Schofield Liam Stout Nicola Whitworth
	Tuesday 14 June 2022 2:00 – 3:30 pm	
	Monday 7 November 2022 2:00 – 3:30 pm	
Families and Specialist Services Divisional Reference Group	Tuesday 15 February 2022 11:00 am – 12:30 pm	Peter Bamber Peter Bell Gina Choy Robert Markless Sally Robertshaw Veronica Woollin
	Tuesday 14 June 2022 11:00 am – 12:30 pm	
	Tuesday 8 November 2022 10:30 am – 12 noon	
Community Healthcare Divisional Reference Group	Friday 18 February 2022 10:30 am – 12 noon	Stephen Baines Gina Choy Emma Kovaleski Robert Markless Alison Schofield
	Friday 10 June 2022 10:30 am – 12 noon	
	Friday 11 November 2022 10:00 – 11:30 am	
Surgical and Anaesthetics Divisional Reference Group	Friday 18 February 2022 1:30 – 3:00 pm	Stephen Baines Peter Bell Sandeep Goyal Christine Mills Brian Moore Jason Sykes
	Tuesday 28 June 2022 1:00 – 2:30 pm	
	Monday 14 November 2022 2:00 – 3:30 pm	
Estates and Facilities Services Group	Tuesday 8 February 2022 11:00 am – 12:30 pm	Peter Bamber Isaac Dziya John Gledhill Brian Moore Nicola Whitworth
	Monday 13 June 2022 10:30 am – 12 noon	
	Wednesday 16 November 2022 1:00 – 2:30 pm	

20. Any Other Business

To Note

21. DATE AND TIME OF NEXT MEETING:

Date: Thursday 20 October 2022

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

Venue: Microsoft Teams

To Note

Presented by Richard Hopkin