























Council of Governors

Schedule	Thursday 20 October 2022, 14:00 — 16:00 BST
Venue	Microsoft Teams
Organiser	Amber Fox

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Date: Thursday 26 January 2023

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

Venue: Microsoft Teams

To Note - Presented by Helen Hirst

**1. Welcome and Introductions:
Dr Sara Eastburn, University of
Huddersfield**

To Note

Presented by Helen Hirst

2. Apologies for absence: Nicola Seanor, Chris Reeve

To Note

Presented by Helen Hirst

3. Declaration of Interests

To Note

**4. Minutes of the last meeting held on 14
July 2022 and the Annual Members
Meeting held on 29 September 2022**

To Approve

Presented by Helen Hirst

DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 2:00 PM ON THURSDAY 14 JULY 2022 VIA MICROSOFT TEAMS

PRESENT:

Richard Hopkin (RH)	Deputy Chair / Non-Executive Director
Helen Hirst	Chair

PUBLIC ELECTED GOVERNORS

Stephen Baines	Public Elected - Skircoat and Lower Calder Valley (Lead Governor)
Alison Schofield	Public Elected - North and Central Halifax
Veronica Woollin	Public Elected - North Kirklees
Gina Choy	Public Elected - Calder and Ryburn Valleys
Peter Bamber	Public Elected - Calder and Ryburn Valleys
Brian Moore	Public Elected – Lindley and the Valleys
Robert Markless	Public Elected - Huddersfield Central
Peter Bell	Public Elected – East Halifax and Bradford
John Gledhill	Public Elected – Lindley and the Valleys

STAFF ELECTED GOVERNORS

Liam Stout	Staff Elected – Nurses/Midwives
Emma Kovaleski	Staff Elected – Management/Admin/ Clerical

APPOINTED GOVERNORS

Abdirahman Duaale	Calderdale and Huddersfield Solutions Ltd
Karen Huntley	Healthwatch

IN ATTENDANCE:

Andy Nelson (AN)	Non-Executive Director
Nigel Broadbent (NB)	Non-Executive Director
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd.
Gary Boothby	Director of Finance
Jo Fawcus	Chief Operating Officer
Lindsay Rudge	Chief Nurse
Andrea McCourt	Company Secretary
Victoria Pickles	Director of Corporate Affairs
Anna Basford	Director of Transformation and Partnerships
Dr Sarah Eastburn	University of Huddersfield (Observer)

53/22 APOLOGIES FOR ABSENCE

Prof Joanne Garside	University of Huddersfield
Salma Yasmeen	South West Yorkshire Partnership Foundation Trust
Chris Reeve	Locala
Cllr Lesley Warner	Kirklees Metropolitan Council
Christine Mills	Public Elected - Huddersfield Central
Nicola Whitworth	Public Elected - Skircoat and Lower Calder Valley
Brendan Brown	Chief Executive
Sally Robertshaw	Staff Elected - AHPs/HCS/Pharmacists
Sarah Mackenzie-Cooper	Equality and Diversity Manager, Calderdale CCG

54/22 WELCOME & INTRODUCTIONS

The Deputy Chair welcomed governors and colleagues from the Trust and Board of Directors to the Council of Governors meeting, in particular Victoria Pickles, Director of

Corporate Affairs, Nigel Broadbent, incoming Non-Executive Director and Dr Sara Eastburn, observer from the University of Huddersfield.

The Deputy Chair stated it will be his final Council of Governors meeting as he is due to depart the Trust at the end of August 2022 after six years.

55/22 DECLARATIONS OF INTEREST

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

AN declared his interest in item 12 relating to re-appointments of the Non-Executive Directors.

56/22 MINUTES OF THE LAST MEETINGS HELD ON 21 APRIL 2022 & 27 JUNE 2022

The minutes of the previous meeting held on 21 April 2022 and extra-ordinary meeting of the Council of Governors on 27 June 2022 were approved as a correct record.

The Company Secretary confirmed the extra-ordinary meeting approved the changes to the Trust Constitution which was subsequently approved by the Board of Directors on 7 July 2022. As a result, the Trust will be appointing a further Non-Executive Director later in the year.

OUTCOME: The minutes of the previous meetings held on 21 April 2022 and 27 June 2022 were **APPROVED** as a correct record.

57/22 MATTERS ARISING / ACTION LOG

There were no outstanding actions on the action log.

Robert Markless asked for an update on the discussion which took place at the last meeting regarding governor vacancies and elections being planned for the near future. The Company Secretary confirmed the next set of elections will be next Spring 2023. The Trust are going to explore the second interested candidate filling the recent governor vacancy. Robert raised his concern regarding the governor vacancy position which was noted.

OUTCOME: The Council of Governors **NOTED** the matters arising.

QUALITY UPDATE

58/22 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. The quality account priorities are below:

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 Emergency Department (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

For 2022/23 the Trust has continued with the three quality account priorities from last year to seek to gain the improvement and outcomes. The progress to these three quality account priorities were shared in the Highlight report and key points are noted below:

1. Recognition of Sepsis

Starting to see progress in the recognition of sepsis in terms of antibiotics being administered which has increased from 46% to 63%. Sepsis screening tool is now live on Athena. There is further work to do to ensure everyone is trained and sepsis recognition is now part of essential safety training. The recognition of sepsis will be one of the first “confirm and challenge” quality account priorities meetings.

2. Reduce number of Hospital Acquired Infections including Covid 19

The Chief Nurse presented the annual Director of Infection Prevention and Control report to the Board last week and was pleased to report a zero MRSA position throughout last year. Unfortunately, an increase in clostridium difficile has been seen this year; however, there has been a decrease in preventable cases. The number of Covid-19 cases are on the rise with a significant increase in inpatients and community prevalence is high. Hospital onset covid infections will be monitored through this peak.

3. Reduce waiting times for individuals attending the ED

Emergency Department (ED) attendances for both hospital sites continue to increase with a 12% rise in number attending on previous years. This has had an impact on the 4-hour performance target. The Trust continue to perform well within the region and outperform a number of other Trusts in West Yorkshire. The Chief Operating Officer attended the Urgent and Emergency Care Delivery Group where they have developed a dashboard which looks at a range of indicators across ED, such as waiting times, clinical outcomes and some of the care interventions that need to be in place whilst patients are in the department. A paediatric waiting area in ED has been established at Huddersfield Royal Infirmary which has received positive feedback and further work is being undertaken at Calderdale Royal Hospital to enhance patient experience.

Veronica Woollin pointed out the challenge in ensuring staff attend training sessions and suggested it is important to utilise training sessions online rather than face to face training sessions. The Chief Nurse responded the Trust have taken a nuanced approach and where a rise in cases have been seen, for example in pressure ulcers, bite sized training has been deployed to the area.

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

59/22 **FEEDBACK FROM NON-EXECUTIVE DIRECTORS IN ATTENDANCE**

Andy Nelson

AN provided an overview of the work he is undertaking at the Trust. AN Chairs the Audit and Risk Committee and will Chair one more meeting before Nigel Broadbent takes over as Chair. AN will be taking over from RH as Chair of the Finance and Performance Committee. The Audit and Risk Committee, at its meeting on 5 July 2022, signed off the 2021/22 annual report and accounts on behalf of the Board. AN also attends the Transformation Programme Board and Chairs the Green Planning Committee. He explained a sustainability action plan on ten different themes has been developed from the Green Planning Committee with 179

actions, over 100 actions have now been completed. Positive progress has taken place on electric charging points, travel policy and waste management. AN also works alongside the Health Informatics Board (THIS) and attends their Executive Board meeting every month. Progress is being made on the Digital Strategy with focus on how to enhance the use of the Electronic Patient Record. AN also Chairs the Security, Resilience and Governance Group focused on emergency preparedness, major incidents and business continuity planning.

Richard Hopkin

RH, as Chair of Finance and Performance ('F&P') Committee, reported the Trust are making positive progress meeting the efficiency savings target for this year and schemes to cover the full £20m and £5m of covid cost savings have been identified. Deep dives have taken place at F&P Committee for example, relating to Stroke and Fractured Neck of Femur. The Committee are looking to expand this further with deep dives into Theatre efficiency and productivity and the Emergency Department. Two new sub-committees are reporting into the F&P Committee, the Access Group focused on the recovery programme and a refreshed Urgent and Emergency Care Delivery Group. RH congratulated the finance team for their hard work signing off the year-end financial accounts this year. There were delays with external audit being prepared to sign off this year; however, this was not down to the Trust's finance team. RH also attends the Charitable Funds Committee, Huddersfield Pharmacy Specials (HPS) Board and is the Wellbeing Guardian for the Trust. RH explained he recently attended a Compassionate Leaders session arranged for the Non-Executive Directors and a learning session on the Freedom to Speak Up process.

Gina Choy highlighted she is aware of the impact KPMG had to the date of the Annual General Meeting and asked if the Trust have assurances that this won't impact submission of the annual accounts in the future. The Director of Finance explained a wrap up session is being planned with KPMG in order to identify lessons learned. He explained KPMG have had some exceptional staffing challenges and the Trust are looking for assurance that they will not be in this position again next year. As a result, the contract with external audit is being reviewed to discuss the staffing challenges and the fees which have increased this year.

Brian Moore added the Trust are not alone getting the accounts submitted in time, many other Trusts have experienced the same problem.

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

PERFORMANCE AND STRATEGY

60/22 Operational Update and Recovery Plans

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

- Covid-19 position – currently 97 covid positive inpatients which equates to 11.28% of the adult bed base – 66 patients on active treatment
- Level of staffing absence has increased over the last few weeks
- The Trust remain at OPEL Level 3 and are currently planning for the heatwave and very high temperatures at amber level 3 in terms of the heat wave plan, Gold meetings are taking place for any decisions that need to be made
- Temperatures at HRI will be high
- Transfer of Care list is at 80 and remains stable, number has reduced since January 2022 with a consistent process in place with partners, aiming to get this below 60 by the end of the Summer 2022
- 104 week waits is down to one patient who has gone over 104 weeks by the end of June 2022 with a treatment date planned this month
- 78 week and above patients are being monitored – trajectory is positive

- Trajectory for reducing the number of 52 weeks to zero by March 2023, this is an internal trajectory only – this challenge has been set by the Trust given the Trust did not receive the Elective Recovery Funding at the end May 2022
- Access Delivery Group is now in place that oversees recovery and monitors the data and dashboard closely
- Progress on backlog position – Expect the trajectory to start reducing, there is a set of actions from the end of July in terms of validation processes and extra capacity in clinics

RH noted the governors have been attending a few meetings on site and asked, in light of the current circumstances, is there any wish to pause this for the time being. The Chief Operating Officer responded masks have been re-introduced on site for all patients and staff. A mix of virtual and face to face meetings where it is possible to socially distance with ventilation is taking place. If this is possible, it should be safe to continue meeting in person. However, if it a large group of people it is safer to meet virtually.

Brian Moore asked the Chief Operating Officer if she expects the Covid-19 spike to affect the elective recovery position. The Chief Operating Officer responded not at the moment, the number of patients at the height of Covid-19 in January was much higher and the Trust still managed to keep the Elective Recovery Programme progressing at that time. The Trust would still keep recovery going and focus on Cancer, urgent patients and risks around 104 weeks in terms of prioritising patients. The Chief Operating Officer and Chief Nurse are reviewing this position daily.

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

61/22 Performance Update

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

- May's Performance Score is at 63.8% which is a deterioration on the April position mainly due to a never event and missing the cancer 62-day screening to treatment target
- All cancer targets have been achieved in June 2022, with the exception of the cancer 62-day screening to treatment target
- Emergency Care Standard is around 75% for the Trust – 25% of patients are not getting through in a timely way
- 62-day cancer performance has been maintained throughout Covid-19 pandemic and the Chief Operating Officer formally noted thanked to the cancer team for achieving this performance
- Diagnostics – MRI is most challenging, with a plan to clear the backlog, the average wait for was 8.2 weeks and is now 4.7 weeks and there are two new MRI scanners up and running at CRH which provides extra capacity, there are some issues regarding echo and neurophysiology due to capacity and a national issue recruiting to these posts
- Complaints – Focused work ongoing with Divisions to review the performance
- CQC visit across Medicine and the Emergency Department with positive feedback

Peter Bamber asked if the graphs could include labels on the axes, e.g., number of patients waiting.

Action: Graphs on performance and recovery to include labels on the axes in future reports (JF).

AN asked what the Anticipatory Care Roles recruited to Primary Care Network (PCN) roles meant. The Chief Operating Officer responded this is about anticipating the needs of

patients out in the community and what wrap around care is needed with signposting to the correct teams. She explained it is a positive model that is supported by the Trust. Gina Choy recognised the targets that have been achieved, staff have been working really hard and Covid-19 figures have been increasing. She stated this is a concern for staff going forward and asked how this will be maintained. The Chief Operating Officer commented on the workforce challenges and there are lots of wellbeing activities taking place with a refreshed People Strategy and the wellbeing hour is going to remain in place. Lots of listening events are taking place at the Trust which provides an opportunity for staff to express their feelings and staff will be supported during the heatwave.

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

62/22 Financial Position and Forecast – Month 2

The Director of Finance summarised the key points in the month 2 finance report up to the end of May 2022. The key points to note were:

- The Trust has submitted a plan to deliver a £20.1 deficit for the year
- Year to date the Trust is reporting a £6.07m deficit, a £0.22m favourable variance from plan
- Strong position with the Cost Improvement Programme with the £20m efficiency savings identified
- £800k ahead of plan on the Cost Improvement Programme at month 2
- Favourable position: however, some expenditure overspends link into extra beds open in relation to Covid-19 throughout April and May 2022 and more delayed transfer of care patients than anticipated
- Elective Recovery Funding - £12m of Elective Recovery Funding has been assumed in the plan if the Trust deliver 104% levels of 19/20 elective activity – at the end of month 2 the Trust did not deliver 104%; therefore, did not assume receipt of these monies
- Additional funding has been made available to the NHS on the back of inflationary pressures, this money can't be spent; however, it improves the deficit position, therefore, Trust is now planning for a £17.35m compared to a £20m deficit plan

Robert Markless asked for clarification if any funds are being received from the centre to support the overspends due to the increased costs of Covid-19. The Director of Finance reported in the month 3 position there has been a slight change in the elective recovery fund and national recognition that organisations are struggling to deliver the activity plans set which is driven by Covid-19 activity levels being higher than planned. The Trust are awaiting further guidance; however, are expecting the targets to deliver against the elective recovery fund to be lowered. The Trust has been told to assume they will achieve all of the funding in month 3, regardless of whether the activity has been delivered or not to support the additional Covid-19 activity.

OUTCOME: The Council of Governors **NOTED** the Month 2 Financial Summary for 2021/22.

63/22 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration Committee held on 22 June 2022

The Company Secretary presented the minutes of the Nominations and Remuneration Committee meeting held on 22 June 2022. This meeting was attended by Philip Lewer as outgoing Chair and Helen Hirst as incoming Chair and considered the Non-Executive Directors succession plan.

The Committee also approved the details for recruitment of a further Non-Executive Director to help with capacity. This recruitment process will start during the Summer 2022 with interviews likely to be held in September 2022.

OUTCOME: The Council of Governors **APPROVED** the minutes of the Nominations and Remuneration Committee (CoG) meetings held on 22 June 2022.

64/22 Ratification of the Non-Executive Director Re-Appointments and Extensions

The Company Secretary presented a paper which 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.

OUTCOME: The Council of Governors **RATIFIED** the following:

- 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.

65/22 Appointment of the Deputy Chair and Senior Independent Non-Executive Director

The Company Secretary reported RH is Chairing the meeting today as Deputy Chair; however, his tenure comes to an end at the end of August 2022.

The Deputy Chair is approved by the Board and comes to the Council of Governors for ratification. The Board of Directors approved the appointment of Deputy Chair and Senior Independent Non-Executive Director at its meeting on 7 July 2022.

The proposal is for Karen Heaton, the longest standing Non-Executive Director to take on the Deputy Chair and Senior Independent Non-Executive Director (SINED) from 1 September 2022.

OUTCOME: The Council of Governors **RATIFIED** the appointment of Karen Heaton as Deputy Chair and Senior Independent Non-Executive Director (SINED) from 1 September 2022.

66/22 CHAIR'S REPORT

Brief Update from Deputy Chair

The Deputy Chair provided an update to the governors in the private meeting which covered operational matters, the Covid-19 and elective recovery position, Emergency Department issues and the refresh of the People Strategy. RH also advised the governors about recent changes at Non-Executive Director and Board level.

The Deputy Chair informed the governors on the update regarding the Integrated Care System and that the Integrated Care Board (ICB) is officially in place and Place-based Committees are now being held.

The Director of Transformation and Partnerships added from the 1 July 2022 the West Yorkshire Integrated Care System was implemented as a statutory body. The Trust have been heavily involved and are supportive of the arrangements. Place based local sub-committees of the ICB will have delegated responsibilities and accountability of the place. She explained this is a fantastic opportunity to work with our partners at local place and improve population health and deliver better outcomes for the local population.

Gina Choy stated the governors would welcome a discussion to understand where governors sit within the ICS and how the funding is being drawn down and allocated.

Action: Session on the Integrated Care System to be arranged with the governors supported by the Director of Transformation and Partnerships.

Robert Markless stated the role of the governors to represent members will change to governors working with community partners. This is a challenge for governors to see how they can work together to do this; however, this could be a good opportunity.

The Chair informed the governors she has been in post for two weeks and is concentrating on her induction. During her first week she had a tour of the hospital sites and visited the community team at Broad Street Plaza. The Chair offered to meet with all governors individually, in person or via Teams and discuss how she can support the governors as Chair.

OUTCOME: The Council of Governors **NOTED** the update from the Deputy Chair and Chair.

GOVERNANCE

67/22 Outcome of Chair's Appraisal

The Deputy Chair shared the outcome of the appraisal process for the outgoing Chair who retired on 30 June 2022. The Deputy Chair undertook a review with the outgoing Chair, the Lead Governor on behalf of the governors and the Chief Executive on behalf of the Executives. He summarized the results of the appraisal as follows -

'The outgoing Chair, Philip Lewer has had successful final year with the Trust. He has fulfilled the objectives set as part of last year's appraisal process in June 2021. In particular, he has also played a prominent role in delivering the Board succession plans for the Trust, in terms of both key Executive and Non-Executive roles, as well as helping to achieve a smooth transition to his successor as Chair. Philip has been a key influencer in the Trust's excellent work on health inequalities and in the development of the Integrated Care System at both the local Place and the wider West Yorkshire levels. He has also worked hard to maintain the close relationships both within the Board and with the Council of Governors. Philip can clearly be very proud of his period of tenure as Chair, which has presented some unprecedented challenges, primarily due to Covid-19. Despite these challenges, Philip has led the Trust, in a very open and caring manner, to make some significant progress across a range of objectives, but always with an eye to improving patient care and looking after its employees'.

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

68/22 Council of Governors Self Appraisal of Effectiveness Questionnaire Findings and Action Plan

The Company Secretary presented the action plan based on the findings from the self-appraisal of effectiveness questionnaire undertaken by the governors. She explained this process was not undertaken in 2021 due to the number of new governors in post.

The response rate was slightly lower from public and appointed governors this year and slightly higher from staff governors.

A few actions have been identified around governors understanding their statutory duties or holding the Non-Executive Directors to account. Refresher training sessions have been offered and views from governors on how to do this well is welcomed as part of the action plan. There is an upcoming workshop with Non-Executive Directors and Governors on 20 September 2022 where this can be explored further.

Brian Moore commented all governors that sit on the Board Committees can judge the quality of the Non-Executive Directors in the way they Chair these meetings. He explained

attending these meetings and workshops with the NEDs to deep dive into the work they do is a way of holding the Non-Executive Directors to account.

AN further added attending the Board of Directors is a further opportunity for governors to see the performance of the Non-Executive Directors.

OUTCOME: The Council of Governors **NOTED** the findings from the 2022 Council of Governors effectiveness questionnaire and **APPROVED** the action plan to address the areas for development.

69/22 COMPANY SECRETARY'S REPORT

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

The Company Secretary informed the Council of Governors 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.

The 2021/22 Annual Report and Accounts were approved at the extra-ordinary Audit and Risk Committee on Tuesday 5 July 2022 and have been submitted to NHS Improvement.

It is proposed to hold the Annual Members Meeting by 30 September 2022.

The Annual Report and Accounts for 2021/22 and summary report is now available on the Trust website.

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

b. Council of Governors Draft Meeting Dates for 2023

The Company Secretary presented the proposal of meeting dates and workshops for 2023 for approval.

OUTCOME: The Council of Governors **APPROVED** the proposal of meeting dates and workshops for 2023.

c. Review Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register was shared for review. 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 **RECEIVED** and **NOTED** the current Council of Governors Declarations of Interest Register.

d. Receive Register of Council of Governors

The current Council of Governors Register as of 7 July 2022 was shared and the governor vacancies were noted.

OUTCOME: The Council of Governors **NOTED** the Council of Governors Register as of 7 July 2022.

70/22 RECEIPT OF MINUTES FROM SUB-COMMITTEES

The minutes of the following meetings were received:

- Quality Committee held 21.03.22, 20.04.22 and 16.05.22
- Workforce Committee held 12.04.22
- Charitable Funds Committee held 11.05.22
- Audit and Risk Committee held on 26.04.22

- Finance and Performance Committee held on 04.04.22, 03.05.22 and 07.06.22

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

71/22 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.

72/22 ANY OTHER BUSINESS

Peter Bamber raised a query from the Surgical Divisional Reference Group Summary on a Page which stated:

- A 'never' incident occurred where two patients had the same name, one was recorded as having a Do Not Resuscitate order (DNR) and the other wasn't. The incorrect patient was not resuscitated and died as a result. There has been a focus on education and communication regarding serious incidents and wards now record the patient's full name on ward patient identification boards.

Peter Bamber commented that the one action regarding putting the full name on the patient ID board would not be sufficient to prevent recurrence of such an event, and that in a crisis situation staff rushing to a call would not check this. There was a view expressed that if this was the sole action to resolve the issue then this was not sufficient.

Action: Company Secretary to follow up with Denise Sterling on the outcome and scrutiny of this never event at the Quality Committee.

Stephen Baines formally thanked RH on behalf of the Council of Governors for the work he has undertaken at the Trust over the past six years. He stated RH should be proud of the work he has undertaken at the Trust and thanked him for the help and guidance he provided him as lead governor. Brian Moore re-iterated the comments made and mentioned he was on the interview panel for RH's appointment and has sat on the Finance and Performance Committee. He stated RH has always taken his duties as a NED very seriously and wished him the very best.

RH thanked Stephen Baines and the Council of Governors for all their support and wished them the best for the future.

The Chair echoed thanks to Richard Hopkin for everything he has done at the Trust.

DATE AND TIME OF NEXT MEETING

The Deputy Chair formally closed the meeting at approximately 3:53 pm and invited governors to the next meeting.

Date: Thursday 20 October 2022

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

Venue: Microsoft Teams

**DRAFT Minutes of the Calderdale and Huddersfield NHS Foundation Trust
Board of Directors and Council of Governors Annual Members Meeting held
Thursday 29 September 2022 at 5:00 – 6:30 pm
Via Microsoft Live Events**

PRESENT (Speakers)

Helen Hirst, Chair
Brendan Brown, Chief Executive
Kirsty Archer, Deputy Director of Finance
Renee Comerford, Nurse Consultant for Older People / Clinical Lead for Urgent
Community Response and Virtual Ward
Liam Whitehead, Head of Apprenticeships and Widening Participation
Richard Lee, External Audit Partner, KPMG
Stephen Baines, Lead Governor, Public Elected, Skircoat and Lower Calder Valley

Board of Directors

Suzanne Dunkley, Executive Director of Workforce and Organisational Development
Jo Fawcus, Chief Operating Officer
Victoria Pickles, Director of Corporate Affairs
David Birkenhead, Executive Medical Director
Nigel Broadbent, Non-Executive Director

In Attendance

Robert Birkett, Managing Director, Digital Health
Anna Basford, Director of Transformation and Partnerships
Stuart Sugarman, Managing Director, Calderdale and Huddersfield Solutions Ltd
Andrea McCourt, Company Secretary
Danielle Booth, Admin Assistant, Membership and Engagement
Vanessa Henderson, Membership and Engagement Manager
Amber Fox, Corporate Governance Manager

Public Elected Governors

John Gledhill, Public Elected Governor, Lindley and the Valleys
Gina Choy, Public Elected Governor, Calder and Ryburn Valleys
Robert Markless, Public Elected Governor, Huddersfield Central
Peter Bell, Public Elected Governor, East Halifax and Bradford

Staff Elected Governors

Sally Robertshaw, Allied Health Professionals

Appointed Governors

Chris Reeve, Locala

Apologies

Andy Nelson, Non-Executive Director
Karen Heaton, Non-Executive Director
Gary Boothby, Executive Director of Finance
Nicola Seanor, Associate Non-Executive Director
Tim Busby, Non-Executive Director
Peter Bamber, Public Elected, Calder and Ryburn Valleys

1. CHAIR'S OPENING STATEMENT AND INTRODUCTIONS

Helen Hirst introduced herself as the Chair of the Trust who leads the Board of Directors and Council of Governors, a role she took up on 1 July 2022. She opened the meeting by welcoming everyone to the third 'virtual' Annual Members Meeting of the Council of Governors which covers the period April 2021 to March 2022 and provides an opportunity to reflect on the last 12 months within the Trust and share the Trust's plans and challenges for the coming year. The Chair stated she is hopeful the Annual Members Meeting can return to a more engaging event next year by being in person.

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

The Chair also welcomed the external auditor, Richard Lee from KPMG. The external auditors play a vital role auditing the annual report and accounts each year before they are submitted to Parliament. The Chair advised that both the annual report and accounts and an easy read short version of the annual report for 2021/22 are available on the Trust website. The quality accounts for the year can also be found on our website, these describe the quality of services we delivered to our patients over the past year.

The Chair acknowledged the work and dedication of the recent outgoing Chair, Philip Lewer, who retired at the end of June 2022 after four years as Chair of the Trust. Philip had great admiration and a deep respect for each and every member of the CHFT family and everything they did to deliver compassionate care for its communities, particular over a second tumultuous year of Covid. In the annual report and accounts, Philip Lewer proudly highlighted the pioneering work of the Trust on health inequalities, its commitment to working with its partners across the region and its ambitious reconfiguration and transformation plans.

With the recent passing of the late Queen Elizabeth II, the Trust are reminded of her recognition for the NHS, shown by the award of the George Cross to the NHS on 4 July 2021, only the second time this highest civilian award for gallantry has been given to an organisation. The late Queen's letter noted the award was given "with great pleasure on behalf of a grateful nation", recognising all NHS staff past and present for their role supporting people with courage, compassion, dedication and public service, particularly during the Covid-19 pandemic. The Trust thank her for this, and her life dedicated to public service.

The Chair referred to the changes with the Health and Care Act 2022, a set of new measures, set out in legislation that are designed to make it easier to deliver integrated care for people who need our services. She also referred to the changes in governance with the establishment of Integrated Care Boards and its place sub-committees that bring changes for how decisions are made that affect the Trust. These changes also bring some opportunities to achieve better outcomes for local people. Further information on these changes is available on the West Yorkshire Health and Care Partnership website at <https://www.wypartnership.co.uk/about>.

The Chair stated that the governors have a key role in appointing the Non-Executive Directors at the Trust and in addition to the Chair's appointment have agreed the appointment of two new Non-Executive Directors, Tim Busby and Nigel Broadbent. The Trust said a fond farewell to two Non-Executive Directors, Alastair Graham who left the Trust at the end of May 2022. Alastair was the first Chair of our subsidiary, Calderdale and Huddersfield Solutions Ltd and saw it through its set up to a successful four years and Richard Hopkin, who had served nearly seven years, and had been Deputy Chair left in August 2022. The Chair formally thanked them for their service.

2. OVERVIEW OF THE COUNCIL OF GOVERNORS CONTRIBUTION 2021-2022

Stephen Baines introduced himself as the Lead Governor at CHFT since December 2019 who has been extended as lead governor for a further year. Stephen highlighted the governor activities that took place over the last year. During 2021/22 governors continued to attend virtual meetings and Stephen took the opportunity to thank all the Governors for their continued commitment over the last 12 months.

Stephen reported it was a busy year for recruitment to key roles in the Trust, including the appointment of the new Chief Executive, Brendan Brown who re-joined the Trust in January 2022 and the appointment of a new Chair, Helen Hirst who joined July 2022. Stephen formally thanked Philip Lewer for his contribution to the Trust over his four years as Chair and his legacy of a very positive working relationship with himself as lead governor, the wider Council of Governors, and the Trust on behalf of patients.

During the last year, Governors have had opportunities to attend workshops with the Non-Executive Directors and Board of Directors to discuss many areas including cancer performance, how the Trust is reducing health inequalities for its local population, the Nursing and Midwifery Strategy, the Trusts strategic objectives, choosing the Quality Priorities and the development of the Integrated Care System. Last Autumn 2021 the Governors also appointed the Trust's external auditors.

Given operational pressures, governors received information from clinical divisions about services via virtual meetings and were pleased to resume to in person meetings in June 2022.

During the year, the membership community has been extended by broadening it beyond Calderdale and Kirklees for those interested in the hospital who live in different areas. This will also support engagement with partners across the regional West Yorkshire Integrated Care System.

Stephen explained a small number of governors have begun work planning activities following a survey of its members about what they would like to see, and he reminded members to share any suggestions on our website at <https://www.cht.nhs.uk/about-us/membership-and-the-council-of-governors/>.

Stephen highlighted the exciting plans the Trust has over the next 12 months for new developments across both of its hospital sites and in the community and that the

governors look forward to working with the Trust on these and sharing the progress with their constituencies.

3. EXTENSION OF GOVERNOR TENURES 2021/22

The Chair explained that given the operational pressures in the months prior to elections nationally, the Trust were able to extend the tenure of governors who were due to either end their time as governors or stand for re-election. The Chair formally thanked the following governors who were extended for continuing in their roles:

Constituency	Public Elected Governor
Skircoat and Lower Calder Valley	Stephen Baines
North Kirklees	Veronica Woollin
Lindley and the Valleys	John Gledhill

Constituency	Staff Elected Governor
Allied Health Professionals	Sally Robertshaw

4. FRAILTY SERVICE

Renee Comerford, Nurse Consultant for Older People and Clinical Lead for Urgent Community Response and Virtual Ward shared a presentation detailing the work of the Frailty Service both in hospital and the community.

5. WIDENING EMPLOYMENT PROGRAMME DEVELOPMENT

Liam Whitehead, Employability Manager shared a short presentation highlighting the widening employment programme at the Trust.

6. FINANCIAL REVIEW: ANNUAL ACCOUNTS: APRIL 2021 – MARCH 2022 AND THE EXTERNAL AUDIT OPINION

Kirsty Archer, Deputy Director of Finance presented a financial report for 2021/22, highlighting the key points from 2021/22 and looking forward to 2022/23. The full details of the annual accounts were available in the 2021/22 Annual Report published on the Trust website.

Overall, from a financial perspective the year ending 31 March 2022 was a successful one for the Trust which delivered a £40k financial surplus or underspend compared with our breakeven plan. The Trust also closed the year with a healthy cash balance of £54.7m and spent less on external agency staff than planned. This is the third consecutive year that the Trust has managed to balance the books and deliver small surpluses.

The actual operational expenditure in year was £40m higher than originally planned and this was supported by additional funding which, in the main, related to additional Covid costs and investment in elective activity recovery.

Additional changes to the normal regime that continued from the prior year included:

- a move to block financial payments rather than the historic systems of payment based on the volumes of activity undertaken,
- receipt of cash in advance to allow us to then pay suppliers more quickly and support the local economy.

Other successes for the Trust included the Trust performance against its use of resources metric which was delivered in line with plan. This is an overall score that measures the Trust's performance to deliver agreed plans, treasury management performance and agency expenditure controls. The Trust were also given an unqualified external audit opinion.

The Deputy Director of Finance also highlighted the expenditure on assets – buildings, IT and equipment which is known as capital spend. In year the Trust spent £24.37m on capital items compared to an original plan of just under £19m. In year additional monies were provided for additional spend primarily on digital technology supporting new ways of working. Investing £24m in any one year was a huge achievement for the Trust and allowed us to make much needed improvements to its estate and purchase of equipment to support patient care.

The actual reported position in the accounts is a £0.3m deficit and not the £40k surplus. The difference relates to technical accounting adjustments. The revaluation of land and buildings at £0.32m. Other adjustments related to capital grants and donations where the Trust were donated equipment, during the pandemic for which there was no cash consideration. There is also a final adjustment for items that were provided centrally but still held in stock such as PPE (personal protective equipment). The Trust's regulators do not hold the Trust to account against these technical adjustments. In year the Trust spent £24m on additions to assets.

Significant spend was incurred on the Huddersfield Royal Infirmary (HRI) estate to improve the condition of buildings and a further £6.5m on IT projects. The new learning and development centre at HRI is a great and much needed development replacing old facilities and investment has also commenced on the new Accident and Emergency facilities at HRI.

Richard Lee, KPMG presented the External Audit Opinion which considered the following and provided an unqualified (clean) audit opinion on 8 July 2022:

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

The annual auditors report is published on the Trust website.

The Deputy Director of Finance shared the future position for 2022/23. The forthcoming year is expected to be tough financially, reflecting both the national context that everyone will be aware of in their own finances as well as the specific challenges facing the NHS. There is a requirement for all NHS Trusts to deliver

efficiency savings and specific Covid funding is being tapered down. However, funding has been provided to support and incentivise the delivery of additional clinical activity and it is recognised that many patients have been waiting a long time for elective care. The Trust's plan is for a £17.35m deficit which forms part of an overall West Yorkshire Integrated Care Board balanced plan. The Trust are also planning for an even greater capital investment programme this year, totalling £39m which includes significant continued investment in the new A&E at HRI.

7. REVIEW OF 2021/22 AND FORWARD VIEW

Brendan Brown, Chief Executive provided a review of 2021/22 and forward view for the rest of the year. He highlighted the vision and strategy of the Trust which is **“Together we will deliver outstanding compassionate care to the communities we serve”** and is underpinned by the Trust's four pillars of behaviours that guide how we work.

The aim of the Trust is to deliver **one culture of care** which means that we care for our colleagues in the same way that we care for our patients, ensuring colleague wellbeing remains a priority.

Transforming and improving patient care highlights:

- Innovation by nursing staff received **national recognition for the Ascitic Drain Service** (ascitic drains are used to drain excess fluid away from the stomach), winning the British Journal of Nursing Innovation Award
- The first Trust to launch a new **shared maternity electronic patient record system**. The record allows all Trusts across West Yorkshire to share documents relating to care during a woman's pregnancy
- Launched an **exciting new pharmacy pilot service** - 'Pharmacy Led Safari Discharge' offering a safer and quicker way to get prescriptions written and medicines supplied to patients as they are discharged from hospital
- During 2021/22 the Trust were part of the national **Digital Aspirant Programme**, progressing a number of our digital ambitions including scan for safety
- Started the build for our **new A&E at HRI**
- Work by CHS to create a specific Covid isolation ward, at HRI, which opened in December 2020, received three awards at the Building Better Healthcare national awards

Keeping the base safe highlights:

- The Trust are tackling the elective backlog of care due to the Covid pandemic.
 - **No patients** waiting for **more than 104 weeks** for planned care
 - 175 patients waiting over 78 weeks – will be zero by March 2023
 - 2000 waiting no more than 52s – target is 2000 by March 2023
 - The Trust are **leading the way on work to narrow inequalities** in waiting lists, including clearing the backlog of 77 people with a learning disability waiting for elective care
- The Trust use **index of multiple deprivation**, ethnicity and other protected characteristics as well as waiting time to inform our prioritisation of care
- Our **Macmillan Information and Support Team**, and Lead Cancer Nurse won a national Macmillan Professionals Excellence Award recognising their contribution during the pandemic, offering crucial virtual support to cancer patients

- Our **district nursing team** were one of the first Trusts in the country to offer Covid treatments to clinically vulnerable patients in their own homes
- **Maternity services** submitted evidence against the seven Immediate and Essential Actions of the first Ockenden report published in June 2021. The second national report into maternity was published in March 2022.

Workforce fit for the future highlights:

- Significant challenge during the year - despite this have successfully recruited **nursing and medical workforce** over the last year
- Our estates, facilities and procurement provider, **CHS Ltd named in the Kirklees Top 100 Companies**, in 25th spot, showing continued commitment of all 450 colleagues within CHS
- Our **finance team received Future Focussed Finance Accreditation** Level which recognises organisations with the very best finance skills development, culture, and practices in place
- Celebrated our **first four Professional Nurse Advocates** (PNAs) in Community Division who support the emotional needs of colleagues helping them feel supported and valued
- Associate Director of Nursing, Liz Morley; Clinical Manager, Sally Akesson and District Nurse, Ansah Jami were **individually awarded the Queen's Nurse Award** for a high level of commitment to patient care and nursing practice
- Continued our work with **Project Search - an intensive supported internship programme** for young people with special educational needs to move into paid employment and apprenticeships

Sustainability:

- The Trust **2021/22 financial plan** was adapted to reflect the national changes to the NHS financial funding regime during the year
- **Funding was managed within an agreed overall financial envelope** across West Yorkshire – as you have heard from our Director of Finance
- **Developed a Green Plan** recognising the key issues of climate change, air pollution and waste go far beyond the walls of our estate
- Have **a sustainability action plan** - as at March 2022, 74 of the 176 actions were already complete
- **Sustainability is embedded** into upcoming capital projects. Plans for the new Emergency Department at HRI include proposals for an air source heat pump system which would generate renewable energy onsite
- CHS has introduced **low/ultra-low emissions vehicles** into its Transport and Estates fleet.

Looking forward our focus for the rest of the year is:

- Colleague wellbeing and resilience
- Recovery – seeing patients as quickly as possible
- Business as usual alongside any additional Covid-19 waves
- Exciting new developments including:
 - virtual wards;
 - new outpatient referral models;
 - improving access to diagnostic services;
 - more digital technology including the potential use of automation and artificial intelligence.

- A new **learning and development centre** opened at HRI earlier this year
- **Rainbow Child Development Unit** will open in Elland in November
- Opening new community and hospital based diagnostic capacity in Calderdale next year
- The **new Emergency Department at HRI** is well on its way to being built by Autumn 2023
- In 2023 the Trust will start building work for a **new A&E, wards, operating theatres, learning and development centre and parking** at Calderdale Royal Hospital.

8. QUESTIONS AND ANSWERS

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

Q: What are you doing to improve recruitment and retention?

A: Suzanne Dunkley responded the Trust has recently agreed a Recruitment Strategy for 2022-25 (Grow Our Own) which includes a strong focus on widening access into employment at CHFT, developing and supporting its colleagues throughout their careers and addressing areas of concern for retention.

Just some of the current examples of how we are 'Growing our Own' are:

- Creation of new entry pathways for both clinical and non-clinical careers into CHFT which include The Princes Trust, NHS Cadets, Kickstart, Project Search, Volunteering, Sector Work Based Academies and T levels.
- 45 x local participants progressing into apprenticeships and substantive posts from across our Widening Participation projects
- Building a pipeline of nursing graduates who join us each year from local universities and are supported through preceptorship programmes in the organisation
- Expanding our international recruitment plans to 100 international nurse recruits in 2022. Our pastoral support ensures that these colleagues are welcomed as part of the CHFT family and into the wider community
- Following the success of our international recruitment programmes, we are expanding our international programmes to recruit and retain colleagues from midwifery, allied health professionals and community nursing
- Continuing to achieve the zero vacancy target for our Health Care Support Workers
- Rolling out our Clinical Director development programme to attract and retain clinical leads for each speciality, allowing colleagues to build their clinical leadership career with CHFT

Q: How often do you perform staff satisfaction surveys? What were the most recent results?

A: Suzanne Dunkley responded the Trust are focused on ensuring its colleagues know that CHFT is a place where they can be open and honest. This is tested by using several indicators to assess colleague engagement including the quarterly people pulse survey and annual staff survey which enables the organisation to focus on areas for improvement plus celebrate successes.

The Trust also use Freedom to Speak Up and other workforce health indicators such as turnover, absence and training and appraisal compliance to monitor the 'health' of its workforce. CHFT compares favourably with other Trusts on those indicators, with a turnover of ~8% and compliance rates of 90%+.

The following gives an overview of the most recent colleagues survey. The People Pulse survey tells us:

Areas of success

- I look forward to going to work – 41.9% (+7.1% from last quarter)
- My organisation is proactively supporting my health and wellbeing – 59.9% (+1.4% from last quarter and +7.6% vs. NHS overall)
- There are frequent opportunities for me to show initiative in my role – 63.1% (+2.3% from last quarter)

Areas for development

- In my team we support each other – 70.6% (-5.8% from last quarter and -3.3% vs. NHS overall)

The Annual Staff Survey 2021 tells us:

Areas of success

- Organisation takes positive action on health and well-being – 60%, score has increase by 28% from 32% 2020, and 38% increase on 2019 score of 22%
- Opportunities to show initiative frequently in my role – 73.5%, score has increase by 2.8% form 70.7% 2020, and 2.5% increase on 2019 score of 71%
- Immediate manager asks for my opinion before making decisions that affect my work – 53.5%, score has increased from 51% in 2020 and 50.9% in 2019
- Would feel secure raising concerns about unsafe clinical practice – 76.1%, score has increased from 73.9% in 2020, and 71.1% in 2019
- Always know what work responsibilities are – 87%, score had increased from 85.1% in 2020, and 86.7% in 2019

Areas of development

- Often/always look forward to going to work – 45.2%, score has decreased by 8.2% from 53.4% in 2020, and decreased 10.3% on 2019 score of 55.5%

Q: How often do either of you (CEO and Chair) go on to a ward/department to observe a busy working environment and speak with your staff?

A: Brendan Brown, Chief Executive responded visibility, approachability, and hearing the voices of colleagues is really important to him. Brendan is out and about talking to colleagues and patients on wards, in departments and in community every week. He also stops and speaks to colleagues as he is walking about the hospital sites. There is the 'Ask Brendan' facility whereby anyone across the Trust, can send Brendan a question or comment at any time and they will receive a timely and thorough response. Brendan is also involved in lots of things that involve direct interaction with colleagues at all levels including Chairing the Race Equality Network. In his nine months in the Trust, he has had chance to go and see colleagues in lots

of areas, but inevitably there will be areas he has not yet been to and he always welcomes an invite.

Helen Hirst, Chair responded that she joined the Trust in July so she is currently in her induction period, meeting different colleagues and seeing different services across the Trust. She has had the pleasure of meeting colleagues on both hospital sites, in community services and in the subsidiary company since she started. She also gets the shuttle bus occasionally which is a great opportunity to talk to people who work in different parts of the organisation. As referenced in Brendan's response, Helen is always open to an invite.

Q: Why did you comply with the covid mask and vaccine requirements of the government knowing that this was totally false and the vaccine has resulted in many many deaths and injuries worldwide?

A: Brendan Brown, Chief Executive responded as an NHS organisation, we needed to follow national policy and guidance on the use of masks within our premises, to support the control of infection. While this was in place for Covid, it is normal practice for healthcare organisations to use personal protective equipment in clinical environments to prevent the spread of infection. In relation to vaccination, the Trust runs both a covid and flu vaccination programme for colleagues but these are down to personal choice and not mandated.

There are strict precautions in place to help ensure the safety of all Covid-19 vaccines. Before receiving validation from national regulatory agencies for emergency use, COVID-19 vaccines must undergo rigorous testing in clinical trials to prove that they meet internationally agreed benchmarks for safety and efficacy.

Billions of people have been safely vaccinated against Covid-19. All the approved Covid-19 vaccines have been carefully tested and continue to be monitored.

Q: There has been recent publicity given to initiatives aiming to improve hospital food by sourcing food locally and working with local farmers (Sheffield is a leader here). Are there any plans to improve Calderdale and Huddersfield hospitals food in a similar way?

A: Stuart Sugarman, Managing Director for Calderdale and Huddersfield Solutions responded the team is currently working on a catering strategy and are engaging with local suppliers to establish best routes to market and as part of our Green Plan are working to reduce 'food miles'. We already use local suppliers to source food and are currently engaging with local Cash and Carry's to reduce road miles and are exploring ways to expand this.

Q: What can be done for a patient living within the Calderdale area to be automatically offered an outpatient appointment at CRH if there is that facility available instead of at HRI. A taxi is approximately £13.00, the shuttle is not available for the general public, and ambulance services can take a long time to collect before and after visit?

A: Anna Basford, Director of Transformation and Partnerships responded Calderdale and Huddersfield Foundation NHS Trust offers appointments at both of our hospital sites and we try to offer a choice where possible. For some specialties this is not always possible, or it may be that a patient needs to be seen quickly and the earliest

appointment is available at HRI. We now offer many more remote appointments whereby patients can have a consultation via the telephone or video technology, avoiding the need to travel at all.

There are a number of local bus service routes between both hospital sites operating an hourly service during daytime hours.

Yorkshire Ambulance Service have also launched a transport options helpline service in Calderdale which supports patients travelling to hospital appointments and between hospital sites. In some cases, there is a charge, but these vary.

People on low income are able to claim refund of their costs for journeys to hospital for treatment through the national Healthcare Travel Costs Scheme.

Q: In what ways are the Foundation looking to address the issues surrounding access to local clinical services, and at the more coordinated use of existing modern facilities such as Todmorden Health Centre, for residents of the Upper Calder Valley?

A: Anna Basford responded the Trust is working closely with the Primary Care Network of GPs, health care, social care and voluntary sector organisations to meet the needs of over 35,000 patients that live in the Upper Calder Valley.

Our aim is to ensure access and convenience of services when people need them and to enable people to be cared for in their own home – avoiding the need for people to come to hospital. We have worked with partners and local people and recently implemented several new services - this includes:

- Urgent Community Response Teams – this is a team of skilled professionals that will respond within 2 hours to provide urgent support in people’s homes to provide the care needed - so people can remain independent and avoid an admission to hospital.
- First Contact Practitioners – this provides quick access to expert musculoskeletal assessment, diagnosis, treatment and advice in local GP practices – avoiding the need for people to travel to hospital for these services.
- Anticipatory Care - we have invested in community healthcare roles to work with GP practices to assess the needs of patients on GP lists and anticipate their likely future needs - so we can support them proactively managing their long term condition/s and where required ensure early support and care is provided in their home to avoid people requiring urgent or emergency care and need to travel to hospital.

In October the Trust will also be implementing a virtual ward model that will enable people to get the acute health care they need at home safely and conveniently, rather than being in hospital. This can support people to avoid coming into hospital where their care could be provided at home and support people to go home sooner following a hospital admission.

We are continuing where appropriate to offer digital access to appointments so that people can have an out-patient appointment without the need to leave home. We

know that this is not possible or appropriate for all out-patient appointments and we have worked closely with Healthwatch and local people to make sure we offer the best access and to ensure we do not widen health inequalities in access.

Our aim is to provide, where it is appropriate, as much care as possible for people in their home.

We are reviewing the best use of estate across hospital and community sites in the Upper Valley, and this will include review of the use of Todmorden HC to support best access where care cannot be provided at home.

Q: Where does outpatient physiotherapy fall within the CRH configuration? We work out of a gym. Is there a plan for where we will complete our rehab? Who consulted the community division?

A: Anna Basford responded as part of future planning for the reconfiguration of services the Trust are working with all service areas to discuss plans for their future operating models. This will inform the best use of our planned new buildings, existing buildings and required future community facilities. As part of this the Trust are discussing outpatient models of care (including therapies) and how the Trust might improve patient experience and access by offering services in community settings. She highlighted it is really important that colleagues are involved and is happy to arrange a meeting separately with therapy colleagues to discuss in more detail.

Q: While readmission has reduced, is there an increase in mortality in the same target population?

A: Brendan Brown responded mortality data is still within normal rates at this point; however, it is something the Trust are paying close attention to. However, there is an increasing number of acutely unwell patients admitted and re-admitted. The Trust are working with public health on this. An ongoing deep dive into mortality data is taking place at the next Executive Board.

Q: Who do people contact if they are interested in finding out more about the apprenticeship programme?

A: Liam Whitehead at liam.whitehead@cht.nhs.uk or suzanne.dunkley@cht.nhs.uk or pop along to our website and go to our recruitment pages.

Completion for new developments – contact BB or AB directly. ED Department at HRI will be completed of Summer 2023. Building works with Car park at CRH from March 2023.

Q: Is there a timeline available for the completion of new developments that were called out here?

A: Brendan Brown responded the new A&E Department at Huddersfield Royal Infirmary will be completed by Summer 2023 and building works at the multi-storey car park at Calderdale Royal Hospital will commence from March 2023.

Please email Brendan.Brown@cht.nhs.uk or Anna.Basford@cht.nhs.uk for further information.

9. CLOSING STATEMENT

The Chair thanked everyone for attending and noted particular thanks to the speakers, the Corporate Governance Manager and Company Secretary and to Richard Hill, who has enabled this meeting to be held virtually.

The meeting closed at approximately 6:30 pm.

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

5. Action Log and Matters Arising

To Note

Presented by Helen Hirst

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
14.07.22 61/22	Performance Update Graphs on performance and recovery to include labels on the axes in future reports e.g., number of patients waiting	Peter Keogh		20.10.22		
14.07.22 66/22	Session on the Integrated Care System to be arranged with the governors to understand where the governors sit within this, supported by the Director of Transformation and Partnerships	Anna Basford / Andrea McCourt	Informal Governors and Non-Executive Director workshop on 15 September 2022.	20.10.22		15.09.22
14.07.22 72/22	Surgical Divisional Reference Group - Summary on a Page (SOAP) Company Secretary to follow up with Denise Sterling on the outcome and scrutiny at the Quality Committee of the never event	Andrea McCourt	Andrea has discussed this with Denise Sterling, Chair of the Quality Committee who advised a further discussion on the action plan is taking place at Quality Committee on 17 August 2022, and a response will be provided to Peter Bamber and fellow governors.	20.10.22		27.07.22

6. Update from Chair

- Update on Strategy Development

- Feedback from joint Council of

Governors and Non-Executive Directors

Development Workshop held on 15

September 2022

Presented by Helen Hirst

7. Update from Governors

To Note

GOVERNANCE

8. Membership Strategy – Annual Progress Report

Presented by Brian Moore, Public Elected
Governor and Vanessa Henderson,
Membership and Engagement Manager

To Note

Date of Meeting:	Thursday 20 October 2022
Meeting:	Council of Governors
Title of report:	Membership and Engagement Strategy: Membership and Engagement Working Group (MEWG) Update
Author:	Andrea McCourt, Company Secretary Vanessa Henderson, Membership and Engagement Manager
Previous Forums:	N/A
Purpose of the Report	
<p>This report gives an update on the work of the MEWG since it was established in early 2022 to co-create activities with the Membership Office to achieve the goals contained in the Membership and Engagement Strategy. It also outlines the group's proposed future actions.</p>	
Key Points to Note	
<ul style="list-style-type: none"> • The MEWG has now met on three occasions. • The group is made up of Membership Office colleagues, public governors (currently Brian Moore - Chair, Christine Mills, Stephen Baines, Gina Choy, Isaac Dziya and Alison Schofield) and staff governors (currently Jo Kitchen/Liam Stout and Emma Kovaleski), our appointed Healthwatch governor (Karen Huntley), public members of the Trust, a comms colleague and a representative from the Colleague Engagement Team. • Following the first meeting in March 2022 a full action plan was developed and agreed by the group. • An update on progress against the actions in the plan and proposed future actions is given in the enclosed paper. 	
Recommendation	
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> 1) NOTE the progress made by the MEWG and the proposed future actions. 2) Those governors who do not currently sit on the Membership and Engagement Working Group are asked to PROVIDE feedback on the MEWG's activities and actions to date and make suggestions for any future engagement activities that the group could pursue to Brian Moore, Chair of the MEWG. 	

Membership and Engagement Strategy Membership and Engagement Working Group (MEWG) Progress Report

1) Progress against action plan

This report describes the progress that has been made by the MEWG against the action plan agreed by the group in March 2022. As shown in the table below, the group’s actions link directly to the 3 goals from the Membership and Engagement Strategy for 2020-23, which are:

- (1) Our membership community will be active and engaged, be representative of our local communities and increase year on year
- (2) Our governors will have regular, meaningful, two-way engagement with our membership community and members of the public
- (3) Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our plans for the future

All the actions from the MEWG’s action plan have been achieved within the agreed timeframes, with the exception of the second action in the table below (use of the advertising screens in ED to publicise membership). This has been out of the group’s control.

Action	Links to goal	Progress
Identify groups/organisations that governors are involved with that might be interested in CHFT governor engagement	(2)	<ul style="list-style-type: none"> • Groups identified and approached • Number of events scheduled – see details below
Explore use of advertising screens in ED to publicise membership	(1)	<ul style="list-style-type: none"> • Agreement with department that screens can be used but issues with system delaying start – discussions ongoing with manager in department to ascertain likely start date
Commission engagement training for governors from NHS Providers	(2)	<ul style="list-style-type: none"> • Training took place on 23 May 2022 – 9 governors attended (7 public and 2 staff) • Synopsis of training sent to governors who could not attend and “script” for engagement activities and leaflet outlining benefits of being a member sent to all governors to help with engagement activities
Establish link between Membership Office (MO) and CHFT Charity team to share details of engagement events that could benefit both	(2)	<ul style="list-style-type: none"> • Link established and details of mutually beneficial events being shared

Action	Links to goal	Progress
Set up regular communication (e-mails) direct from governors to members (public and staff) to be sent 3 times a year detailing Trust plans, performance etc, and giving members opportunity to feed back on plans	(2) and (3)	<ul style="list-style-type: none"> • 2 e-mails sent to date and positive feedback received from members (public and staff) • Members have fed back on services, plans etc
Governors to promote membership widely in personal circles	(1)	<ul style="list-style-type: none"> • 'Guide to joining CHFT as a member' re-issued to governors to help with action • Slight increase in members resulting from action
Arrange poster recruitment campaign to raise awareness of membership and attract new members	(1)	<ul style="list-style-type: none"> • Poster designed and printed and distributed to all GP surgeries/health centres in Calderdale and Huddersfield, to all governors and to public members on the MEWG • Governors have been asked to inform Membership Office where they have arranged for posters to be displayed and Membership Office monitoring member numbers
Review and update membership pages on the internal intranet and external website to attract new members, engage with members and members of the public and share details of how members can be involved	All	<ul style="list-style-type: none"> • Pages edited and are now shorter in length, with more images, making them more user friendly and visually appealing
Look into accessibility (paper version) of membership application form for older population	(1)	<ul style="list-style-type: none"> • Membership Office has produced short paper version of application form for use at engagement events etc
Raise staff governor profile and increase opportunities for staff governors to engage with staff members	(2)	<ul style="list-style-type: none"> • All staff governors have been allocated a short slot at the Chief Operating Officer's weekly leadership briefing to raise staff governor profile • Staff governors are featuring in series of 'Hello My Name Is...' articles in Trust's weekly newsletter and on screensavers on Trust PCs/other devices • All new employees at CHFT now receive welcome e-mail from their staff governor – this has been well received • Virtual engagement drop-in sessions hosted by staff governors being set up for staff to feed back on Trust plans etc
Set up programme of member recruitment events at colleges and the University	(2)	<ul style="list-style-type: none"> • Event at Huddersfield University scheduled – see 2) below • Event at Calderdale College scheduled – see 2) below

Action	Links to goal	Progress
Set up regular stands at HRI and CRH main entrances and Broad Street Plaza for governors to engage with members of the public and recruit members	(2)	<ul style="list-style-type: none"> First stand arranged for HRI on 1 September 2022 but with very limited success (lack of responsiveness from patients/visitors due to them being distracted/not having time/being distressed etc) In view of this experience MEWG agreed stands in entrances should not take place going forward and other engagement opportunities should be identified instead
Provide guidance and standard wording for governors (public and staff) to enable them to promote membership through their personal Facebook groups	(2)	<ul style="list-style-type: none"> Wording agreed with Comms team and shared with governors

2) Details of events scheduled

Date	Location/Event	Purpose	Governors attending
10 October 2022	Hebden Bridge Rotary Club	General awareness raising of membership and the governor role	Gina Choy Peter Bamber
14 October 2022	Older Persons' advice and information fair at Todmorden Town Hall	Engagement with members of the public to raise awareness of the Trust, membership and the governor role	Gina Choy
19 October 2022	Age Concern coffee morning	Informal engagement to raise awareness of the Trust, membership and the governor role	Gina Choy
25 October 2022	CHIMES over 60's group, Lindley	Presentation by Reconfiguration Leads on ED development at HRI Engagement with attendees to raise awareness of the Trust, membership and the governor role	Brian Moore John Gledhill
24 November 2022	Calderdale College	Awareness raising of membership and the governor role with focus on member recruitment	TBC
9 February 2023	NHS Retirement Fellowship meeting, Huddersfield	General awareness raising of membership and the governor role Possible guest speaker	TBC
22 February 2023	Huddersfield University	Awareness raising of membership and the governor role with focus on member recruitment	TBC

3) Proposed future actions

- In conjunction with the Membership Office, the MEWG is making plans to re-launch a series of member events/talks, “Health Matters”, featuring expert speakers on subjects members have told us they wish to hear about. The events will be launched in the spring of 2023. Governors will be asked to support the events on a rotational basis.
- The annual member engagement survey will be issued in November 2023. The purpose of the survey is to give members the opportunity to tell us how they want our governors to engage with them and what they want to hear from them. This will allow us to facilitate regular, meaningful engagement between governors and members, and to give members a voice and opportunities to get involved and contribute to the organisation, our services and our plans, again in line with the goals from the Membership and Engagement Strategy.

The MEWG is currently reviewing the questions prior to the survey being issued.

Brian Moore
Chair of the MEWG

Vanessa Henderson
Membership and Engagement Manager

PERFORMANCE AND STRATEGY

9. Feedback from Finance and Performance Committee

- a) Operational Update and Recovery Plans
- b) Performance Update
- c) Finance Report

To Note

Presented by Nigel Broadbent

CHAIR'S HIGHLIGHT REPORT to the Board of Directors

Committee Name:	Finance and Performance Committee
Committee Chair:	Andy Nelson, Non-Executive Director - highlight report prepared by Nigel Broadbent, Vice Chair of the Committee.
Date(s) of meeting:	7 October 2022
Date of Board meeting this report is to be presented:	10 November 2022
ACKNOWLEDGE	
<ul style="list-style-type: none"> • Recovery performance still largely on track with strong achievement on 78 and 104 week waiters and 52 week waiters compared with the external plan • The cost per case model in theatres recognised regionally and nationally as innovation with positive feedback from WYAAT on theatre start times. • Blandine Renou has been shortlisted for the Nursing Times Preceptor of the year. 	
ASSURE	
<ul style="list-style-type: none"> • Review of Recovery Performance to take place against revised trajectories. • Productivity and Improvement programme in place for theatres. • There were no further never events in August. • Action plans and deep dives in place to tackle areas where performance is not hitting target. • Review of approach to 22/23 efficiency target from Effective Resources Group ('ERG') and progress to date • 2nd Review of High Level Risks attributable to F&P Committee under the Board Assurance Framework with no new risks attributable to the Committee. • Work Plan for 22/23 approved 	
AWARE	
<ul style="list-style-type: none"> • Current trajectory is that theatre staffing will be full established by mid December. • Business case regarding stroke pathway, stroke hub and community beds being reviewed for affordability. • Follow up backlog still a concern. • Integrated Performance Framework being refreshed to update for NHS performance and local performance metrics. • Year to date the Trust is now reporting a £9.83m deficit, a £0.37m adverse variation from the plan. • Finance domain on performance is now red due to I&E falling into deficit against the plan. • Covid costs and agency spend continue to be ahead of plan. • Concerns re 22/23 full year forecast which is still showing a £17.35m for the year in line with the plan but with increasing risk on achievement of CIP efficiencies, funding of pay award, continuing covid costs and enhanced bank rates. 	

- Scenario planning on the financial projections being updated to reflect current risks and action plans to mitigate risks being prepared.

ONE CULTURE OF CARE

- One Culture of Care considered as part of the performance and finance reports and commitment of operating services staff noted as part of the surgery and theatres deep dive and staff recruitment taking place within the stroke unit.

Operational Update and Recovery Plans

Council of Governors

20th October 2022

Covid Current Position

Patients (11/10/22)



Staffing Absences

As at the 11th October 2022 we are reporting a total of colleagues absent 407 an increase of 12 from the previous day.

47 absences are due to a COVID-19 related reason, an increase of 7 with the remaining 360 absent due to non-COVID sickness, an increase of 7.

Headcount absence rate for CHFT is 6.0%

Covid Current Position

IPC

- Covid numbers have risen significantly over the weekend with community prevalence up.
- A high number of in-patient Covid positive patients have been recorded over the last week, this is due to asymptomatic testing of patients due to go to care homes.
- Relooking at specific Covid bed base again on each site.
- POCT swabbing re-introduced for patients over 75 or from a care home who required admission to try to limit spread.
- Masks no longer required in Non-clinical areas of the hospital such as offices.

Operational Pressures

Current CHFT Operational Position

OPEL Level 3

- **Opel**
 - OPEL Score is 3 difficult few weeks with low numbers of discharges and high attendances through ED
 - All extra capacity is open
 - HPV programme continues with ward 11, the whole programme is due to finish on 17th October
 - ICU HRI provided on ward 10 as ventilation work is being undertaken
- **TOC List**
 - The TOC list remains high at over 100.

RTT Progress

		As of 12/10/2022	Current Trajectory as	Variance to trajectory
Elective Backlogs	104 Weeks RTT	0	0	0
	78 Weeks RTT	166	188	-22
	52 Weeks RTT (External plan)	1813	2269	-456
	52 Weeks RTT (To get to 0 by March 23)	1813	1070	743
	Total ASI's	11726	8007	3719
	ASIs over 22 weeks	744	386	358
	Holding List overdue	22815	11814	11001

RTT Progress

Current 104 Weeks RTT

End of September 2022 position for 104 Weeks RTT was 0.

Current 78 Weeks RTT

End of September 2022 position for 78 Weeks RTT - 192 (Trajectory 235)

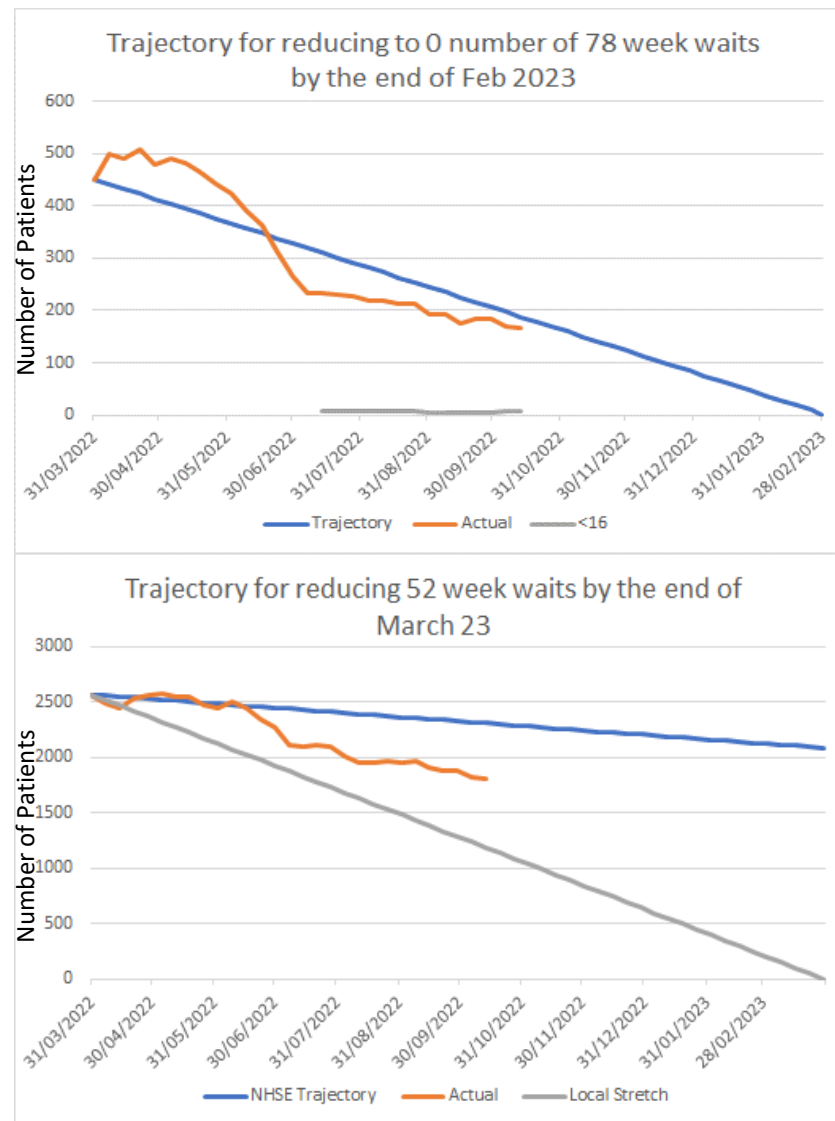
This is a further reduction in overall numbers and we are on trajectory to have no 78 week waits by the end of Feb 2023.

The Majority of our remaining 78 week waits are in ENT, Max Fax Surgery & Colorectal Surgery.

Current 52 Weeks RTT

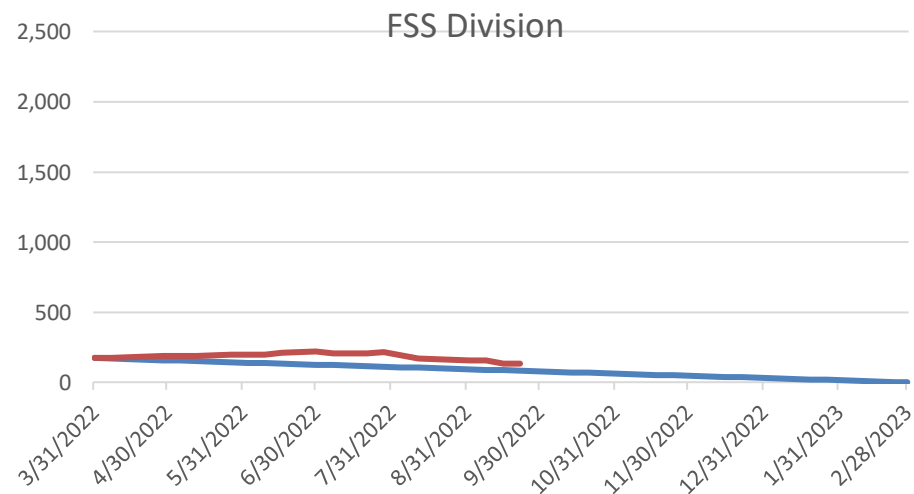
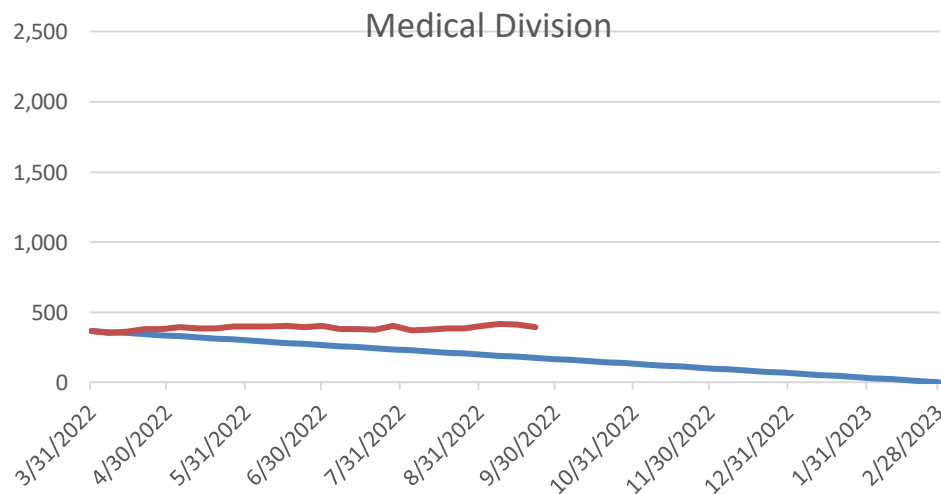
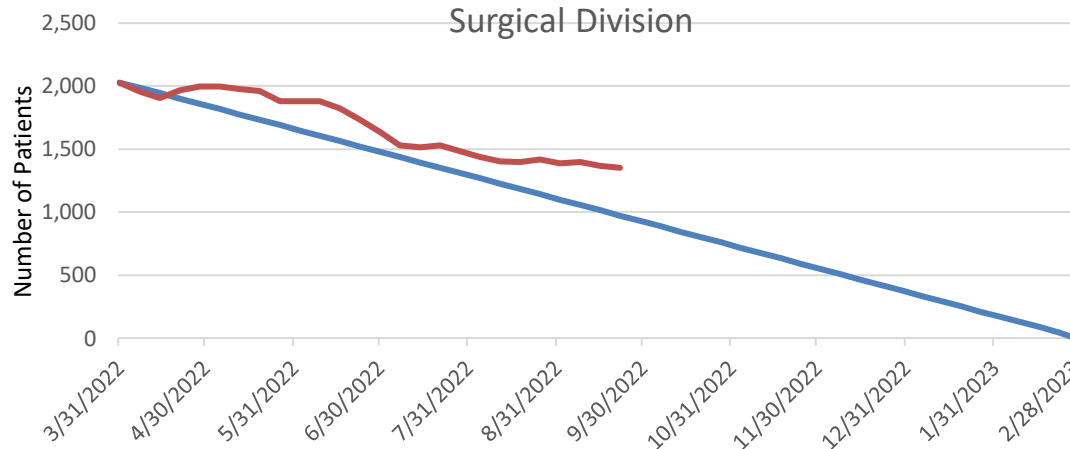
End of September 2022 position for 52 Weeks RTT was 1,823 (NSHE Trajectory 2,322, Internal stretch Trajectory 1,070)

The Majority of our remaining 52 week waits are in ENT, Max Fax Surgery, Colorectal Surgery, Neurology, Gynaecology, Trauma & Orthopaedics and General Surgery.



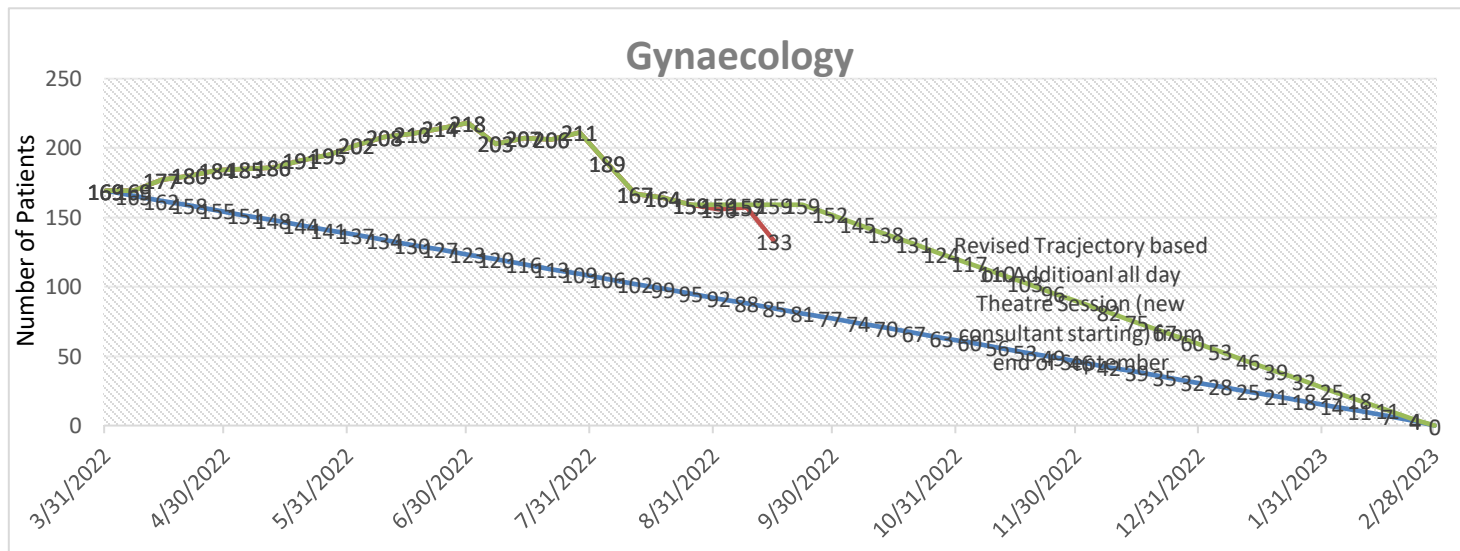
RTT over 52 Weeks

Divisional Breakdown

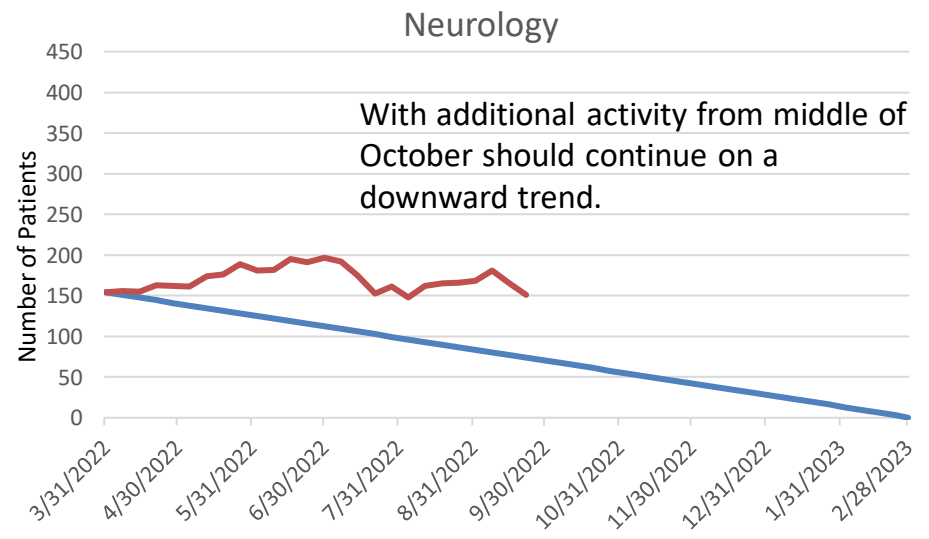
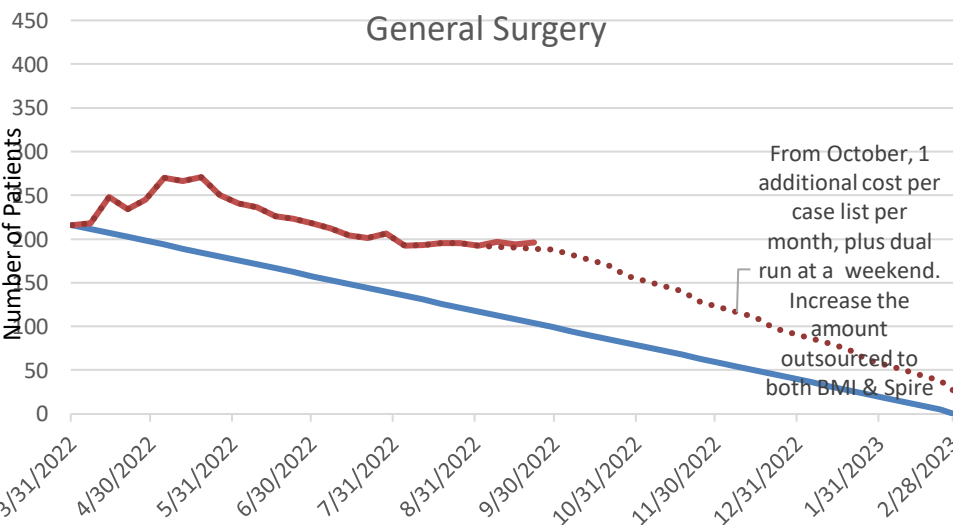
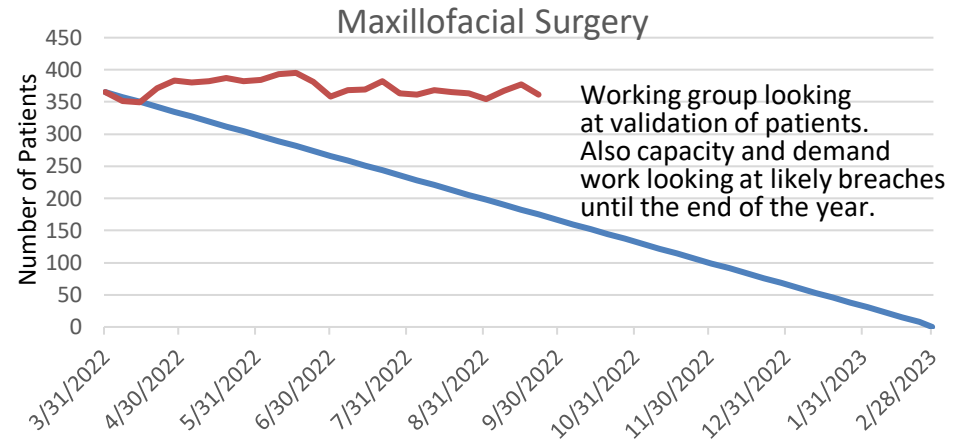
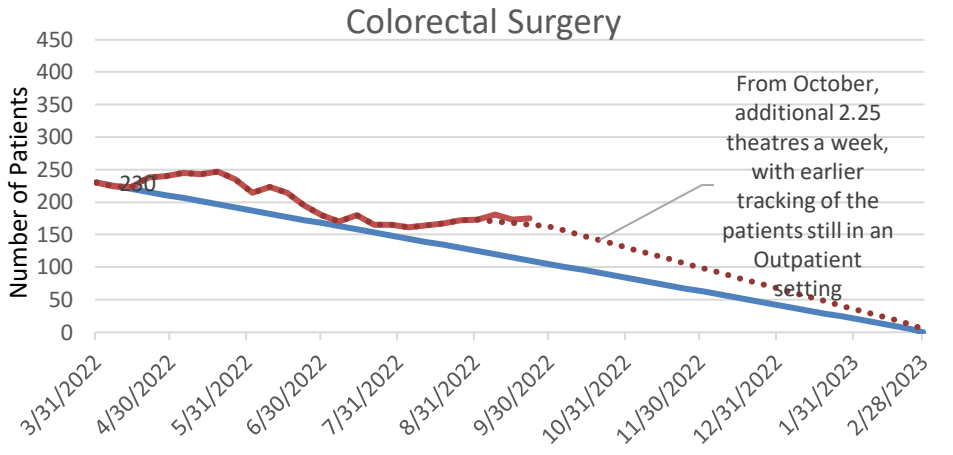


Gynaecology revised trajectory for over 52 weeks

Significant progress dropping significantly to 133 pts



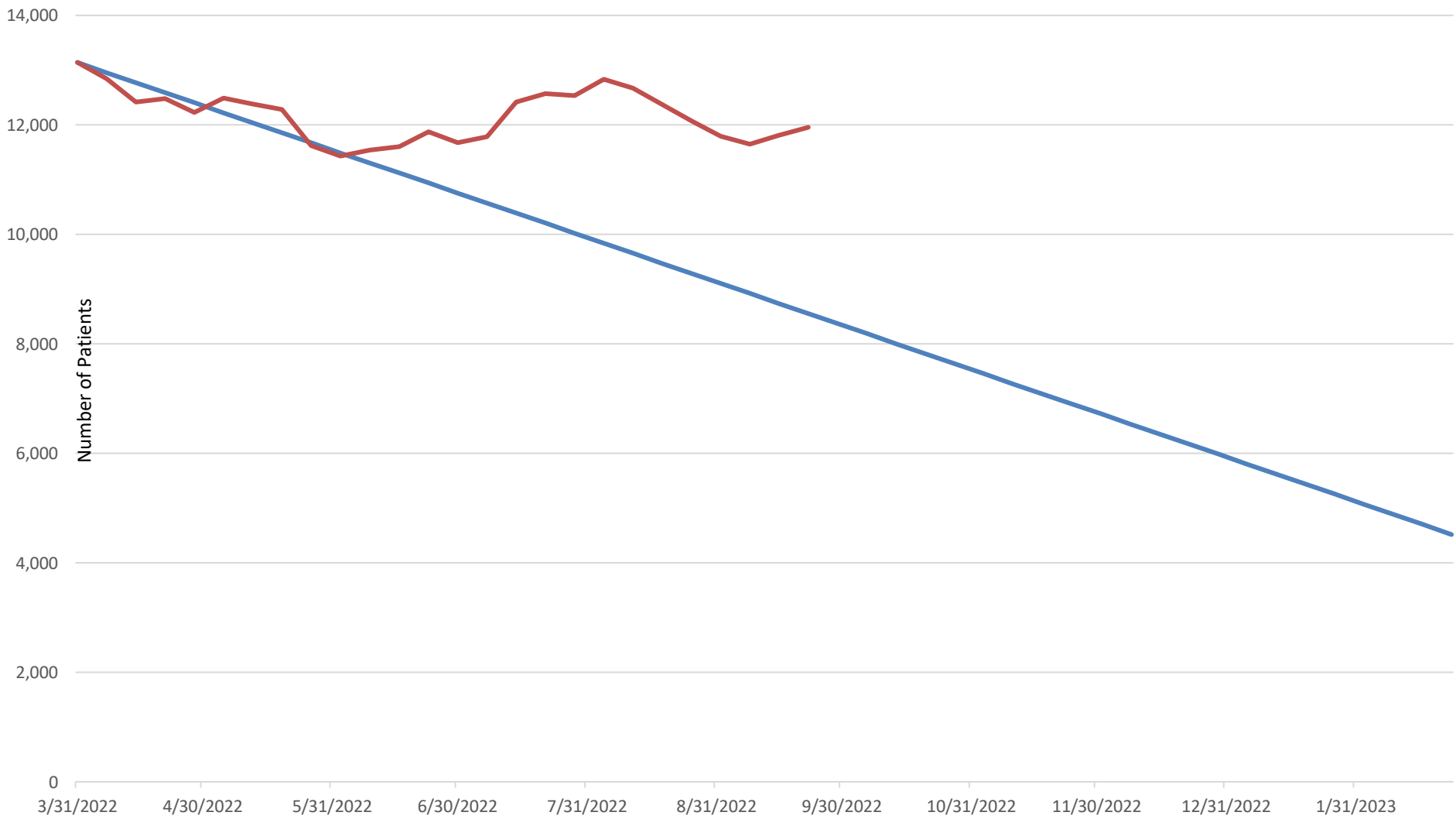
RTT Over 52 Weeks



ASIs

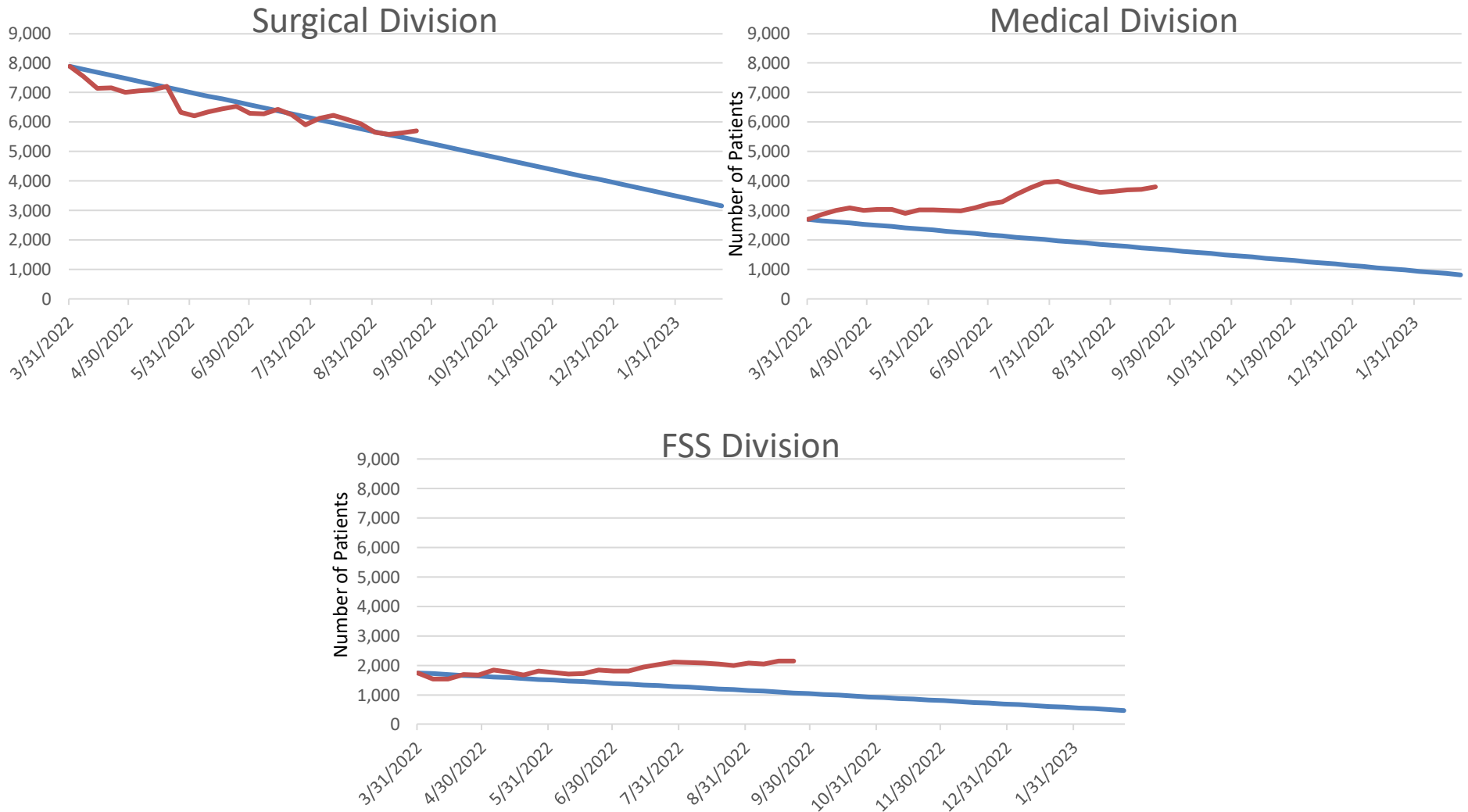
Trust Position

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



ASIs

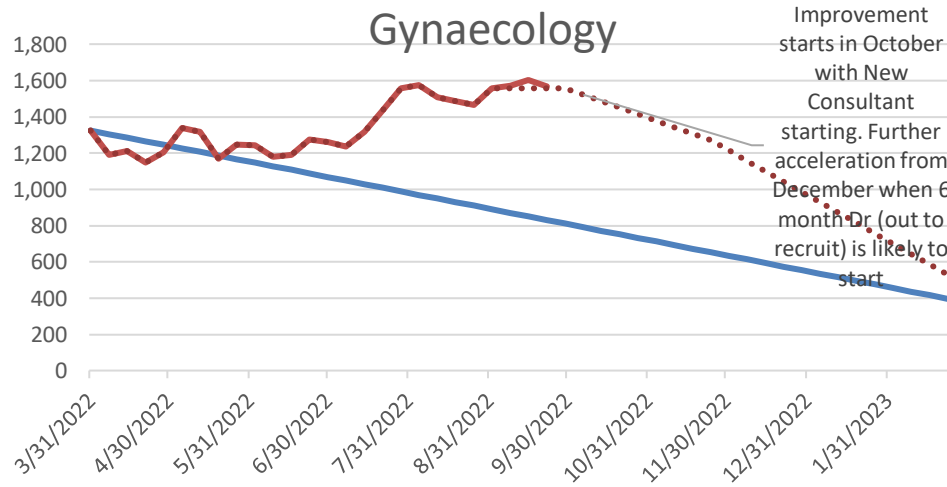
Divisional Breakdown



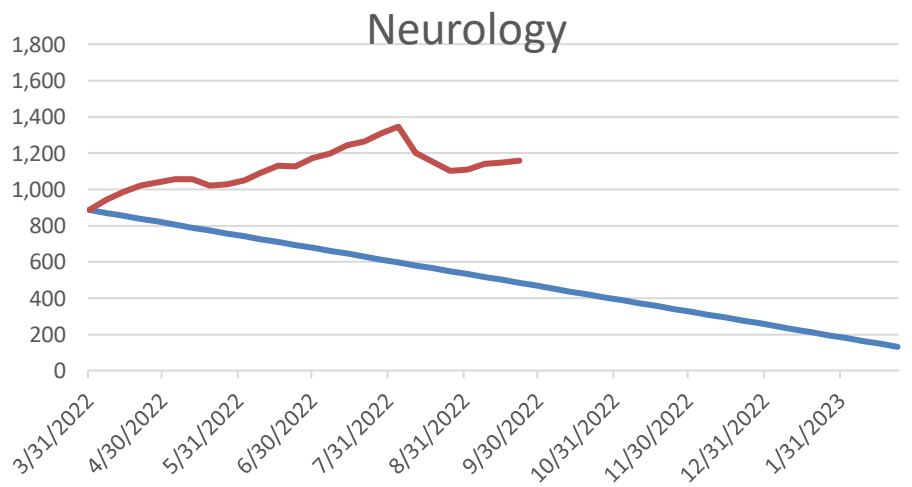
ASIs

Key Specialties

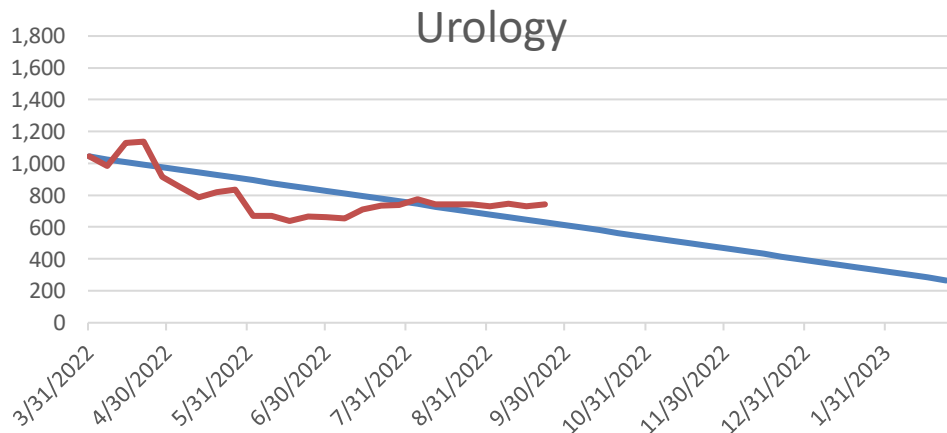
Gynaecology



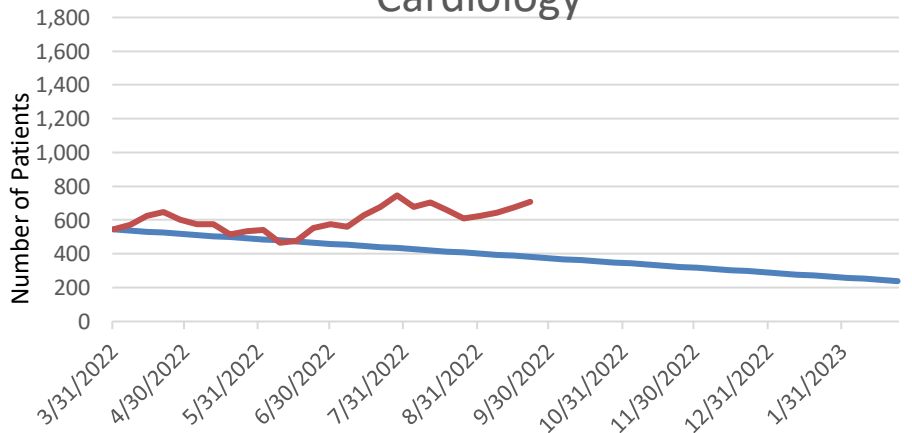
Neurology



Urology



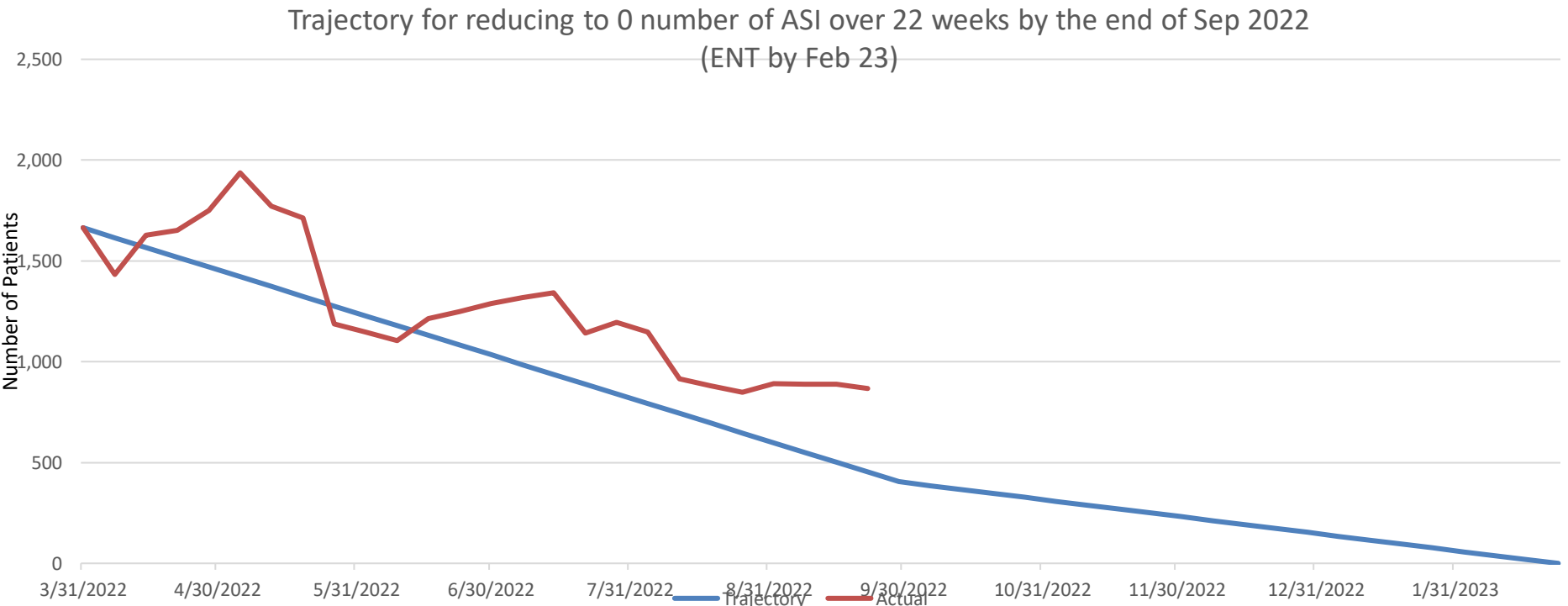
Cardiology



Current ASIs > 22 Weeks

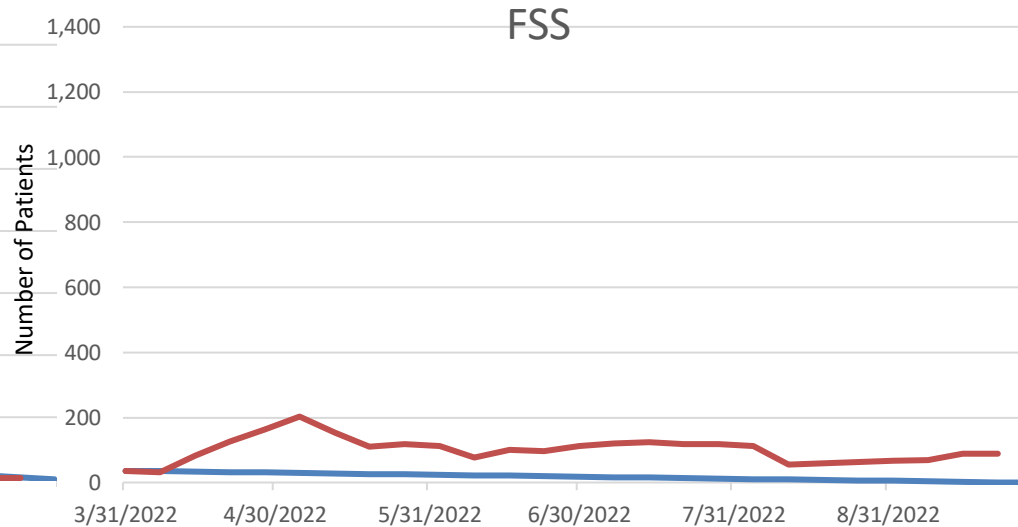
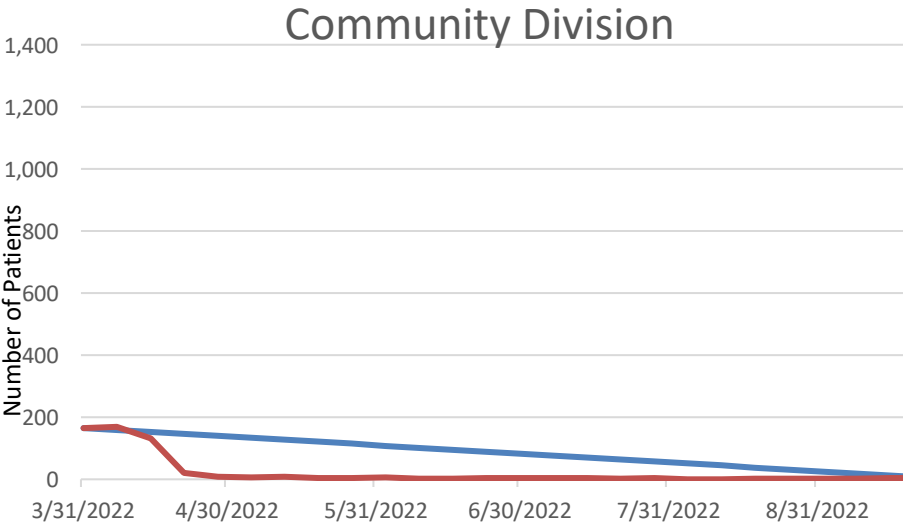
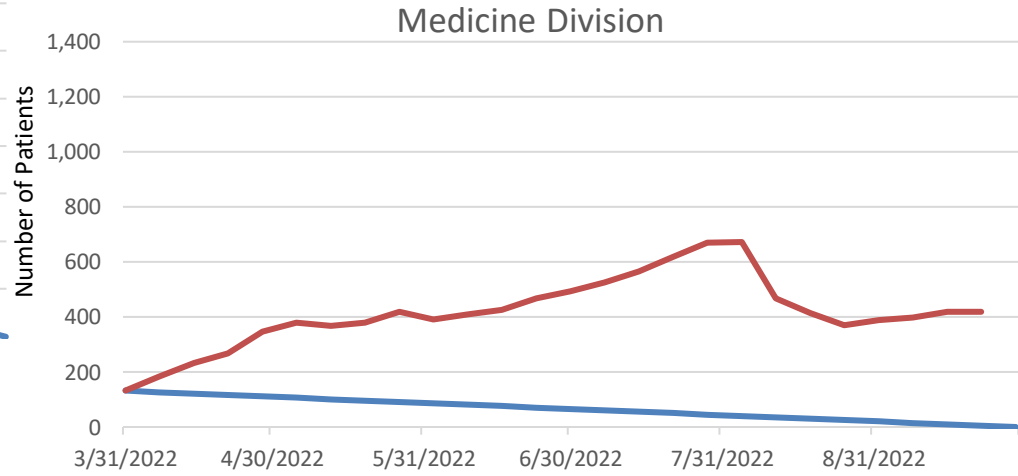
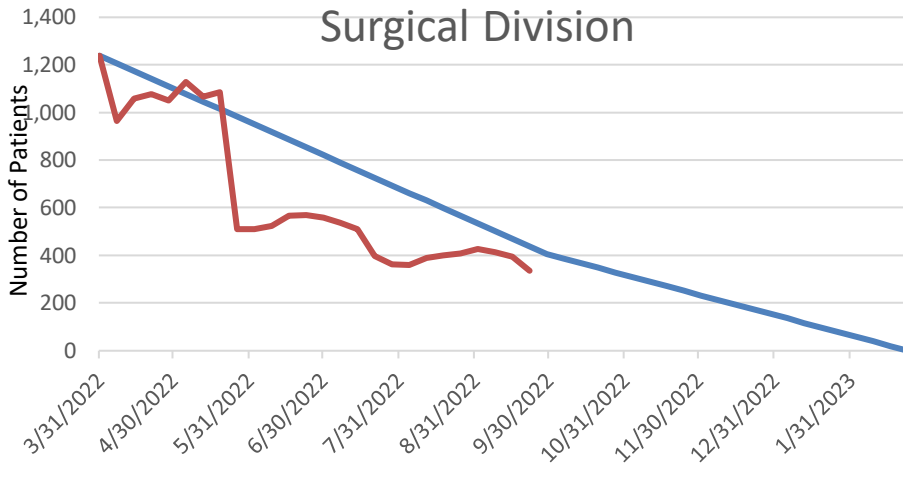
Our end of August 2022 position for ASIs > 22 Weeks - 889 (Trajectory 550 reducing to 0 by end of September, ENT by February 2023).

This has been a reduction of over 250 in the last month but we are still behind trajectory.
The Majority of our remaining ASIs > 22 weeks are in Colorectal, Plastic Surgery, Cardiology, Neurology and Gynaecology.

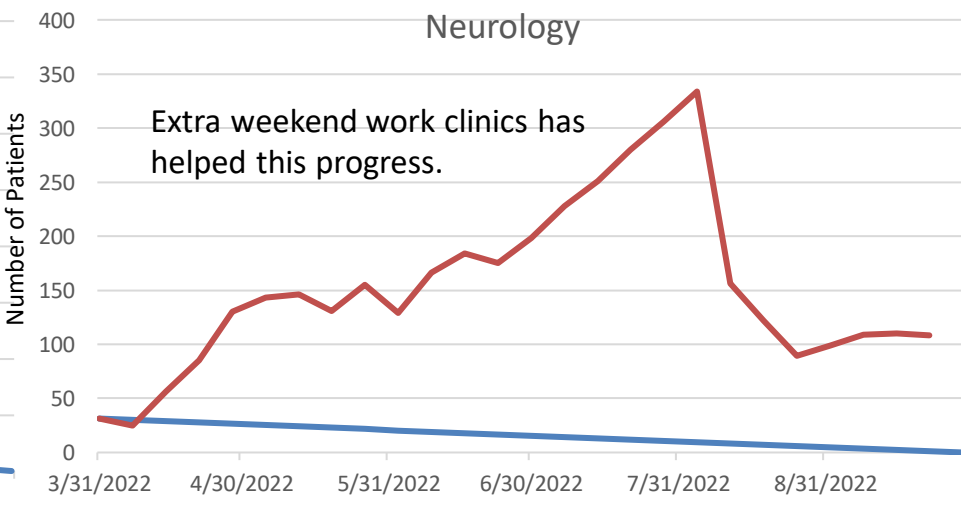
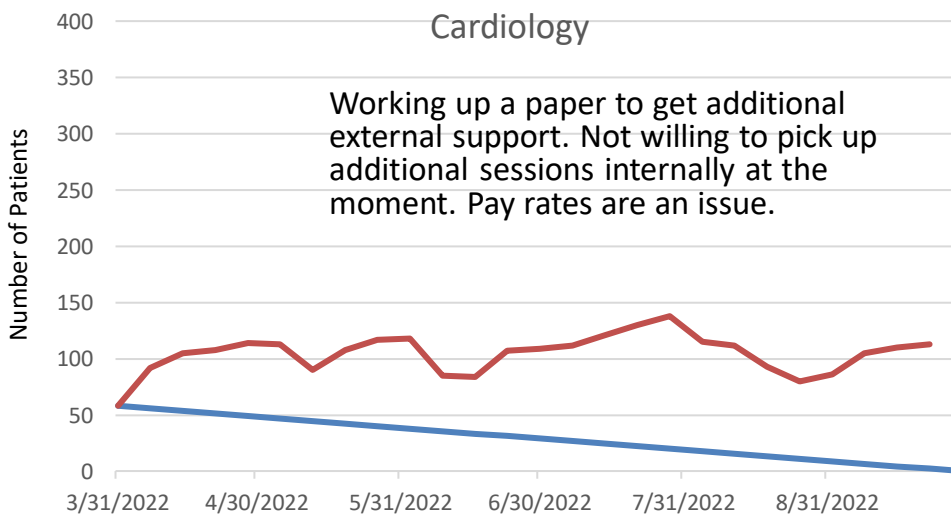
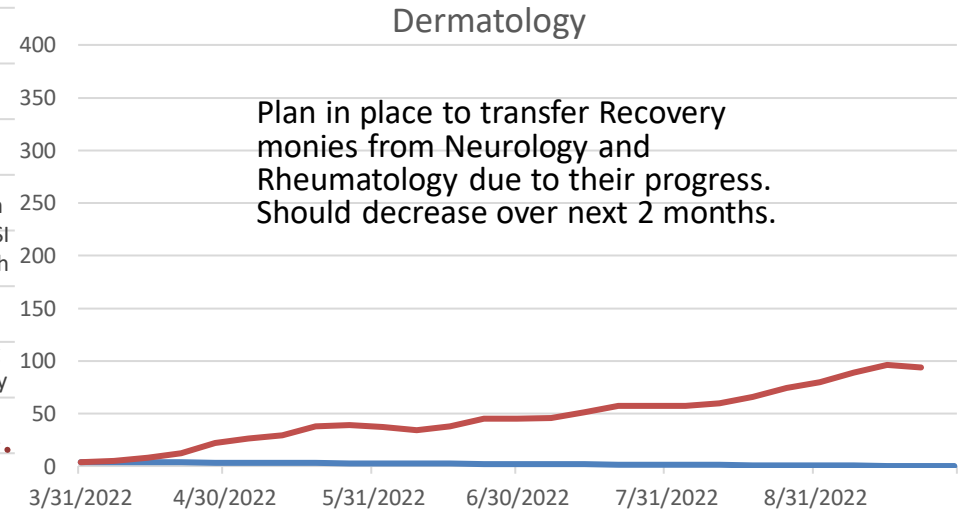
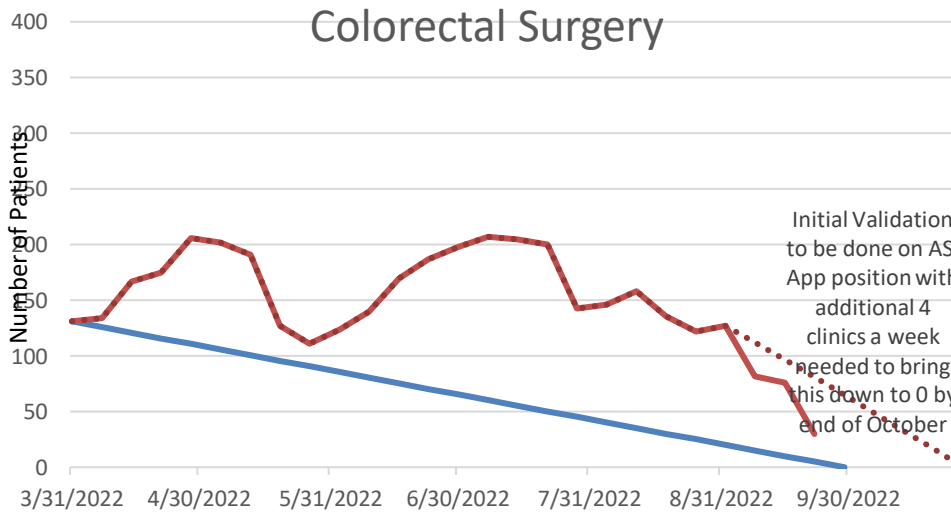


ASIs over 22 Weeks

Divisional Breakdown

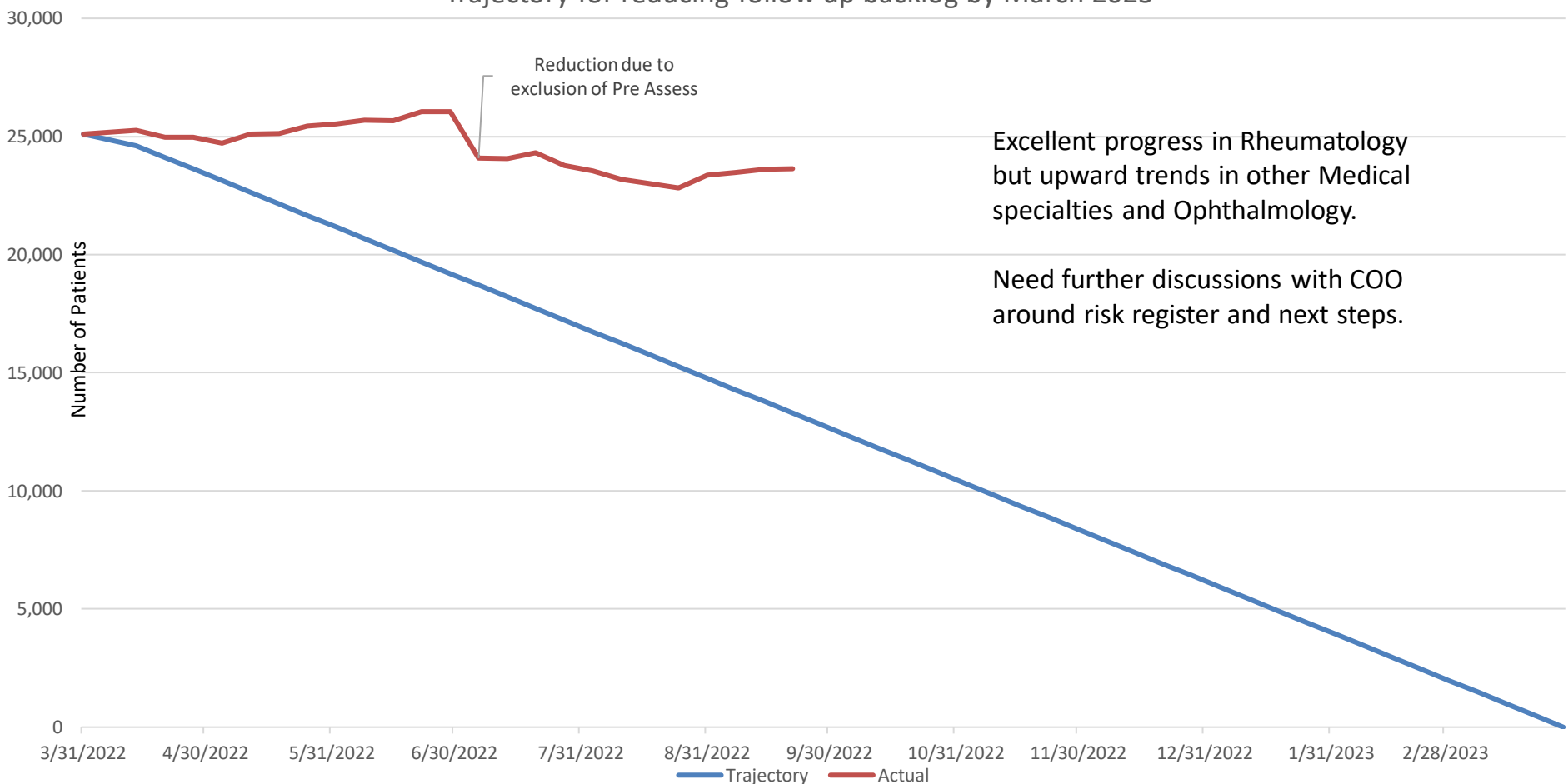


Key Specialties

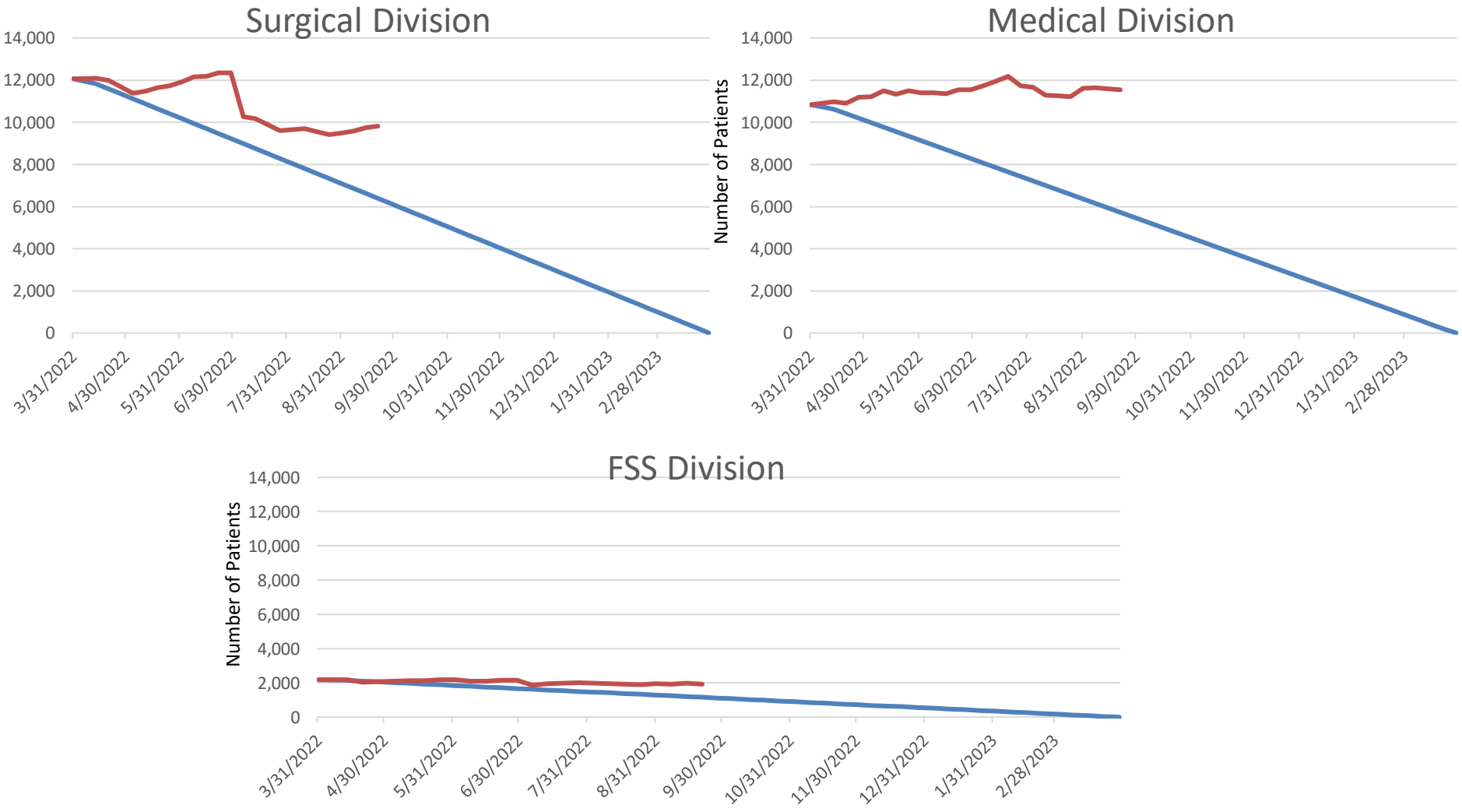


Follow up Backlog Trust Position

Trajectory for reducing follow up backlog by March 2023



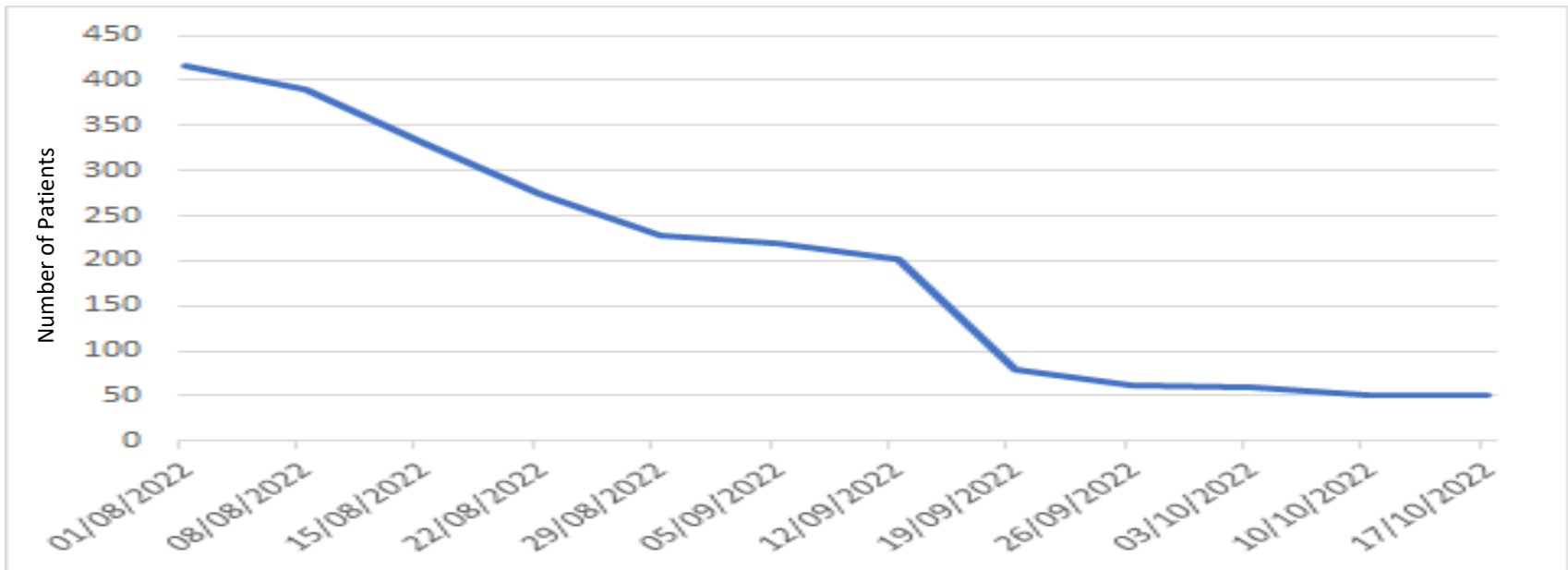
Follow Up Backlog Divisional Breakdown



Diagnostics

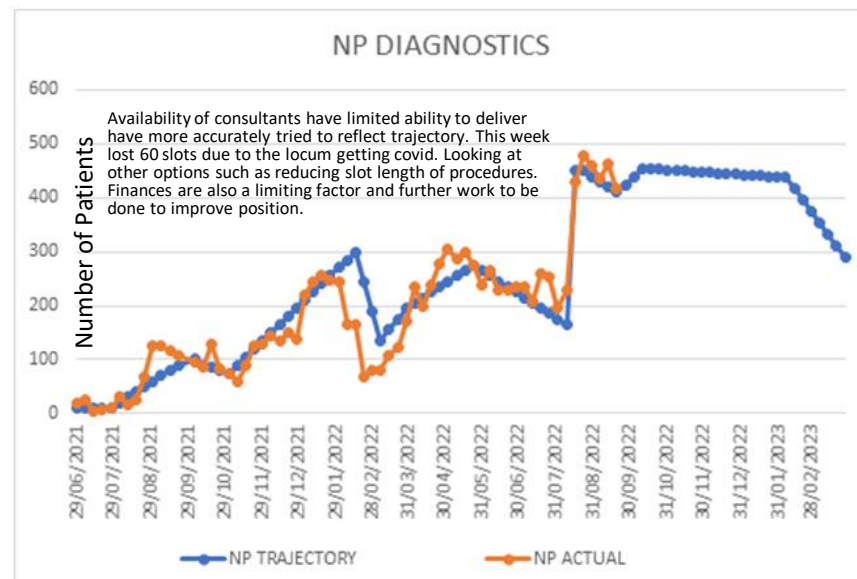
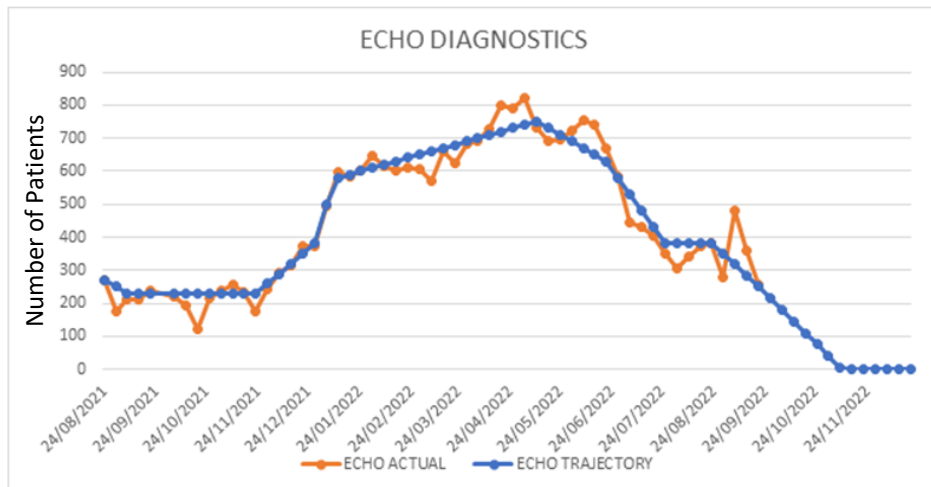
MRI Trajectory

6WW breaches



- The 6WW position is expected to be at 97% by the end of September
- There will be around 50-60 patients on the waiting list who have waited beyond 6 weeks
- Any delay beyond six weeks is due to patient choice, intervention from other specialties and GA requirements
- Plans are being made for each patient according to clinical need and complexity

Echo & Neurophysiology Trajectory

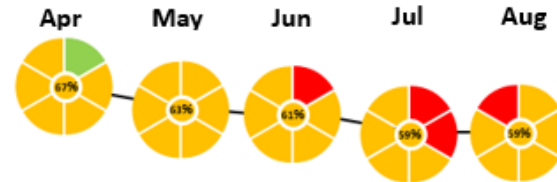


- Echo wait time reduced to 8 weeks.
- 650 patients waiting to be booked.
- Paediatric Echo Service Manager recruited and in post.
- Two students due to take their BSE exams in Autumn.
- Breaches due to be cleared by mid-November.

- 549 patients waiting to be booked for EMG and CTS.
- Workforce issues continue to be a challenge in Neurophysiology.
- Loss of specialty doctor behind the large increase in breaches in above chart in July/August.
- New specialty doctor starting in October however it will take 2 months to be able to run independent CTS clinics and 4-6 months to run independent EMG clinics.
- A second specialty doctor has pulled out and this is back out to advert.
- Extra clinics being run with Eden (private provider) providing an additional 220 EMG slots.
- Workforce model review for CTS clinics to increase capacity.

Council of Governors 20th October 2022

August 2022



NHS OVERSIGHT FRAMEWORK

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



August's Performance Score is at 59% with Finance domain now RED.

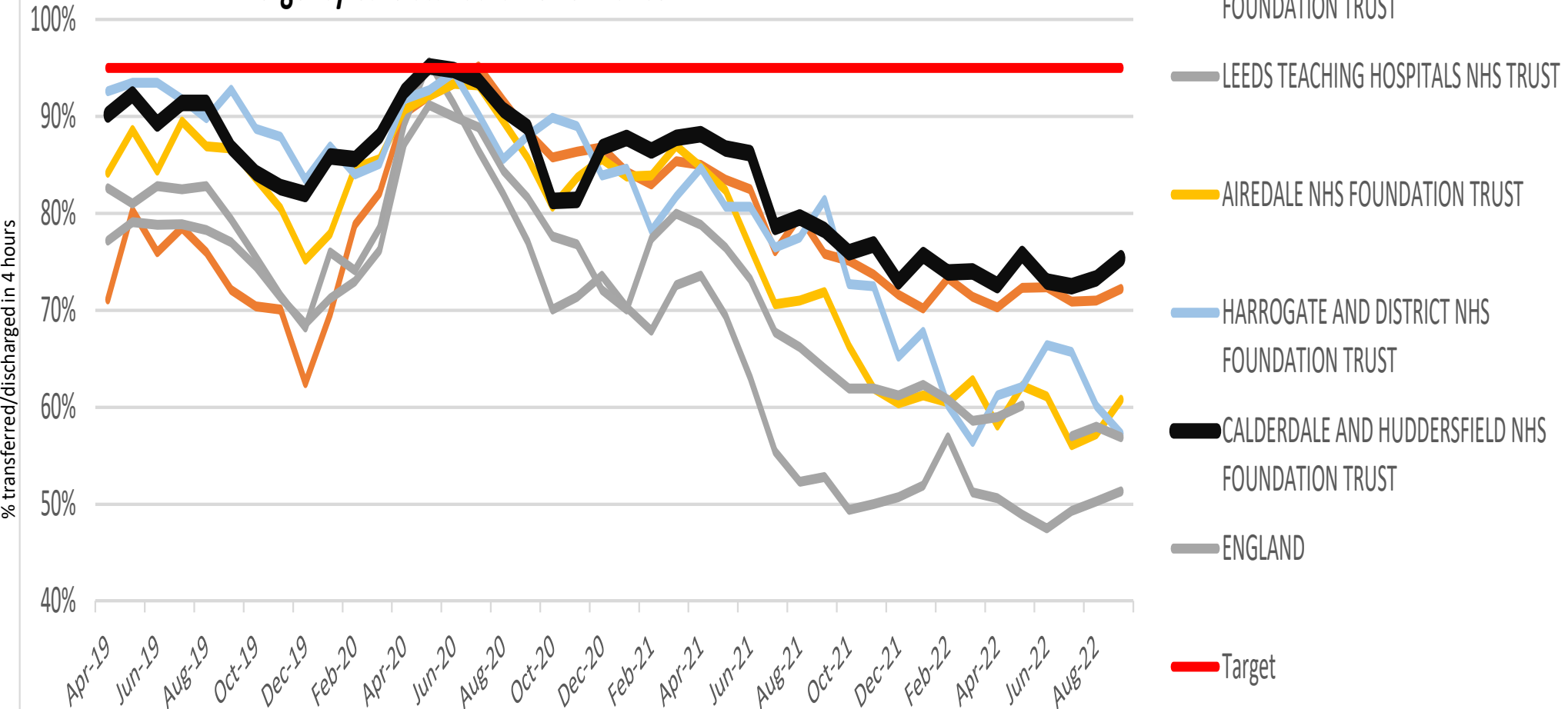
The **SAFE** domain has improved to amber as there was no never event. The **CARING** domain is now amber still with only 1 of the 5 FFT areas green. There have been further small improvements in both complaints and dementia screening. The **EFFECTIVE** domain remains amber, unfortunately #Neck of Femur deteriorated following good performance in July. Both HSMR and SHMI continue to deteriorate with score around 107. The **RESPONSIVE** domain remains amber with Cancer 28-day faster diagnosis performance just below target. 3 of the 4 stroke indicators missed target whilst the underperformance in the main planned access indicators and ED remain a challenge moving forward. **WORKFORCE** remains amber with non-Covid long-term absence increasing slightly in month. Return to Work Interviews have fallen to their worst position since December. **FINANCE** is now RED with a deterioration in Use of Resources and I&E: surplus/deficit.

Action plans and deep dives are in place to tackle those areas that have been underperforming for some time e.g. Complaints, Dementia Screening, Stroke, #Neck of Femur.

PERFORMANCE

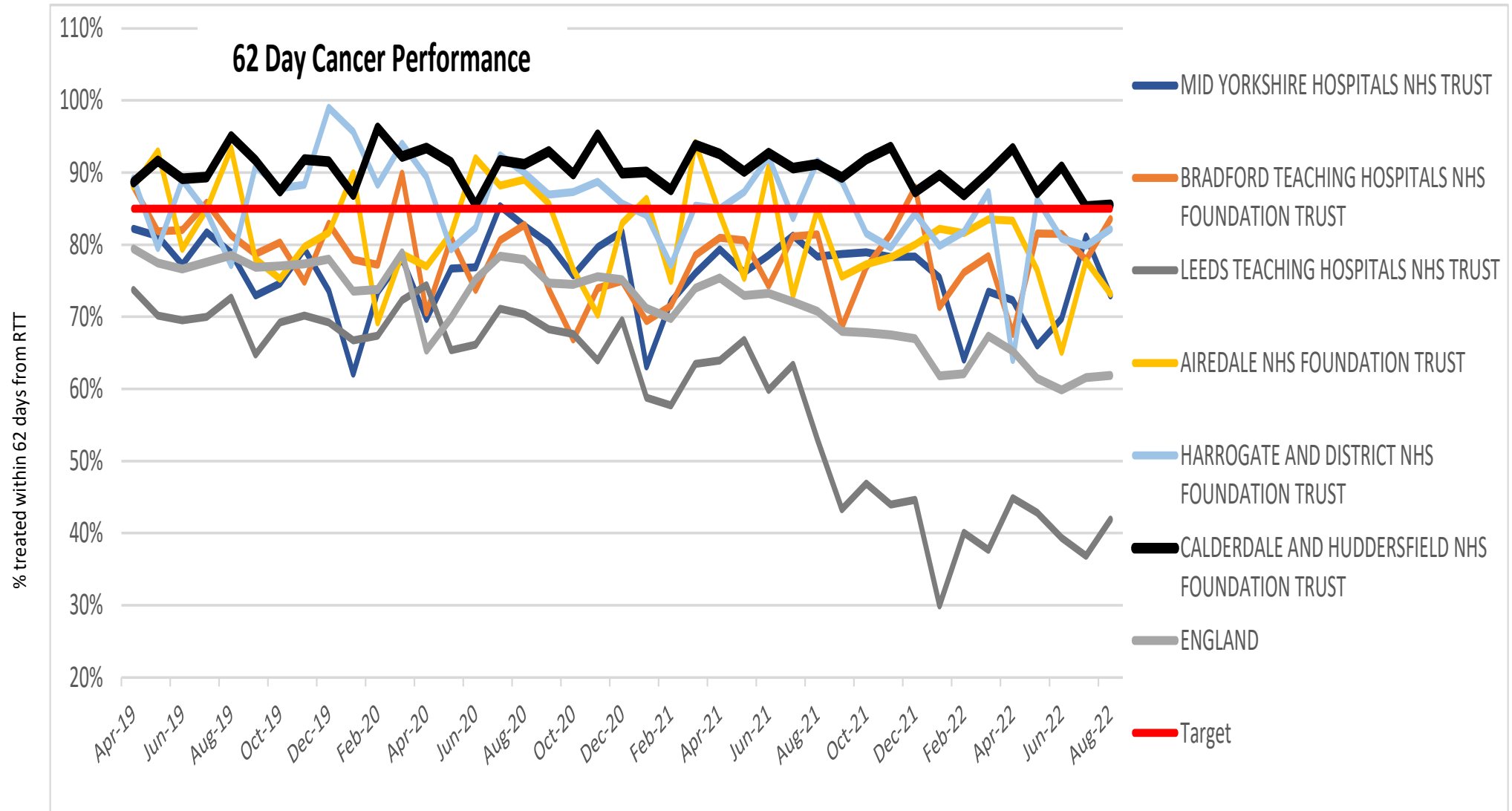
LATEST September 2022

Emergency Care Standard Performance

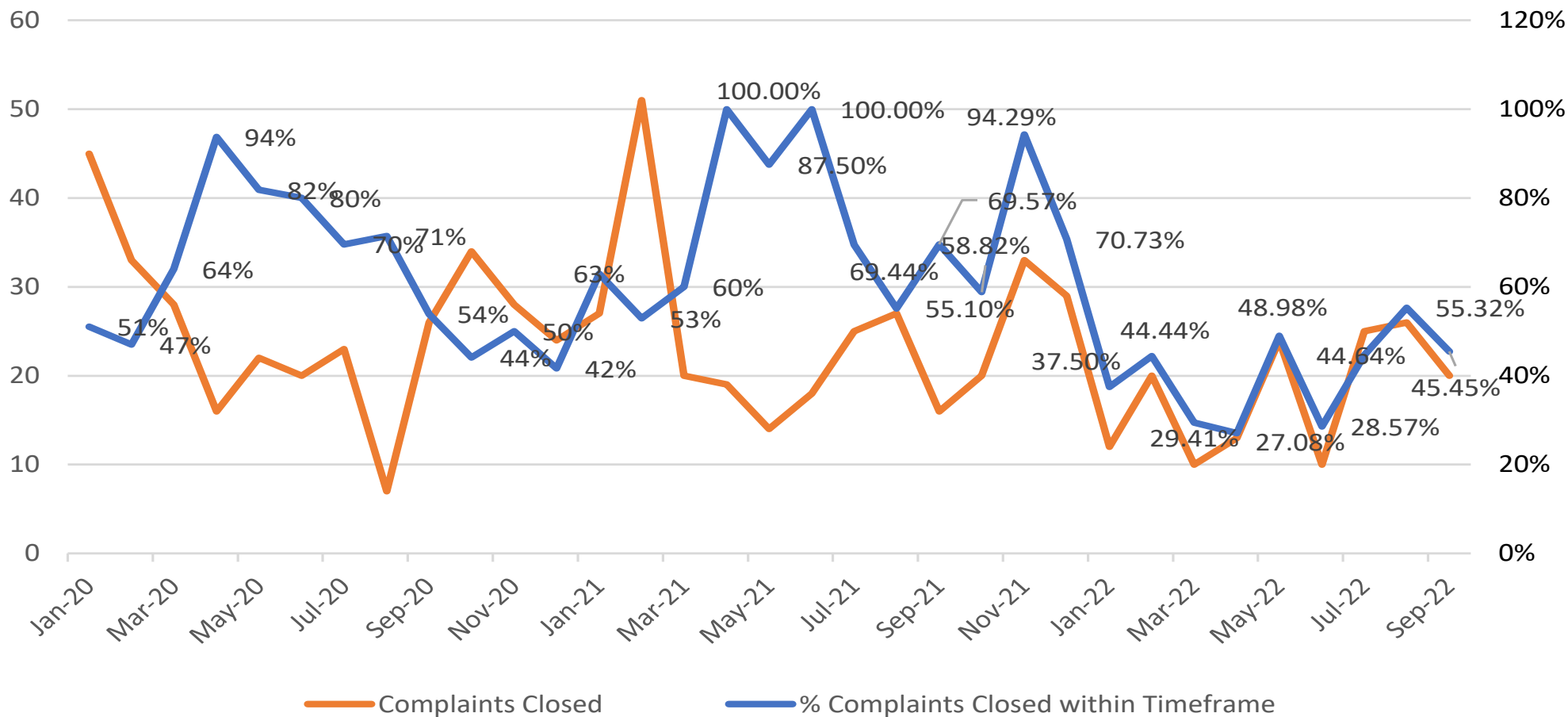


PERFORMANCE

LATEST August 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

- 1.5% above plan as a division for elective recovery.
- Successfully recruited to:
 - Gastro specialty doctor post
 - 2 x development band 6 respiratory nurses
- Plan for every patient board rounds running consistently on respiratory floor
- Excellent progress with preventing pressure ulcers in Cardiology and Gastro by going back to basics. Seen significant rise in risk assessments being completed. Learning to shared via the matrons forum.
- Reduction in divisional red (was 10, now 9) and amber (was 49, now 46) risks.
- New management appointments
 - Deputy Director of Ops for Planned Care – Chris Roberts
 - HR Business Partner – Lisa Whiteley (Harrogate)
 - GM for Acute Medicine – Sarah Bevan
 - GM for Medical Specialties – Dominic Bryan
 - Second Ops Manager for IMS – Georgia Kelly



Surgery & Anaesthetics Division

- Blandine Renou, staff nurse in Operating Theatres has been shortlisted for the Nursing Times Preceptor of the year for all her hard work with new starters particularly given the amount of recruitment that's ongoing in theatres.
- At a national GIRFT conference at Elland Road on Thursday 29th September CHFT was praised for its Cost per Case programme in Theatres as a tool to help drive elective recovery. NHSE/I and GIRFT are reaching out to us to share and disseminate our concept.
- Theatre staffing will continue to improve in H2 of 2022/23. Current trajectory is that theatres will be fully established (i.e. at pre pandemic levels) by mid December.
- Head and Neck service: Following positive engagement with Leeds and Bradford a contingency plan has been agreed to plug the consultant gaps within the service. Medium/long term plans are still being developed.
- For the first since the pandemic, endoscopy are now meeting the 99% six week access standard



FSS Division

- Exploration of international recruitment in maternity and radiology
- Positive feedback from CQC engagement, regional midwives re: Ockenden and J20 for maternity team
- Impending visit from RPS Director of Pharmacy from England after being impressed when Pharmacy team presented at a national conference
- Children's Tytocare project published in the BMJ archives
- Inpatient GP Discharge letter templates have been loaded into the live system and clinical discharge summary form updated which allows blood transfusion details to be documented and pulled through to the GP letters
- Business Continuity Plans for Outpatients and Records Directorate deemed excellent



Community Division

- VW and UCR Optimisation Programmes on track
- Useful learning from give it a go week
- 98.2% of lower leg wounds healed within 12 weeks in August
- 511(1000) flu vaccinations for housebound patients already requested and booked for DN visits
- The recovery position for MSK is a continuing good news story. In October 2021 we had 1075 patients awaiting MSK with 397 of those waiting over 22 weeks. Today there are 233 patients awaiting an appointment, with all pathways having a longest wait of 11 weeks.
- The MSK Pain post recruitment is also been a success; following multiple attempts to recruit a stand alone band 7 persistent pain physio therapist unsuccessfully, we changed a spinal APP vacancy to to be spinal with persistent pain special interest and have now been able to recruit successfully to both posts. We hope to see lots of developments in this area in conjunction with our community and pain clinic colleagues in the new year.
- Clinical educator for AHPs commencing 4 Oct 2022 for 12 months.
- Successful international recruitment bid for 3 x OTs to start prior to March 2023.
- PT and OT apprenticeships commenced this week x 2 of each and planning to expand for dietetics and possibly SLT next year.

EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st Aug 2022 - Month 5

KEY METRICS

	M5				YTD (AUG 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)	(£0.56)	(£1.39)	(£0.83)	●	(£9.46)	(£9.83)	(£0.37)	●	(£17.35)	(£17.35)	(£0.00)	●	
Agency Expenditure (vs Ceiling)	(£0.53)	(£1.16)	(£0.63)	●	0	(£2.52)	(£5.11)	(£2.60)	●	(£6.90)	(£12.40)	(£5.50)	●
Capital	£2.45	£1.28	£1.17	●	1	£10.74	£3.85	£6.89	●	£41.99	£42.71	(£0.72)	●
Cash	£56.11	£52.61	(£3.50)	●	1	£56.11	£52.61	(£3.50)	●	£19.26	£19.78	£0.52	●
Invoices paid within 30 days (%) (Better Payment Practice Code)	95.0%	89.9%	-5%	●		95.0%	90.4%	-5%	●				
CIP	£2.02	£1.83	(£0.18)	●	1	£6.40	£7.60	£1.20	●	£20.00	£20.00	(£0.00)	●
Use of Resource Metric	3	4		●	1	3	4		●	3	3		●

Year to Date Summary

Year to date the Trust is reporting an £9.83m deficit, a £0.37m adverse variance from plan. The in month position is a deficit of £1.39m, a £0.83m adverse variance. The Trust has delivered additional efficiencies Year to Date of £1.20m. Operational pressures, including additional capacity requirements, continue to drive additional costs including the impact in month of Enhanced Bank rates, offsetting the CIP benefit year to date and presenting a significant risk to the forecast delivery of the 22/23 financial plan.

- 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. ERF of £4.37m has been assumed in the year to date position in line with plan. Indications are that ERF will not be clawed back for the first half of the year (H1), but this remains a risk going into H2, as activity year to date was below the planned level and some claw back might be required if the Trust is unable to catch up this activity in future months.
- 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 subject to approval 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. Requirements for additional funding for testing have reduced significantly as national procurement has expanded and the Autumn vaccination programme will be funded differently, on a fixed cost per vaccine basis.
- Year to date the Trust has incurred costs relating to Covid-19 of £8.06m, £3.88m higher than planned. Covid-19 activity remains higher than planned driving additional staffing costs and consumables, with extra capacity opened that was planned to be closed by this point in the year.
- Year to date the Trust has delivered efficiency savings of £7.60m, £1.20m higher than planned.
- Agency expenditure year to date is £5.11m, £2.60m higher than planned. The Integrated Care Board has set the Trust's Agency expenditure ceiling for the year at £6.9m, slightly higher than the £6.0m planned.
- Total planned inpatient activity, for the purpose of Elective Recovery, was only 96% of the activity planned year to date.

Key Variances

- Income is £1.30m above the planned year to date due to additional funding to support additional bed capacity and for Non-Surgical Oncology. Higher than planned NHS Clinical income is offset to some extent by lower than planned funding for 'outside of envelope' Covid-19 due to a reduction in testing costs now that most testing consumables have moved to a national procurement mechanism.
- Pay costs are £0.98m below the planned level year to date, but were above plan in month. The year to date underspend is primarily linked to vacancies, particularly in Community and FSS Divisions and lower than planned Recovery costs in Q1. However, the Trust has been unable to move to the summer bed plan, with more beds open than planned due to Covid-19 and other operational pressures. This is driving adverse variances in both Medical and Corporate Divisions of around £0.8m a month. The introduction of a 50% Bank Rate enhancement in the last 10 days of the month has also added additional costs of circa £0.2m.
- Non-pay operating expenditure is £2.95m higher than planned year to date with pressure on consumable costs due to additional capacity requirements and inflationary pressures in particular on utilities and the PFI contract.

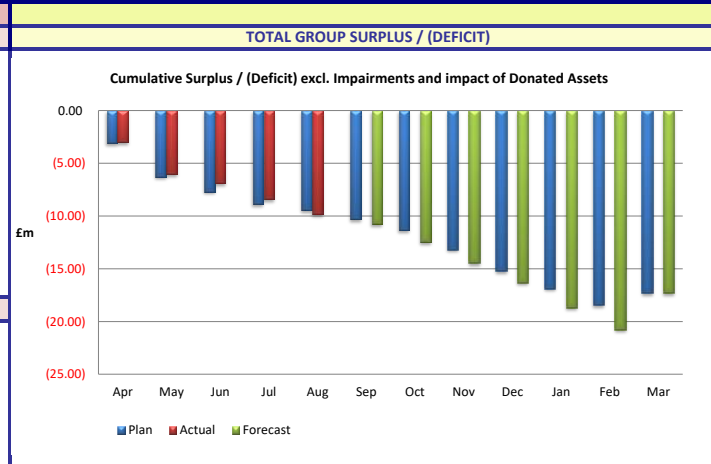
Forecast

The Trust has a revised plan to deliver a £17.35m deficit for the year and whilst forecasting to deliver this planned deficit, this is looking increasingly challenging and significant mitigation will be required to offset the ongoing operational pressures that have continued into the summer period. The Trust had planned to close most of the additional capacity wards used over winter by the 1st of June. This capacity has remained open and this will continue to drive additional costs over the next few months unless operational pressures ease. The risk to delivery of this forecast has further increased in month due to an emerging CIP gap, expected pay award funding shortfall and increasing Bank and Agency pressures. The forecast assumes full delivery of a challenging £20m efficiency target and that the Trust will deliver its elective activity plan and secure in full £11.9m of Elective Recovery Funding.

Total Group Financial Overview as at 31st Aug 2022 - Month 5

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M5			
CLINICAL ACTIVITY			
	M5 Plan	M5 Actual	Var
Elective	2,324	1,818	(506)
Non-Elective	24,217	21,626	(2,591)
Daycase	20,684	20,002	(682)
Outpatient	178,794	178,725	(69)
A&E	74,071	73,557	(514)
Other NHS Non-Tariff	776,219	810,114	33,895
Total	1,076,309	1,105,841	29,532



YEAR END 22/23			
CLINICAL ACTIVITY			
	Plan	Actual	Var
Elective	5,774	4,575	(1,198)
Non-Elective	58,360	52,442	(5,918)
Daycase	50,173	49,092	(1,081)
Outpatient	436,084	454,689	18,606
A&E	170,928	170,096	(832)
Other NHS Non-Tariff	1,867,647	1,952,596	84,949
Total	2,588,966	2,683,490	94,524

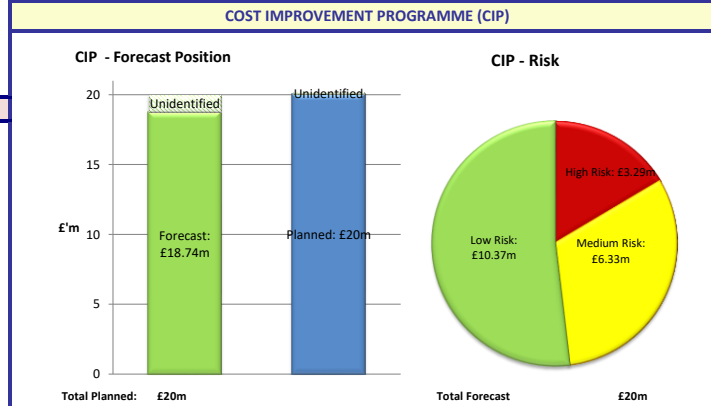
TOTAL GROUP: INCOME AND EXPENDITURE			
	M5 Plan	M5 Actual	Var
	£m	£m	£m
Elective	£9.31	£7.00	(£2.31)
Non Elective	£54.51	£50.77	(£3.75)
Daycase	£14.54	£13.75	(£0.79)
Outpatients	£16.28	£17.21	£0.93
A & E	£12.41	£12.74	£0.33
Other-NHS Clinical	£72.18	£79.32	£7.14
CQUIN	£0.00	£0.00	£0.00
Other Income	£22.38	£22.14	(£0.25)
Total Income	£201.62	£202.92	£1.30
Pay	(£133.72)	(£132.74)	£0.98
Drug Costs	(£18.89)	(£18.09)	£0.80
Clinical Support	(£15.98)	(£15.42)	£0.56
Other Costs	(£23.09)	(£27.28)	(£4.19)
PFI Costs	(£5.96)	(£6.08)	(£0.12)
Total Expenditure	(£197.64)	(£199.61)	(£1.97)
EBITDA	£3.98	£3.31	(£0.67)
Non Operating Expenditure	(£13.44)	(£13.14)	£0.30
Surplus / (Deficit) Adjusted*	(£9.46)	(£9.83)	(£0.37)

KEY METRICS						
	Year To Date			Year End: Forecast		
	M5 Plan	M5 Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£9.46)	(£9.83)	(£0.37)	(£17.35)	(£17.35)	(£0.00)
Capital	£10.74	£3.85	£6.89	£41.99	£42.71	(£0.72)
Cash	£56.11	£52.61	(£3.50)	£19.26	£19.78	£0.52
Invoices Paid within 30 days (BPPC)	95%	90%	-5%			
CIP	£6.40	£7.60	£1.20	£20.00	£20.00	(£0.00)
Use of Resource Metric	Plan	Actual		Plan	Forecast	
	3	4		3	3	

TOTAL GROUP: INCOME AND EXPENDITURE			
	Plan	Actual	Var
	£m	£m	£m
Elective	£23.08	£17.52	(£5.56)
Non Elective	£123.29	£116.83	(£6.46)
Daycase	£35.10	£33.80	(£1.31)
Outpatients	£40.60	£43.87	£3.26
A & E	£28.76	£29.14	£0.38
Other-NHS Clinical	£180.77	£202.81	£22.04
CQUIN	£0.00	£0.00	£0.00
Other Income	£53.66	£54.34	£0.68
Total Income	£485.26	£498.30	£13.04
Pay	(£318.79)	(£327.79)	(£9.00)
Drug Costs	(£45.79)	(£43.55)	£2.23
Clinical Support	(£38.80)	(£41.63)	(£2.83)
Other Costs	(£52.67)	(£59.10)	(£6.42)
PFI Costs	(£14.31)	(£14.60)	(£0.30)
Total Expenditure	(£470.36)	(£486.68)	(£16.31)
EBITDA	£14.90	£11.63	(£3.28)
Non Operating Expenditure	(£32.25)	(£28.97)	£3.28
Surplus / (Deficit) Adjusted*	(£17.35)	(£17.35)	(£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			
	M5 Plan	M5 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	(£41.76)	(£40.80)	£0.96
Medical	(£49.74)	(£52.77)	(£3.02)
Families & Specialist Services	(£36.32)	(£34.93)	£1.39
Community	(£11.25)	(£10.87)	£0.38
Estates & Facilities	£0.00	(£0.00)	(£0.00)
Corporate	(£22.12)	(£22.41)	(£0.30)
THIS	£0.51	£0.43	(£0.07)
PMU	£1.02	£0.41	(£0.60)
CHS LTD	£0.16	£0.02	(£0.14)
Central Inc/Technical Accounts	£150.84	£151.59	£0.74
Reserves	(£0.80)	(£0.50)	£0.30
Surplus / (Deficit)	(£9.46)	(£9.83)	(£0.37)



* 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	(£100.68)	(£100.06)	£0.62
Medical	(£122.23)	(£129.24)	(£7.01)
Families & Specialist Services	(£88.22)	(£85.79)	£2.44
Community	(£27.28)	(£26.98)	£0.31
Estates & Facilities	£0.00	(£0.00)	(£0.00)
Corporate	(£53.03)	(£53.64)	(£0.61)
THIS	£1.25	£1.07	(£0.18)
PMU	£2.44	£1.20	(£1.24)
CHS LTD	£0.54	£0.30	(£0.24)
Central Inc/Technical Accounts	£367.68	£370.76	£3.08
Reserves	£2.17	£5.01	£2.84
Surplus / (Deficit)	(£17.35)	(£17.35)	(£0.00)

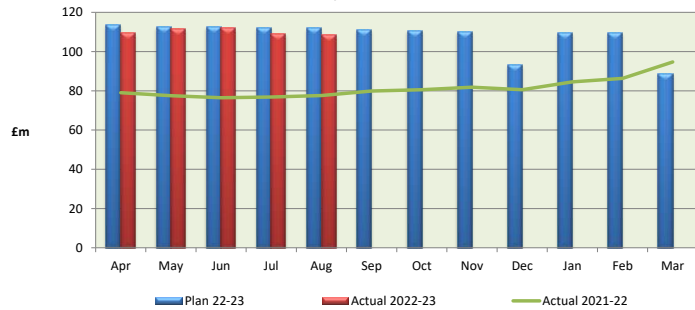
Total Group Financial Overview as at 31st Aug 2022 - Month 5

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

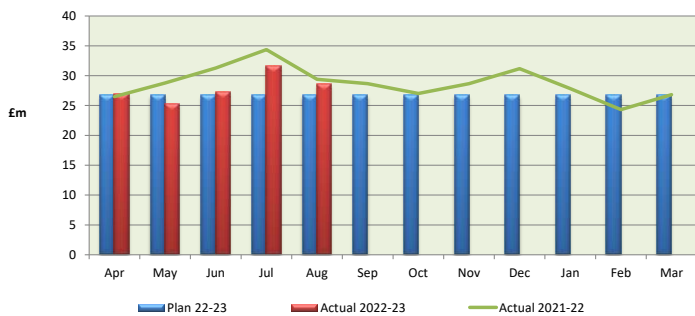
WORKING CAPITAL

	M5 Plan £m	M5 Actual £m	Var £m	M5
Payables (excl. Current Loans)	(£111.93)	(£108.38)	(£3.55)	●
Receivables	£26.70	£28.55	(£1.85)	●

Payables

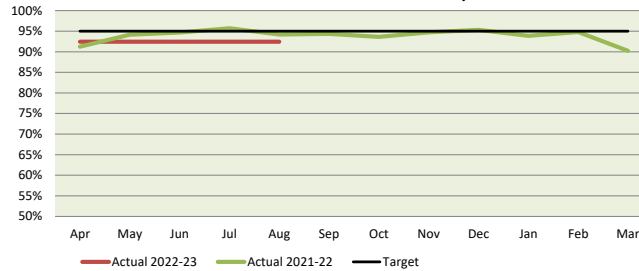


Receivables



BETTER PAYMENT PRACTICE CODE

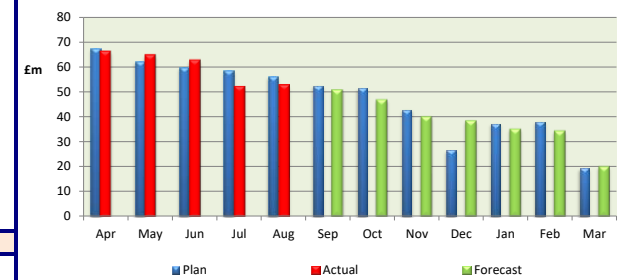
% Number of Invoices Paid within 30 days



CASH

	M5 Plan £m	M5 Actual £m	Var £m	M5
Cash	£56.11	£52.61	(£3.50)	●
Loans (Cumulative)	£16.57	£16.57	£0.00	●

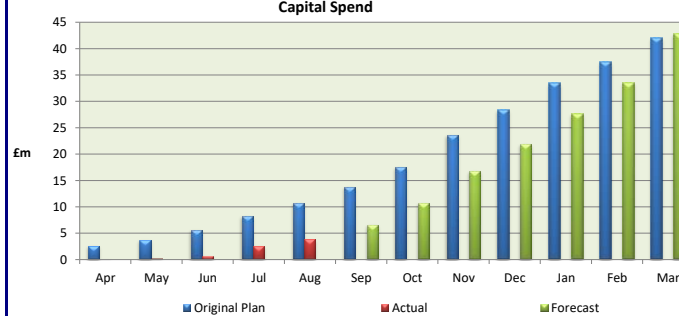
Cash



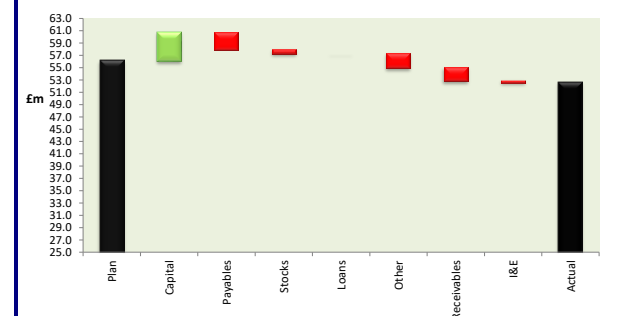
CAPITAL

	M5 Plan £m	M5 Actual £m	Var £m	M5
Capital	£10.74	£3.85	£6.89	●

Capital Spend



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- Year to date the Trust is reporting an £9.83m deficit, a £0.37m adverse variance from plan.
- Operational pressures, including additional capacity requirements, continue to drive additional costs including the impact in month of Enhanced Bank rates.
- 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.
- £4.37m of ERF has been assumed in the year to date position as planned. Indications are that ERF will not be clawed back for the first half of the year (H1), but this remains a risk going into H2.
- Total planned inpatient activity for the purposes of Elective recovery was 96% of the activity planned year to date.
- Year to date the Trust has incurred costs relating to Covid-19 of £8.06m, £3.88m higher than planned
- Capital expenditure is lower than planned at £3.85m against a planned £10.74m. Capital plans now also include any new leases.
- Year to date the Trust has delivered efficiency savings of £7.60m, £1.20m more than planned.
- NHS Improvement performance metric Use of Resources (UOR) stands at 4, worse than planned, with 2 metrics currently away from plan.

NOTES

- The Trust plans to deliver a £17.35m deficit for the year. Whilst the Trust is forecasting to deliver this planned deficit, this is looking increasingly challenging and significant mitigation will be required to offset the ongoing operational pressures that have continued throughout the summer period. The forecast assumes that mitigation of £10m is identified to offset these ongoing financial pressures.
- The forecast position assumes full delivery of a challenging £20m efficiency target. At the end of August 22, £18.74m of efficiency has been identified and is forecast to deliver.
- The forecast assumes that the Trust will deliver its elective activity plan and secure in full £11.9m of Elective Recovery Funding.
- The total loan balance is £16.57m as planned. No further loans are planned for this financial year.
- The Trust is forecasting to spend £42.71m on Capital programmes in this financial year including £2.92m on leases. The £0.72m adverse variance to plan is due to an increase in forecast donated assets (funded through charitable funds) and additional PDC funded Reconfiguration expenditure.
- The Trust has a cash balance of £52.61m, £3.50m lower than planned.

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

QUALITY

10. Feedback from Quality Committee including update on 2022/23 Quality Account Priorities

To Note

Presented by Denise Sterling

CHAIR'S HIGHLIGHT REPORT to the Board of Directors

Committee Name:	Quality Committee
Committee Chair:	Denise Sterling, Non-Executive Director
Date(s) of meeting:	12 th September 2022
Date of Board meeting this report is to be presented:	10 th November 2022
ACKNOWLEDGE	
<ul style="list-style-type: none"> • Report received on the Patient Safety Incident Response Framework (PSIRF) which replaces the Serious Incident Framework. A task and finish group is to be established to ensure the PSIRF is implemented within 12 months from September 2022. Progress updates to Quality Committee. • The End-of-Life Care Annual Report received and provided an update on the progress made within the workstream and the work undertaken that supports the local and national priorities. 	
ASSURE	
<ul style="list-style-type: none"> • Internal Audit Follow up Report Complaints – Confirmation provided that the action plan is on track for the recommendations to be fully implemented by the end of October 2022. Maternity Services Oversight report – a new confirm and challenge process has been introduced to review the Transformation plan with monthly overall progress review undertaken by the Chief Nurse. Areas of concerns identified will be escalated to Quality Committee for review. The service currently has 3 active cases with the health care safety investigation branch and information on the cases provided in the report. The report from the Regional Maternity Team Assurance visit has been received and CHFT has been assessed to have met all the 7 immediate essential actions recommended in the Ockenden report. • BAF Risk 6/19 Compliance with Quality and Safety reviewed, and risk score reduced from 15 to 12. 	
AWARE	
<ul style="list-style-type: none"> • A key challenge identified for the End-of-Life programme is the need for engagement of colleagues across all levels and more divisional representation and senior engagement. • Dementia screening options appraisal received; committee supported the preferred option which would improve dementia screening compliance. Further discussions required before final decision made as this would impact on nursing staff workload. 	

WORKFORCE

11. Feedback from Workforce Committee

To Note

Presented by Karen Heaton

CHAIR'S HIGHLIGHT REPORT to the Board of Directors

Committee Name:	Workforce and Organisational Development Committee
Committee Chair:	Karen Heaton
Date(s) of meeting:	11 October 2022
Date of Board meeting this report is to be presented:	10 November 2022

ACKNOWLEDGE

The following points are to be noted by the Board following the meeting of the Committee on 11 October 2022:

- IPR - concern remains over the level of short-term sickness absence and the number of return-to-work interviews remains below target with further work planned to improve this. The Committee will receive a report at its next meeting in December on a new approach. Fire safety and data security training completion levels are low, and action is underway to address these. Overall EST levels have fallen slightly. A review of all EST is currently underway to ensure we are identifying what is "essential" and this will be considered by the newly formed Education Committee.
- The Trust is participating in the Diversity in Health and Care Partnership Programme to enable a sharing of good practice.
- The Committee received an update on the recruitment strategy which is operationally progressing using value-based recruitment.

ASSURE

- The Committee received detailed reports and presentations covering Nursing and Midwifery Safer Staffing, an update on the Nursing Workforce Programme, Developing Workforce Safeguards- Nursing, Midwifery and Medical and an update on the Medical Workforce Programme. It was assuring to see that there continues to be a significant amount of work, commitment and planning to ensure safe staffing levels are maintained. It was clear that the safe level is not simply dependent on numbers but also relies on the skill mix of colleagues. This remains a key priority.
- The Board Assurance Framework covering Colleague Engagement was discussed and whilst it was recognised the score hadn't changed the actions to mitigate the risk had been revised and continue to be ongoing.

AWARE

- A new approach to undertaking Return to Work Interviews will be presented to the December 2022 meeting
- EST levels are moving downwards and the Committee is monitoring this closer
- Staffing levels continue to remain a challenge alongside turnover. Although recruitment has been going well and in particular international recruitment.

ONE CULTURE OF CARE

- One Culture of Care considered as part of the workforce reports and in discussions.

12. COMPANY SECRETARY REPORT

- a. Allocation of Governors on Committees
- b. Review Allocation of Governors observing Public Board of Director Meetings 2022-2023
- c. Review Council of Governors Declarations of Interest Register
- d. Receive Updated Register of Council of Governors

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 20 October 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 response by the Council of Governors in October 2022.	
Key Points to Note	
<p>a) Allocation of Governors on Committees</p> <p>The role of a governor at sub-committees is to act as an observer in terms of holding the Non-Executive Directors to account.</p> <p>The current governor allocation to Board Committees is outlined in Appendix G2 which highlights where there are vacancies that need to be filled. In order to have governor representation at each meeting, two governor representatives will be allocated to each Committee and two governor deputies to attend when the representatives are unable to.</p> <p>There are currently a number of vacancies in governor representatives or deputies to Board Committee, these are:</p> <ul style="list-style-type: none"> - One governor representative for Workforce Committee - One governor deputy for Workforce Committee - Two governor deputies for Quality Committee - One governor deputy for Charitable Funds Committee - One governor deputy for Organ Donation Committee - One governor deputy for Finance and Performance Committee - One governor deputy for Audit and Risk Committee <p>Please can governors' email councilofgovernors@cht.nhs.uk by Thursday 27 October 2022 with their preferences for attending any of the Committees above.</p> <p>The current governor allocations to Board Committee will remain in place as they currently stand and the vacancies will be filled based on governor preferences and will be effective from 1 November 2022.</p> <p>b) Review Allocation of Governors observing Public Board of Director Meetings 2022-2023</p> <p>The schedule of the Public Board of Directors meeting is attached inviting individual public governors to act as observers at the meetings during the remainder of 2022 and up to September 2023. Currently the next public Board of Directors meeting is scheduled to take place on Thursday 10 November 2022 face to face at 10:15 am in Forum Rooms 1A and 1B, Sub-basement, Learning Centre, Huddersfield Royal Infirmary.</p>	

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

Once again, the dates are provisional and are to provide you all with an opportunity to attend, so please do not hesitate to contact Deborah Melia, Corporate Governance Manager (Deborah.Melia@cht.nhs.uk) if the date is not convenient to you.

The Council of Governors is asked to **RECEIVE** and **NOTE** Appendix G3 which confirms the public Board of Directors meeting allocations for the remainder of 2022 and up to September 2023. Governors are asked to contact Deborah Melia, Corporate Governance Manager if they would like to attend a future Board meeting that they have not been allocated.

c) Review Updated Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register is attached at Appendix G4 for review. All governors must ensure they have submitted an annual declaration of interest. Any changes to current declarations are to be notified to Deborah Melia, Corporate Governance Manager.

The Council of Governors is asked to **RECEIVE** and **NOTE** the current Council of Governors Declarations of Interest.

d) Receive Updated Register of Council of Governors

The current Register of Council of Governors as of 13 October 2022 is attached at Appendix G5 for information.

The Council of Governors is asked to **RECEIVE** and **NOTE** the current Register of Council of Governors as of 13 October 2022.

Recommendation

The Council of Governors is asked to:

- a) **NOTE** the current governor vacancies for Committees and **RESPOND** to councilofgovernors@cht.nhs.uk by Thursday 27 October with their preferences in filling a vacancy which will become effective from 1 November 2022.
- b) **RECEIVE** and **NOTE** the public Board of Directors meeting allocations for the remainder of 2022 and up to September 2023. Governors are asked to contact Deborah Melia Deborah.Melia@cht.nhs.uk, Corporate Governance Manager if they would like to attend a future Board meeting that they have not been allocated.
- c) **RECEIVE** and **NOTE** the current Council of Governors Declarations of Interest Register.
- d) **RECEIVE** and **NOTE** the current Register of Council of Governors as of 13 October 2022.

GOVERNOR COMMITTEE ALLOCATIONS – VACANCIES

The role of a governor at Committees is to act as an observer in terms of holding the Non-Executive Directors to account.

The current governor allocation to Committees is outlined below highlighting where there are vacancies that need to be filled. In order to have governor representation at each meeting, **two** governor representatives will be allocated to each Committee and **two** governor deputies to attend when the representatives are unable to.

Vacancies to fill: 8

- **One** governor representative for **Workforce Committee**
- **One** governor **deputy** for **Workforce Committee**
- **Two** governor **deputies** for **Quality Committee**
- **One** governor **deputy** for **Charitable Funds Committee**
- **One** governor **deputy** for **Organ Donation Committee**
- **One** governor **deputy** for **Finance and Performance Committee**
- **One** governor **deputy** for **Audit and Risk Committee**

BOARD COMMITTEES

Workforce Committee (Bi-Monthly) Chair: Karen Heaton karen.heaton@cht.nhs.uk Administrator: Tracy Rushworth tracy.rushworth@cht.nhs.uk	
Allocated (Representatives):	Peter Bamber, Public Elected Governor VACANCY
Deputies:	Gina Choy, Public Elected Governor 1 FURTHER DEPUTY REQUIRED
Quality Committee (Monthly) Chair: Denise Sterling denise.sterling@cht.nhs.uk Administrator: Michelle Augustine michelle.augustine@cht.nhs.uk	
Allocated (Representatives):	Gina Choy, Public Elected Governor Jo Kitchen, Staff Elected Governor
Deputies:	VACANT – 2 DEPUTIES ARE REQUIRED
Charitable Funds Committee (Quarterly) Chair: Helen Hirst Helen.Hirst2@cht.nhs.uk Administrator: Carol Harrison carol.harrison@cht.nhs.uk	
Allocated (Representatives):	John Gledhill, Public Elected Governor Jo Kitchen, Staff Elected Governor
Deputies:	Christine Mills, Public Elected Governor 1 FURTHER DEPUTY REQUIRED

Organ Donation Committee (Bi-Annual)Chair: Helen Hirst Helen.Hirst2@cht.nhs.ukAdministrator: Rebecca Johnstone rebecca.johnstone@cht.nhs.uk

Allocated (Representatives):

Nicola Whitworth, Public Elected Governor
Peter Bell, Public Elected Governor

Deputies:

Sally Robertshaw, Staff Elected Governor
1 FURTHER DEPUTY REQUIRED**Finance and Performance Committee (Monthly)**Chair: Andy Nelson Andy.Nelson@cht.nhs.ukAdministrator: Rochelle Scargill rochelle.scargill@cht.nhs.uk

Allocated (Representatives):

Robert Markless, Public Elected Governor
Brian Moore, Public Elected Governor

Deputies:

Isaac Dziya, Public Elected Governor
1 FURTHER DEPUTY REQUIRED**Audit and Risk Committee (Quarterly)**Chair: Nigel Broadbent Nigel.Broadbent@cht.nhs.ukAdministrator: Deborah Melia Deborah.Melia@cht.nhs.uk

Allocated (Representatives):

Isaac Dziya, Public Elected Governor
Liam Stout, Staff Elected Governor

Deputies:

John Gledhill, Public Elected Governor
1 FURTHER DEPUTY REQUIRED

Deborah Melia
Corporate Governance Manager
Trust Headquarters
Acre Mills Outpatients
Huddersfield
HD3 3EB

Tel: 01484 355 933
Email: Deborah.Melia@cht.nhs.uk

October 2022

Dear Governor

INVITATION TO GOVERNORS TO ATTEND PUBLIC BOD MEETINGS 2022/2023

I attach a schedule inviting individual public governors to act as observers at the Public Board of Directors Meetings during 2022/23. There is a plan for the Public Board of Directors meetings to return to face to face meetings from November 2022 onwards. The venues are confirmed on the enclosed schedule of meeting dates.

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

As you are aware these meetings are public meetings and any one of you can attend any of the dates. Please let us know in advance if you would like to attend to observe a date that has not been allocated to you.

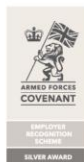
Once again, the dates are provisional and are to provide you all with an opportunity to attend, so please do not hesitate to contact me if the date is not convenient to you.

Kind regards,

Deborah Melia
Corporate Governance Manager

cc Helen Hirst, Chair
Andrea McCourt, Company Secretary

Chair: Helen Hirst
Chief Executive: Brendan Brown



CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

INVITATION TO GOVERNORS TO ATTEND

BOARD OF DIRECTORS MEETINGS 2022/2023

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

DATE	VENUE	GOVERNORS ATTENDING
Thursday 10 November 2022	Forum Room 1A & 1B, Learning Centre, Sub- Basement, Huddersfield Royal Infirmary	Robert Markless John Gledhill Stephen Baines Brian Moore
Thursday 12 January 2023	CRH – Room to be confirmed	Christine Mills Nicola Whitworth Peter Bell Alison Schofield
Thursday 2 March 2023	Forum Room 1A & 1B, Learning Centre, Sub- Basement, Huddersfield Royal Infirmary	Peter Bamber Veronica Woollin Stephen Baines Isaac Dziya
Thursday 4 May 2023	CRH – Room to be confirmed	Alison Schofield Christine Mills Gina Choy Brian Moore
Thursday 6 July 2023	Forum Room 1A & 1B, Learning Centre, Sub- Basement, Huddersfield Royal Infirmary	Robert Markless John Gledhill Isaac Dziya Peter Bamber
Thursday 7 September 2023	CRH – Room to be confirmed	Brian Moore Peter Bell Nicola Whitworth Gina Choy

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

**DECLARATION OF INTERESTS REGISTER – COUNCIL OF GOVERNORS
AS AT OCTOBER 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)

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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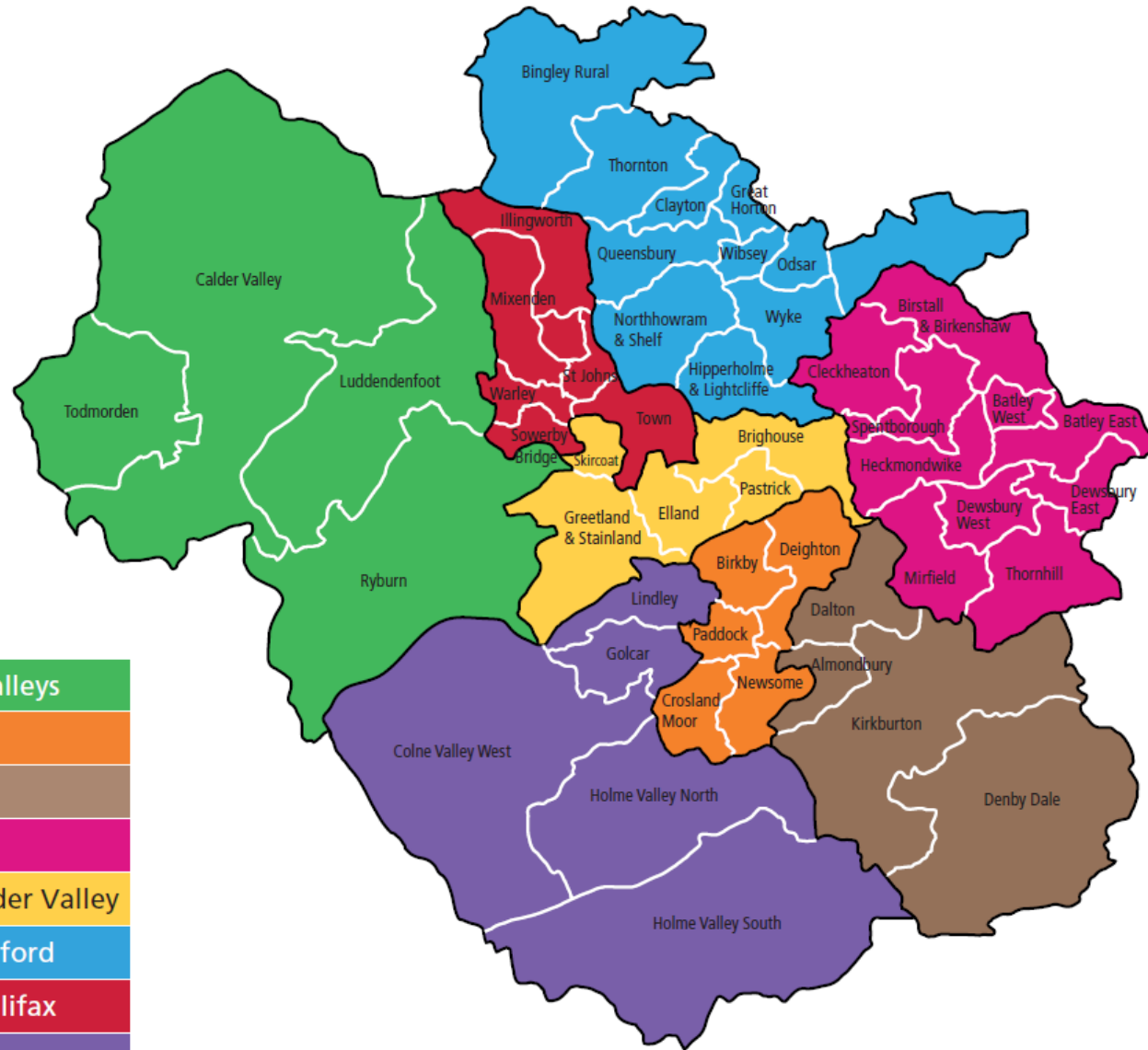
APPOINTED GOVERNORS - STAKEHOLDERS								
03.05.22	Abdirahman DUAALE	Calderdale and Huddersfield Solutions Ltd.	-	-	-	-	-	-
28.07.22	Sara EASTBURN	University of Huddersfield	-	-	-	-	-	Registered with the Health and Care Professions Council and the Chartered Society of Physiotherapy
15.07.22	Karen HUNTLEY	Healthwatch	-	-	-	Director of Healthwatch Calderdale	-	-
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 13 OCTOBER 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 Extended	3 years 3 years 1 year	2019 2022 2023
4 – North Kirklees	VACANT SEAT			
5 – Skircoat and Lower Calder Valley	Stephen Baines	15.09.16 17.07.19 Extended	3 years 3 years 1 year	2019 2022 2023
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 Extended	3 years 1 year	2022 2023
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 Extended	3 years 1 year	2022 2023
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	VACANT SEAT			
APPOINTED GOVERNORS				
University of Huddersfield	Dr Sara Eastburn	02.08.22	3 years	2025
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

13. RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

- a. Quality Committee held on 20.06.22 & 18.07.22 & 17.08.22
- b. Workforce Committee held on 06.06.22
- c. Audit and Risk Committee held on 05.07.22 & 26.07.22
- d. Finance and Performance Committee held on 05.07.22 & 05.08.22

To Note

QUALITY COMMITTEE

Monday, 20 June 2022

STANDING ITEMS

92/22 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
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
Dr Cornelle Parker (CP)	Deputy Medical Director
Victoria Pickles (VP)	Director of Corporate Affairs
Lindsay Rudge (LR)	Deputy Director of Nursing
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

Gill Harries (GH)	Deputy Director of Operations - FSS (item 96/22)
Dr Elizabeth Loney (EL)	Associate Medical Director (item 101/22)
Dr Tahira Naeem (TM)	Obstetrics and Gynaecology Consultant (item 96/22)
Diane Tinker (DT)	Interim Head of Midwifery (item 96/22)

93/22 APOLOGIES

Jo Kitchen (JK)	Staff Elected Governor
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94/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

95/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 16 May 2022 were approved as a correct record. The action log can be found at the end of these minutes.

AD HOC REPORTS

96/22 MATERNITY TRANSFORMATION PLAN

Gill Harries, Tahira Naeem and Diane Tinker were in attendance to present the above report at appendix C, highlighting the different areas of work which will be compiled into one maternity transformation plan.

In terms of the action plan, the Chair enquired about the amber actions relating to 'evidence of non-executive director sitting at Trust Board meetings and evidence of trust Board minutes where NED has contributed' and 'evidence of ward to board and board to ward activities e.g. non-executive director who has oversight of maternity services'. DT stated that the action plan has since been updated to green, as KH is the non-executive safety champion, who attends monthly meetings within maternity.

KS commented on work with maternity colleagues within the birthing centre and the labour ward around the focused Journey to Outstanding (J2O) process and evidence of the implementation of lessons learned from colleagues, on how they would articulate how concerns are escalated from both services. The feedback and evidence witnessed was really robust, with really good engagement from clinicians on both areas. Thanks and congratulations were conveyed to colleagues who contributed in a professional manner to provide the levels of assurance.

LR noted some actions on the plan which requires a RAG (red,amber,green) rating, including *'All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals'*. It was also noted that some of the actions rated as 'red' could be rated as 'amber'.

In relation to engagement, **JE** asked whether the transformation plan would be something that colleagues working in the service would recognise and if so, what response has been received. **DT** stated that the full transformation plan has not yet been shared, as this may overwhelm colleagues, however, several staff engagement sessions have been being carried out where colleagues are updated on progress, for example, during open surgeries, where senior teams go into different areas to allow colleagues to have open discussions on meaningful developments.

CP commented on the Equality Impact Assessment (EqIA), to which **GH** responded that this is yet to be done, as some advice is required on how to complete.

CP also mentioned that the implementation project timeline has been completed for the four pillars section, however, the timeline for the remainder of the plan has not. **GH** stated that further work has been done since, and that the action plan has an ongoing review. **GH** also stated that although Ockenden 2 has been accepted by the Government, measurables have not yet been released, and these are being awaited from the central office. Due to the action plan being a work in progress, **CP** asked about the governance of the plan. **GH** stated that aspects of it are discussed at the divisional Patient Safety and Quality Board and also at directorate performance meetings, however, it was stated that advice would be needed on where it would sit to ensure there is overall scrutiny. **LR** noted that as part of the preparation and review of maternity services, the governance structure was revised to include the divisional governance process and the Trust Patient Safety and Quality Board process, however, it was noted that the Patient Experience and Caring Group would expect to see some of the actions as they include the maternity voices partnership (MVP). Further work is still to be done, which will be followed up with **KS**, **GH** and **DT** around the operational and strategic parts of the plan. **KS** also stated that the CQC and compliance Group is another forum where the plan can be submitted. It was agreed that that a rationale describing the governance arrangements for the transformation plan is produced. **NS** commented on the size of the plan and queried whether project management is required.

Action: **KS**, **GT**, **DT**, **LR** to meet to discuss the EqIA, project management/ownership, governance and frequency of when the plan will return to Quality Committee.

GC commented on the action relating to *'Women must be enabled to participate equally in all decision-making processes'*. It was stated that the comments were not clear on the progress. **DT** stated that this is an action from Ockenden that compliance needs to be audited to ensure the action is being achieved. The action is being embedded into everyday business, with a weekly multi-disciplinary governance meeting taking place to review all incidents to ensure that women are involved in decision-making. Any concerns from the governance meeting are fed back to colleagues via newsletters as part of learning.

DS commented on the management of maternity complaints and asked if they will be managed via the corporate approach or if going forward, this will change to include the involvement of the MVP in how complaints are investigated and responded to. **DT** stated that a monthly meeting takes place where the MVP chair will attend to have an overarching view on the number of complaints, and the themes and trends.

OUTCOME: GH, DT and TN were thanked for the update and the Quality Committee noted the report.

97/22 QUALITY AND SAFETY STRATEGY

Kim Smith presented the paper at appendix D highlighting a revised process, with the following suggestions:

- That the Quality Strategy currently in place is used as the base for the development of the strategy for 2022 to 2023 and onwards.
- That a facilitated workshop takes place with key colleagues to carry out the initial review of the strategy to ensure ownership of all elements of the strategy. This would also enable other strategies to sit either alongside the strategy or underpin it, such as the Patient Engagement Strategy and End of Life Strategy.
- That a final draft would then be presented to Quality Committee for agreement.
- To enable the above to take place the current strategy would remain in place for a period of time.

The Committee were supportive of the approach which is potentially a good piece of engagement. The timescale for the completion of the strategy was confirmed as September 2022, with submission to the 17 October 2022 Quality Committee meeting.

OUTCOME: The Committee approved the process as described.

RESPONSIVE

98/22 INTEGRATED PERFORMANCE REPORT

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

Trust performance for April 2022 was 68% which has improved on the March position mainly due to changes in the Workforce domain. The safe domain is now green again, as the previous month included a never event. The caring domain remains amber with two of the five Friends and Family Test areas now green, however, Complaints performance is at its lowest level in terms of those closed within target timeframe. Dementia screening has fallen again in month following a slight improvement last month. The effective domain remains amber, although fractured neck of femur has surpassed 70% for the first time since May last year but is still below the 85% target. The responsive domain remains amber with all key cancer targets achieved again for April which is an excellent achievement. Stroke indicators alongside the underperformance in the main planned access indicators and the emergency department remain a challenge moving forward. The workforce domain remains amber with peaks in the 12-month running total for both long-term and short-term non-Covid sickness. Return to Work interviews have reduced in month. The finance domain remains amber.

In terms of recovery, the Appointment Slot Issue (ASI) position has improved significantly through May to April, and 104-week patient backlog needs to be cleared by the end of July 2022.

Good news: there is now a new Learning Disabilities section in the Appendix showing performance against a number of key metrics.

Please note, from 1st April 2022 the workforce domain 12-month rolling, and in-month absence target is 4.75%. This relates to non-Covid absence only, albeit a rate inclusive of Covid-related absence will continue to be reported. The target for non-Covid long-term absence is 3% and 1.75% for non-Covid short term absence. The compliance rate for Return to Work Interviews

has also been refreshed from April 2022 to 80%, a stretch compliance rate of 90% has been retained.

CP commented on the stroke position and stated that the length of stay, therapy hours and some other measures are being monitored to ascertain what other differential offers are being received, due to around half of our patients not getting into a stroke bed. **LR** stated that a plan has now been produced which will alleviate concerns and transfer beds from the Acute Floor back to stroke in order for patients to follow that pathway. **DS** enquired about the business case which was being revised to incorporate community and asked for any progress on this. **JF** stated that the business case is not yet ready for sign-off as the position is not where it needs to be in terms of transformation. In the short-term, there is more capacity in the system to support the less complex stroke patients.

NS commented on the helpful SWOT analysis section of the report.

GC commented on turnover within the workforce domain, which is still a downward trend and asked if there were any challenges and what was being done. **JE** responded that turnover is within the ceiling of 10.5% annual turnover. What has been noted more recently is an increase in leavers, however, recruitment continues.

LR noted that current performance in relation to quality priorities was not in an ideal position by the end of June 2022.

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

99/22 QUALITY REPORT AND 2022-2023 QUALITY PRIORITIES

Kim Smith presented the executive summary of the quality report at appendix F1, via a set of PowerPoint slides, which will be easier to identify key messages and can also be used to support clinical and divisional colleagues with sharing messages.

The full report was also available (appendix F2) which includes the detail.

In relation to Quality Priorities, there was a request to ensure priorities had three key performance indicators (KPIs) in order to clearly measure outcomes. It was noted that there has been some challenge from some workstreams relating to their KPIs, and additional support and scrutiny is still required to get quality priorities embedded. It was requested that an ongoing action is for the Quality Committee to hold workstreams to account with the development of their KPIs and that progress is reported back into Quality Committee, with the end of life care workstream being the first to report.

KS asked the Committee members for any feedback on the format of the presentation of the executive summary.

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

100/22 QUALITY COMMITTEE ANNUAL REPORT

Kim Smith presented the annual report at appendix G, highlighting the activities of the Quality Committee between April 2021 and March 2022. The report demonstrates the Committee's commitment and focus on key priorities, additional scrutiny into subgroups, and assurance to Board.

DS commented on the outcome of the Committee's annual self-assessment, which was available within the appendix of the report, and stated that an action plan will be brought to a future Committee meeting to focus on the areas which can still be improved upon. Thanks were conveyed to Committee members who contributed to the self-assessment.

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

WELL LED

101/22 SEVEN DAY SERVICE ASSURANCE REPORT

Dr Elizabeth Loney was in attendance to present the report at appendix H, providing assurance of compliance with four key standards for seven day services as required by NHS England and NHS Improvement.

Thanks were conveyed to the clinical audit team who audited 78 acutely admitted patients in the month of February 2022, and as in previous audits, CHFT demonstrated continued compliance with all standards, the detail of which was available in the report.

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

EFFECTIVE

102/22 Q4 LEARNING FROM DEATHS REPORT

Dr Cornelle Parker presented the annual learning from deaths report at appendix I, providing assurance of the mortality review process, a review of mortality during 2021-2022, and a focus on learning disabilities mortality.

CP noted that neither Hospital Standardised Mortality Ratio nor Summary Hospital-level Mortality Indicator are direct measures of quality of care. Quality of care can only be properly assessed via case note review. It was also noted that the two measures were not designed for a global pandemic. It is known that the pattern of non-COVID deaths have been significantly affected by the pandemic and the implications of this are still not clear and evidenced by the substantial fluctuations in the expected deaths calculation which underpin these metrics which are coming through almost on a monthly basis from NHS Digital. The only measure that includes COVID deaths is crude mortality, and the only measure that benchmarks this nationally is the crude mortality benchmarking, as detailed in figure 8 of the report. It is important to recognise that this measure is actually stable and has been over the last couple of years when compared to other organisations.

Progress with the 2020-2021 recommendations were achieved.

Recommendations for 2022-2023 were:

- Support expansion of the Medical Examiner Service to include colleagues from General Practice in the team and to incorporate community deaths. Central funding is available for this expansion
- Focus on Learning Disabilities – complete existing action plan, agree and complete outcome measures as part of CAIP Programme
- Deteriorating patient – to consider a bespoke quality improvement programme to focus on monitoring, response and escalation.

LR commented that the issues on learning disabilities were followed up quickly due to constant monitoring and oversight on issues.

In relation to the expansion of the medical examiner service, **DS** asked whether this is already underway, and if so, when can the Committee expect the expanded team. **CP** stated the expansion is underway, and there are a number of challenges, and the approach will be incremental. It will be a statutory requirement to have the Medical Examiner rolled out by April 2023. The service is independent of CHFT; however, we support Dr Tim Jackson and will continue to do so, however, primary care partners need to be on board and having meetings around that. Update on progress with this will be provided via the separate scheduled Medical Examiner report.

Due to this being **CP's** last meeting, thanks were conveyed to her for the work done on this programme over the last couple of years.

OUTCOME: The Committee were in support of the recommendations in the report.

103/22 CLINICAL OUTCOMES GROUP REPORT

Kim Smith presented the report at appendix J.

During the reporting period of January to June 2022, updates were provided from various workstreams, and examples of those with limited assurance were highlighted as End of Life Care Group (discussed at item 99/22) and the Mental Health Operational Group, which was in relation to not having key information coming through to the Clinical Outcomes Group in a timely manner, however, work is ongoing to address this.

In relation to the next steps, the Chair of the Clinical Outcomes Group has set out clear expectations for attendance and presentations of reports to ensure the Group has effective governance arrangements in place. A dashboard is in the process of being developed in order for the Group to have oversight of all their activity in one place, and this will enable an increased level of oversight and scrutiny as well as shared learning.

DS commented on the useful provision of the level of assurance against the work done in each workstream.

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

ITEMS TO RECEIVE AND NOTE

104/22 QUALITY ACCOUNT

Kim Smith presented a summary of the Quality Account for 2021-2022 at appendix K1, which documents the activities carried out in the last financial year, despite some significant challenges in the last 12 months.

The Quality Committee were given delegated authority from the Board of Directors to sign-off the Quality Accounts (full copy available at appendix K2), which went to external stakeholders for comments. Thanks were conveyed to all who had an opportunity to input into the report and for responding in a timely manner.

OUTCOME: The Committee approved the Quality Account on behalf of the Board of Directors.

105/22 MEDICINES MANAGEMENT COMMITTEE MINUTES

A copy of the Medicines Management Committee minutes from May 2022 were provided at appendix L for information.

106/22 ANY OTHER BUSINESS

Feedback

The Committee were asked for any feedback on:

- the format of the Integrated Performance Report
- the approach to the presentation of the executive summary to the Quality Report.

Goodbyes

Thanks were conveyed to both Ellen Armistead and Dr Cornelle Parker who will be leaving the Trust at the end of the month. On behalf of the Committee, good luck and best wishes were conveyed to Ellen in her retirement and to Cornelle for the future.

107/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- The maternity Transformation action plan, the work done and work underway.
- The approach proposed for the Quality Strategy.
- That seven day service report and the achievement of all the standards
- The Learning from Deaths annual report annual report
- Concern around stroke services as outlined at item 98/22

108/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix M for information.

POST MEETING REVIEW

109/22 REVIEW OF MEETING

What went well.....

- *“A good meeting with healthy discussions and challenges around some of the key issues and good reports provided”*
- *“Clear, unambiguous and focused reports”*

NEXT MEETING

Monday, 18 July 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				
20.06.22 (96/22)	Maternity Transformation Plan	Gill Harries / Diane Tinker	Action 20 June 2022: KS, GT, DT, LR to meet to discuss the EqlA, project management/ownership, governance and frequency of when the plan will return to Quality Committee.	ONGOING
16.05.22 (80/22)	Learning Disabilities Mortality Report	Amanda McKie	Action 16 May 2022: Plan on a page to be provided at a later meeting, which will include the work of the SI panel. Update: Amanda McKie to take to Mortality Surveillance Group for sign-off on 24 June 2022	See agenda item 117/22 (Appendix F)
UPCOMING ACTIONS				
20.06.22 (85/22)	Medical Examiner Update	Dr Tim Jackson	OUTCOME: To be deferred	DUE Wednesday, 17 August 2022
21.02.22 (23/22) 20.04.22 (60/22)	Deteriorating patient case note review	Risk Team	A formal report on the issue of deteriorating patients was asked into Quality Committee for April 2022. ACTION: Report requested for Quality Committee in April 2022. Update 20 April 2022: See agenda item 60/22. ACTION - 20 April 2022: Update on case note review requested for three months' time <i>(Added to workplan to return to Quality Committee in August 2022)</i>	DUE Monday, 17 August 2022
16.05.22 (80/22)	Split Paediatric Service	Julie Mellor / David Britton / Stacey Cartwright	Action 16 May 2022: That the original escalation process is revisited. Update: Awaiting response from division as to when this will be available for the Quality Committee	Awaiting confirmation
20.06.22 (84/22)	Annual Patient Experience Report	Nicola Greaves	OUTCOME: To be deferred Update: The report is awaiting approval at the Patient Experience and Caring Group before ratification at Quality Committee	DUE Monday, 12 September 2022
CLOSED ACTIONS				
16.05.22 (82/22)	Mental Health Strategy	All	OUTCOME: Strategy to be deferred to the next meeting. Update June 2022: It was decided that the strategy is put on hold until the new Nurse Consultant for Mental Health is in post.	CLOSED Monday, 20 June 2022

QUALITY COMMITTEE

Monday, 18 July 2022

STANDING ITEMS

110/22 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Dr David Birkenhead (DBirk)	Medical Director
Gina Choy (GC)	Public Elected Governor
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
Elisabeth Street (ES)	Clinical Director of Pharmacy
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Aroosa Ali (AA)	Student Nurse on Placement (observing)
Christopher Button (CB)	Lead Cancer Nurse (item 119/22)
Katherine Cullen (KC)	Deputy Director of Pharmacy (item 116/22)
Laura Douglas (LD)	Matron in Maternity (for Diane Tinker and item 122/22)
Carol Gregson (CG)	Corporate Matron (item 120/22)
Amanda McKie (AMcK)	Matron Lead for Learning Disabilities (adults) (item 117/22)
Gemma Pickup (GP)	Quality and Service Improvement Lead (item 115/22)
Gillian Sykes (GS)	End of Life Care Co-ordinator (item 119/22)

111/22 APOLOGIES

Victoria Pickles (VP)	Director of Corporate Affairs
Lindsay Rudge (LR)	Deputy Director of Nursing
Kim Smith (KS)	Assistant Director for Quality and Safety
Diane Tinker (DT)	Interim Head of Midwifery

112/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

113/22 MINUTES OF THE LAST MEETING AND ACTION LOG

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

114/22 TERMS OF REFERENCE REVIEW

A copy of the terms of reference were available at appendix C to give the Committee an opportunity to review the duties and responsibilities and provide any comments, if necessary.

DS commented on duties 4.14: 'Undertake an annual review of the quality impact assessment process to gain assurance that the risks to any impact on quality arising from proposed cost improvements have been managed and mitigated' and 4.22: 'Receive reports from invited service reviews and external visits (as appropriate) and seek assurance regarding delivery of actions' stating that a summary report on both will require submission to the Committee, to ensure all duties are fulfilled.

OUTCOME: Reports to be requested and submitted to the Committee in the near future.

AD HOC REPORTS**115/22 FRACTURED NECK OF FEMUR PAPER**

Gemma Pickup was in attendance to present the report as circulated at appendix D, updating on the surgical division's performance against the 36 hour to surgery best practice tariff (BPT).

In relation to the fractured neck of femur (FNOF) deaths in patients who did not receive surgery within the 36 hour target, **ES** asked why this was. **GP** stated that this could be due to a number of reasons. Organisational breaches could be any reason for not getting a patient into surgery on time; a clinical breach is where there is a medical reason as to why surgery did not take place, and non-operative breaches are when a patient was not suitable for surgery. **ES** also asked what the reasons would be for a patient to not qualify for the best practice tariff. **GP** responded that this would be due to the patient being under the age of 60 years old or having a periprosthetic fracture.

DS commented on the significant increase in the number of patients and asked if this was attributable to any particular factor. **GP** stated that as this does not match the national trend, the division would like to do some further work on demographic information around the average age of patients in the region. In relation to the urgent community response and community focus and their virtual wards, **JF** asked whether patients at risk of falls are in correlation, in order to look at some prevention work in the community. **GP** stated not being aware of this but can be taken back to the multi-disciplinary team.

Within the last report to the Quality Committee in October 2021, **DS** noted that there were various reasons for not achieving the target, and one was around '*Identified confusion over roles and responsibilities – Assumptions are made over tasks and communication leading to delays*'. It was asked whether any work has since been carried out to resolve this issue. **GP** stated that it may have been helpful to include some of the best practice reports and information in the feedback to the Committee that show performance in all the different aspects of best practice, which would provide reassurance that whilst there are issues from a capacity perspective, work that has taken place along the pathway have shown improvements, including the clarification of roles and responsibilities for carrying out different tasks.

DS commented on the month-on-month improvement and asked where the service is likely to be in the next quarter. **GP** stated the reduction in variance will result in not having the unusual months of poor performance, due to the creation of the opportunity to use the FNOF surge list, which will hopefully increase the average performance.

OUTCOME: The Committee noted the report and requested an update in the next 6 months.

116/22 MEDICINES RECONCILIATION UPDATE

Katherine Cullen was in attendance to present an update as circulated at appendix E, on performance on medicines reconciliation within 24 hours.

The medicines reconciliation rates at CHFT, the impact of the Designated Ward Pharmacy (DWP) and improvement plans were highlighted. It was stated that without further investment into a DWP team at CRH, it is very unlikely that the 68% target will be reached: which the last two years' worth of data shows. In order to achieve this, a business case would need to be approved to increase staffing to a level which would enable better, consistent ward cover.

ES stated that a business case has now been done for Calderdale, however, due to an embargo for new cases, **JF** was asked if there were any timescales on when business cases can be revisited. **JF** stated that discussions will need to take place with Finance as to when that can move forward, however, there is a plan for this financial year which needs to be achieved, and there may be other funding routes which may be available for this to be placed.

KH asked what the impact on the patient would be if there was no funding. It was stated that this could result in patients' length of stay being prolonged due to medication discrepancies. **KC** stated that the 2018 Cochrane review found that 55.9% of patients were at risk of having one or more medication discrepancies at transitions of care with standard health care. This harm is avoidable, and the appropriate processes need to be in place to minimise errors and optimise medicines use. This is mirrored in local CHFT audits which show a similar rate of errors.

OUTCOME: The Committee noted the report, approved the recommendations for the business case, and requested an update in the next 6 months.

117/22 LEARNING DISABILITIES ACTION PLAN

Amanda McKie was in attendance to present the Learning Disabilities action plan as circulated at appendix F, following the Learning Disabilities Mortality Report provided to the Committee in May 2022.

AMcK summarised the action plan with actions ongoing or achieved.

NS commented on the carers strategy and asked whether this work and the support that is offered to carers and vulnerable patients is aligned to that, and how that might work for learning disability service users and their carers. **AMcK** stated that contact has been made with the strategy lead, and work which has been done within learning disabilities has been requested into the carers strategy.

DS asked how the action plans from serious incidents involving people with a learning disability are progressing. **AMcK** stated that an update would need to come from **KS**, however, the action plan has been requested to be observed at the serious incident panel.

In relation to 'Oliver McGowan' training which will be mandatory for all health and social care staff from October 2023, **DS** commented on the impact this will have for CHFT. **AMcK** stated that it is hoped that the tier 1 package will be the e-learning training, which is yet to be confirmed. The tier 2 package has been confirmed as a face-to-face six-hour session. What has not yet been determined is which staff group will be in tier 2. This is being worked through with Health Education England, and once **AMcK** has further details, a paper will be submitted to the Committee which describes what that will look like.

In terms of increasing the number of 'Think Learning' disability champions across the Trust, **DS** asked how many have now been recruited. **AMcK** stated that there are around 100 champions, which has recently increased by 30. **DS** asked whether any support is required with this. **AMcK** stated that the fantastic divisional colleagues, Project Search and the enhanced task and finish group will keep this work going.

A copy of the Learning Disability Annual Report 2021-2022 was also available for information.

OUTCOME: **AMcK** was thanked for the update and the Committee noted the action plan.

RESPONSIVE

118/22 INTEGRATED PERFORMANCE REPORT

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

The safe domain is now amber due to the never event. 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 is back below 25%. The effective domain remains amber with fractured 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 Interview activity has improved in month. Finance domain remains amber.

Although the cancer screening to treatment was missed, all other cancer standards were achieved, which is excellent for patients and CHFT remains the best in Yorkshire which is something to celebrate.

The number of patients on the transfer of care list remains a challenge, however, there has been an improved and sustained position across the last month, achieving and maintaining a position below 80.

Agreement has been made on further actions with stroke on getting patients discharged sooner and other wrap-around support patients need. The capacity in the system for stroke patients has sustainably improved.

The backlog of patients waiting for MRI scans was discussed at Finance and Performance and Executive Board. There is a focused programme on reducing the backlog, with the MRI van returning on site in August 2022 to continue the clearance. Good progress has been made, with the average weeks for an MRI scan falling from 8.2 weeks to 4.7.

KH commented on the consistently low performance with dementia screening and asked if there was an opportunity for a detailed review into progress. **DB** agreed that a paper on the detail of work ongoing in relation to dementia screening is brought to the Committee. **DB** also commented on whiteboards which are now up in acute admission wards which should help to highlight patients who have not had a dementia screen, and also the refining of the admission documentation should provide a further reminder to complete a dementia screen.

DS queried what the green cross patients under the patient flow in the report referred to. **JF** stated that they were patients who are fit to be discharged, but have not left, however, will follow-up as to why this is included in the report.

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

119/22 QUALITY PRIORITIES UPDATE – END OF LIFE CARE

Christopher Button and Gillian Sykes were in attendance to present an update on the end of life care quality priority as circulated at appendix H.

CB highlighted an issue with divisional engagement into the end of life care working group.

DS asked what support is required from the Quality Committee to get movement in terms of engagement. **CB** stated that appropriate representation is required, as end of life care sits across the Trust as a whole. The Group has committed individuals; however, they are the same individuals. In terms of engagement moving forward, the visibility of senior or executive leadership within the group would be a benefit.

In regard to engagement, **NS** commented on having diverse voices to help shape the upcoming review the end of life care strategy, which will reflect the needs of the entire population. Getting the right people to set the strategy is crucial.

JF agreed to help support the workstream.

DB commented that the end of life group reports into the Clinical Outcomes Group which has oversight of work being undertaken. In relation to Summary Hospital-level Mortality Indicator and Hospital Standardised Mortality Ratio, how end of life care patients are managed impacts both metrics. It was noted that the Clinical Outcomes Group is happy to provide support in relation to that work moving forwards.

NS stated that it would be helpful to review the equality impact assessment in line with the end of life care strategy, and also include health inequalities.

OUTCOME: The Committee accepted the report and were in support of the next steps.

WELL LED

120/22 Q1 LEGAL SERVICES REPORT

Carol Gregson was in attendance to present an overview of the quarter 1 legal services report as circulated at appendix I.

Now that the substantive post of Head of Legal has now been appointed to, **JE** asked whether the contracted relationship with Weightmans LLP will be broken and that legal support will be in-house, or whether there will still be a standing relationship with Weightmans. **JE** also asked that the learning support for colleagues to understand the medical records disclosure process is avoided as being made essential safety training, in order to prevent further demands on colleagues at this time. **CG** agreed to take these comments back to the Legal team for feedback.

KH noted the progress made in the significant reduction in the claims portfolio from 203 to 152, and **DS** commented on the work done to improve the medical records disclosure and statement disclosure, and the legal services real-time learning.

OUTCOME: **CG** was thanked for providing the update and the Committee noted the report.

121/22 BOARD ASSURANCE FRAMEWORK (BAF) RISK 4/19 – PUBLIC AND PATIENT INVOLVEMENT UPDATE

David Birkenhead presented the report as circulated at appendix J, highlighting that the risk articulation remains relevant and accurate; the key controls have been reviewed and refreshed and are considered relevant; the gaps in control remain relevant and reflects the reality of the current operational pressures, and the risk rating has been reviewed and reduced to a score of 12 due to increased level of control and assurance in place.

OUTCOME: The Committee noted the updated BAF report and supported the recommendations.

SAFE

122/22 MATERNITY OVERSIGHT REPORT

Laura Douglas was in attendance to present the report as circulated at appendix K, providing oversight of key quality issues within maternity services.

KH commented on the successful planned external support visit by the Regional Chief Midwife's Team, and the engagement from colleagues who were in receipt of feedback on the day. It was noted that there is a very detailed transformation plan, and the monthly quality surveillance meetings continue.

GC commented on the visit and findings from the overview report at appendix K2, asking how, going forward, colleagues would be aware of who safety champions are; what assurances there were in terms of dates on the Ockenden 2 action plan; and in terms of the Healthcare Safety Investigation Branch (HSIB) cases, why babies are being transferred out and the impact this has on women and families.

In regard to educating colleagues around the patient safety champions, **LD** stated that this has been refocused again and communication has been sent out to all staff groups with more

information sharing and visibility in units. In regard to the Ockenden 2 action plan, it can be taken back to the service that there are no dates included. In relation to why a lot of babies are transferred out that are being investigated by the HSIB is due to the criteria which they investigate. One of those criteria is for a cooled baby, and active cooling is not carried out at CHFT, therefore a baby that met the criteria for active cooling, would be transferred to a tertiary centre. If that does happen, good communication with family takes place before the baby is transferred, and where possible mum would also get transferred to the same unit as quickly as possible if she was not able to be discharged.

NS commented on a positive walk round recently at maternity and neonatal areas across both hospital sites and reiterated the fantastic engagement with colleagues. One thing that was raised through discussion with colleagues was the diversity of the population that are accessing services. **NS** asked whether the staffing of the service represents the communities we serve, and whether that is a challenge moving forward. **LD** stated that this is a challenge in midwifery for a few reasons and agreed that the workforce does not totally represent the population served. There are members of the Black, Asian and Minority Ethnic (BAME) background within the midwifery workforce, however, the medical workforce is more representative than the midwifery workforce but do try to actively get midwifery colleagues to engage. One of the clinical managers is now starting to try and champion that and be involved in recruitment, however, there is always more that can be done. It is something that universities are working on to try to make the student population more representative, which will hopefully be filtering through as those students qualify.

OUTCOME: **LD** was thanked for the update and the Committee look forward to the full planned external support visit report.

ITEMS TO RECEIVE AND NOTE

123/22 CLINICAL OUTCOMES GROUP MINUTES

The Clinical Outcomes Group minutes were available at appendix L.

DS asked about the SAFER programme, which will now report into the new Urgent and Emergency Care Delivery Group and queried where the new group sits in the governance structure. **JF** stated that there are three groups – Cancer, Access and Recovery and Urgent and Emergency Care – all which report into each Board Committee, therefore formal reporting should be into this Committee.

124/22 ANY OTHER BUSINESS

There was no other business.

125/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- The Fractured Neck of Femur report including progress and challenges;
- The Medicines Reconciliation report and the Committee's support of the recommendations
- The Learning Disabilities Mortality Action Plan
- The BAF risk 4/19 on Public and patient involvement, which has now reduced to a score of 12
- The end of life care quality priority update.

126/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix M for information.

POST MEETING REVIEW**127/22 REVIEW OF MEETING**

No comments were provided.

NEXT MEETING

Wednesday, 17 August 2022
3:00 – 4:30 pm
Microsoft Teams

QUALITY COMMITTEE ACTION LOG

Following meeting on Monday, 18 July 2022

Overdue	New / Ongoing	Closed	Going Forward
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MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	RAG RATING
NEW / ONGOING ACTIONS				
20.06.22 (96/22)	Maternity Transformation Plan	Gill Harries / Diane Tinker	Action 20 June 2022: KS, GT, DT, LR to meet to discuss the EqlA, project management/ownership, governance and frequency of when the plan will return to Quality Committee. Update: a monthly confirm and challenge will be undertaken with the directorate team (Director of Midwifery, General Manager and Clinical Director) and the Assistant Director of Quality and Safety, and an updated position will be shared monthly within the directorate, division and Trust.	
20.06.22 (85/22)	Medical Examiner Update	Dr Tim Jackson	OUTCOME: To be deferred	See agenda item 138/22 (Appendix H)
UPCOMING ACTIONS				
21.02.22 (23/22) 20.04.22 (60/22)	Deteriorating patient case note review	Risk Team	A formal report on the issue of deteriorating patients was asked into Quality Committee for April 2022. ACTION: Report requested for Quality Committee in April 2022. Update 20 April 2022: See agenda item 60/22. 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) Update: An update has been requested from the Deteriorating Patient Workstream to be reported into the Clinical Outcomes Group, then to Quality Committee for assurance.	DUE Monday, 12 September 2022
16.05.22 (80/22)	Split Paediatric Service	Julie Mellor / Simon Riley-Fuller / Stacey Cartwright	Action 16 May 2022: That the original escalation process is revisited. Update: Options to return to Quality Committee in September and October have been provided and awaiting response from division.	DUE Monday, 12 September 2022
20.06.22 (84/22)	Annual Patient Experience Report	Nicola Greaves	OUTCOME: To be deferred Update: The report is awaiting approval at the Patient Experience and Caring Group before ratification at Quality Committee	DUE Monday, 12 September 2022
CLOSED ACTIONS				
16.05.22 (80/22)	Learning Disabilities Mortality Report	Amanda McKie	Action 16 May 2022: Plan on a page to be provided at a later meeting, which will include the work of the SI panel. Update: Amanda McKie to take to Mortality Surveillance Group for sign-off on 24 June 2022 Update 18 July 2022: See item 117/22	CLOSED Monday, 18 July 2022

QUALITY COMMITTEE

Wednesday, 17 August 2022

STANDING ITEMS

128/22 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Dr David Birkenhead (DB)	Medical Director
Gina Choy (GC)	Public Elected Governor
Jo Fawcus (JF)	Chief Operational Officer
Karen Heaton (KH)	Non-Executive Director
Lindsay Rudge (LR)	Deputy Director of Nursing
Nicola Seanor (NS)	Associate Non-Executive Director
Kim Smith (KS)	Assistant Director for Quality and Safety
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Emma Catterall (EC)	Head of Complaints (item 136/22)
Alison Edwards (AE)	Safeguarding Lead (item 141/22)
Helen Hirst (HH)	Chair (Observing)
Dr Tim Jackson (TJ)	Lead Medical Examiner (item #/22)
Prof. Elizabeth Loney (EL)	Associate Medical Director (item #/22)
Julie Mellor (JM)	Lead Nurse – Children and Young People (item 132/22)
Lucy Walker (LW)	Quality Manager for CCGs

129/22 APOLOGIES

Mr Neeraj Bhasin (NB)	Deputy Medical Director
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Andrea McCourt (AMCC)	Company Secretary
Elisabeth Street (ES)	Clinical Director of Pharmacy

130/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

131/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 18 July 2022 were approved as a correct record. The action log can be found at the end of these minutes.

AD HOC REPORTS

132/22 CQC CHILDREN'S YOUNG PEOPLE SURVEY UPDATE

Julie Mellor was in attendance to present the report as circulated at appendix B, providing an update on progress of the action plan.

JM provided some background to the survey which was presented at the previous Quality Committee meeting in March 2022 and stated that an updated action plan is available for anyone who wishes to view it. The summary of progress since March 2022 was described, as detailed in the report.

NS commented on the breadth of work undertaken and noted the value that the service is putting into other workstreams, for example the Patient Experience and Caring Group and the End of Life Care Group. **NS** also mentioned the recruitment of the mental health liaison nurse and the increase in referrals to mental health for children and young people during the

pandemic. It was asked if this has had an impact and whether the liaison nurse role will unblock some of that. **JM** stated that the role is a joint role and will strengthen the working relationship with CHFT and the Child and Adolescent Mental Health Service (CAMHS). Between January and June 2022, there were 80 admissions under CAMHS, and the key role of the mental health liaison nurse is admission avoidance, supporting safe discharge and working with CAMHS to link with agencies, rather than working in isolation. **KH** mentioned the positive feedback received and asked if there were any plans for any pulse surveys. **JM** stated that the core survey is the Friends and Family Test feedback, as well as a survey developed by the Play team. **LR** highlighted future plans around essential training in paediatrics as the mental health element of the service will increase due to the pandemic, and how to train the existing workforce with a skill-set to allow the generic paediatric nursing workforce to manage the complexity of patients that are admitted. **GC** commented on the progress made and queried whether the timescales are included on the detailed action plan. **JM** stated that within the underpinning action plan, all dates have been included.

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

RESPONSIVE

133/22 INTEGRATED PERFORMANCE REPORT

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

The safe domain remains amber due to the never event. 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 with further deterioration. Dementia screening is now at just 21%. The effective domain remains amber with fractured neck of femur dropping back to 51% after reaching 71% in April. The responsive domain remains amber with cancer 62-day referral from screening to treatment and Cancer 28-day faster diagnosis targets both missed. All Stroke indicators are missing target whilst the underperformance in the main planned access indicators and the Emergency Department (ED) remain a challenge moving forward. It was mentioned that stroke have a bi-weekly meeting to review an action plan to improve the indicators. Workforce remains amber with peaks in the 12-month running total for overall sickness and short-term sickness with a peak in Covid sickness. Return to Work Interviews have fallen a little in month. The finance domain remains amber. Action plans and deep dives are in place to tackle those areas that have been underperforming for some time, for example complaints, dementia screening, stroke and fractured neck of femur.

JF mentioned the 100-day discharge challenge process and action plans around that, as well as the new process for patients with an elongated length of stay who have to be assessed for harm. Cancer has continued to achieve the 62-day referral to treatment standard. The problems in the head and neck service with no consultant to deliver head and neck cancer treatments was raised. The cancer diagnostic pathway can be done, however, there is no consultant to deliver the treatment, nevertheless, there is mutual aid from Bradford, and further aid from Leeds from October. With regard to recovery, the team were congratulated that there are now no patients who have waited over 104 weeks; and appointment slot issues over 22 weeks has reduced significantly.

KH commented on the deep dives and action plans mentioned for the areas around complaints, dementia screening, stroke and neck of femur, and asked if there was a plan for the progress of those to be brought to this meeting. **JF** stated that the stroke deep dive will be going to the Finance and Performance Committee in September 2022 and can be subsequently brought to the Quality Committee. There has also been a deep dive on the neck of femur position, and the action plan can also be brought to this Committee.

Action: That the stroke deep dive is shared at the Quality Committee in October.

In regard to dementia, **LR** stated that an option appraisal has been requested. A review of other West Yorkshire Association of Acute Trust organisations found that where doctors

complete the dementia assessment, the level of performance is similar to CHFT's, however, where nurses complete the assessments, the performance is higher.

Action: That the option appraisal is shared at the next Quality Committee.

In terms of complaints, **LR** stated that there is an action plan and a weekly confirm and challenge process for escalation, with both operational and senior oversight. Meetings were held with divisional colleagues to look at pooling the resource for complaints management to assist in lowering the backlog in the medical division, due to a disproportionate number of complaints. Some additional resource from the corporate nursing team has been arranged, and an update on assurance of the plan in place can be brought to a future meeting.

HH commented on whether there was a systematic analysis for when targets are not achieved. **JF** stated that with cancer performance, if a patient is over 62 or 104 days, there is a root cause analysis (RCA) process with the multi-disciplinary team to decide whether the patient came to harm or not, which will then be taken to the Cancer Delivery Group. In regard to the Emergency Department, any patient that waits over 60 minutes in the back of an ambulance or on an ambulance trolley, or any patient who waits over 12 hours, there is an RCA process that is reviewed within divisions and any harm escalated. **LR** commented on a range of processes around nurse-sensitive indicators and workforce measures, an enhanced dashboard on the Knowledge Portal (KP+) database, as well as a nursing workstream which meets twice a week to review those indicators. If there is an increase in particular areas, matrons are asked to present what is being done to mitigate any further risk. For infection control indicators, RCAs are carried out for any Clostridium difficile and Hospital-Onset COVID-19 Infections. In regard to the narrative at the front of the integrated performance report, the triangulation across nursing, operations, the deputy medical director and assistant director of performance, takes a broad view of key points that impact on each other, and further work is needed before areas of focus can be brought to the Quality Committee. **JF** also mentioned a new process which has started in gastroenterology for outpatient follow-ups, where all patients who are at 52 weeks and not had a follow-up, will go through a harm review process, which will be rolled out over the next nine months and taken through the Access Delivery Group.

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

134/22 QUALITY REPORT

Kim Smith presented the report as circulated at appendix D, providing key updates and assurance in relation to quality and the key workstreams.

It was noted that there have been changes into how the report is being presented to the Committee, and that the deeper level of scrutiny in relation to the work streams will take place at the Trust Patient Safety and Quality Board meeting, with any overarching themes being brought to Quality Committee for assurance.

The key messages around the quality and focussed priorities were provided.

In relation to the clinical prioritisation quality priority, the Chair asked what is being done to address this going forward. **DB** stated that the challenge is how to balance the time needed to do clinical prioritisation versus the time clinicians need to see patients. Work is ongoing to find patients who are at greatest risk and re-prioritising those and working through the others as able to. It is very difficult at the moment, given the current volume, to complete all of those, whilst maintaining current levels of activity, both for emergency care and for progressing with the elective service. There is also a responsibility for colleagues in primary care, and discussions are taking place in terms of what support they can provide for patients who are waiting protracted periods of time. There are real concerns for all in relation to the risk and harm that may be happening to patients who are on long waiting lists.

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

CARING**135/22 ANNUAL COMPLAINTS REPORT**

The Chair stated that the report was unable to be tabled, therefore, will be circulated after the meeting for comments before being submitted to the Board of Directors.

Action: Committee members asked to comment on report by Tuesday, 23 August 2022.

136/22 COMPLAINTS INTERNAL AUDIT FOLLOW-UP REPORT

Emma Catterall was in attendance to present the report as circulated at appendix F.

The internal audit which was carried out last year resulted in limited assurance, however, it was positive that some recommendations from the last audit have been actioned and closed.

One of the recommendations from the current audit relate to improvement with performance and complaint responses, with actions already in place to address, through the weekly meetings mentioned at item 133/22. Another recommendation related to the full complement of staff for the Patient Advice and Liaison Service (PALS) and complaints teams. Unfortunately, there have been a few vacancies for a number of months, however, one of those vacancies has been appointed to, and another is due to go out to advert before the end of this month. A further recommendation included not always recording the method of communication which complainants would like, therefore, actions have been implemented internally to ensure this is being captured. Another recommendation included the categorisation of the severity of complaints. These are being addressed by triaging every complaint received, identifying if there are any clinical incidents relating to that complaint and logged onto Datix. It was noted that the recommendations will be actioned by October 2022.

KS provided further assurance around the recommendation relating to investigation training. The training will follow a similar path to investigation training for incidents, with the introduction of the Patient Safety Incident Response Framework (PSIRF).

KH acknowledged the challenges, however, noted concern that there are still recommendations which have not been implemented and therefore issues are reoccurring. **KH** also asked that the actions arising from the deep dives mentioned at item 133/22 are part of these actions and placed on an overall action plan.

The Chair noted that the majority of recommendation deadlines and target dates for completion are October 2022 and asked if they will be achieved. **KS** stated that the actions will be achieved, and that some actions have already been addressed, as well as the increased level of oversight and scrutiny. Tight deadlines have purposely been put in place in order to get the work completed. An update on the actions can be brought to the next meeting.

Action: **KS** to bring updated action plan to the next meeting for assurance.

GC requested assurance on whether the statement *'This creates a high risk as the complaints department is not adequately operationally managed at a leadership level'* has been addressed, with leadership at an operational level. **EC** stated that this was taken from the audit undertaken last year, and the structure has since changed, and the team is now supported. **LR** provided further assurance of the restructure within the Governance Department and the governance structure review undertaken with the appointment of the Head of Complaints and PALS. The audit mentions vacant positions; however, the Committee was assured that this was part of the corporate vacancy freeze, and costs have now been progressed through to vacancy panels.

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

EFFECTIVE**137/22 QUARTER 1 LEARNING FROM DEATHS REPORT**

Elizabeth Loney was in attendance to present the report as circulated at appendix G, providing assurance of the learning from deaths mortality review process.

EL asked the Committee for a change on how the data is reported. At the moment, this report is for quarter one, however, the initial screening reviews have only recently been sent out and results have not yet been received, and it was asked that quarter one data is reported at the end of quarter two. The data reported on the initial screening reviews for quarter one will be incomplete.

All 411 adult inpatient deaths reported in quarter one were subject to an initial structured review, with a target of 50%. To date, 73 (18%) have been carried out. Of the 73, the majority were rated as having good or excellent care, however, 16 had poor care. Going forward, **EL** is keen to know how we learn from deaths. Due to the increasing number of people dying, increased capacity is needed in order to do the initial structured reviews, and one of the ways in which this can be done is by greater involvement of junior doctors. **EL** is planning to roll out the involvement of senior junior doctors doing initial structured reviews and giving them certificates of acknowledgement if a certain number are carried out.

Poor or very poor care triggers further investigation using the structured judgement review (SJR) process. In addition to the SJRs which come through the initial screening reviews, others come through different routes, for example the Medical Examiner's office, serious incident panels, complaints, coroner investigations, etc. Some reviews have resulted in good and bad practice, as detailed in the report.

EL mentioned closing the loop with learning from deaths. Currently, poor care from an initial structured review is escalated to a structured judgement review, and poor care from a structured judgement review is sent through as an incident. Following the report of an incident, the mortality team do not receive an outcome from the serious incident panel, which needs to be addressed via links with the serious incident panel. Other plans for the future involve linking mortality leads via a mortality leads group in order to support one another to better communicate learning from deaths and to be able to report back to this Committee; and to also reinstate the Trust Bulletin on learning from deaths.

DB stated that the focus in the organisation around the mortality review and the quality of care review process does need to be on learning, rather than chasing targets on the number of deaths which need to be reviewed and stated that the reports going forward need to reflect this.

As part of the learning from deaths annual report, the Chair noted the section on learning disability. **EL** stated that learning disabilities has been brought into the Care of the Acutely Ill Patient (CAIP) programme as a workstream, which has key performance indicators including making reasonable adjustments for patients with learning disabilities, which has increased from 20% to 70% in the last audit, and also increasing training are measuring key performance indicators.

OUTCOME: **EL** was thanked for the update and the Quality Committee noted the report and agreed with the proposal to amend the reporting period.

138/22 MEDICAL EXAMINER REPORT

Tim Jackson was in attendance to provide an update on the above report, as circulated at appendix H.

The team continue to scrutinise a high number of cases within the organisation, along with several challenges over the last few months with Medical Examiner availability, conflict with clinical duties, and a period of quite high activity in numbers of deaths occurring.

The Chair asked if there was any further support required from the Committee or the Trust. **TJ** stated that the major challenge is his personal capacity in and amongst his clinical role, however, there is a lot of support from his department and is releasing more clinical time to be able to put more time into the Medical Examiner role, and more Medical Examiners are in the process of being appointed before April 2023. There are open lines of communication with DB, KS, the governance teams and the Chair, therefore if extra support is needed, it is available.

The Chair also asked if the additional recruitment will be a focus and target on General Practitioners (GPs). **TJ** stated that there are currently eight Medical Examiners, with a funding envelope for up to 14 Medical Examiners, and the expectation is that remaining are filled with GPs, assuming there is an interest.

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

139/22 CLINICAL OUTCOMES GROUP MINUTES

David Birkenhead provided an update from the clinical outcomes group minutes circulated at appendix I.

DB highlighted the progress of work made from the Mental Health Operations Group and the Pressure Ulcer Collaborative. The dementia workstream is also very active, albeit not having the expected outputs in relation to an improvement in the compliance with screening.

The Group is now producing a monthly dashboard which gives a high-level view of how workstreams are progressing. It was suggested that the Committee continue to receive the minutes of the Clinical Outcomes Group on a monthly basis, along with a detailed quarterly report of outputs from the Group, alongside the dashboard.

OUTCOME: **DB** was thanked for the update and the Quality Committee noted the minutes.

SAFE

140/22 Q1 INFECTION PREVENTION AND CONTROL REPORT

David Birkenhead presented the report as circulated at appendix J, highlighting no Methicillin-resistant staphylococcus aureus bacteraemia in over 18 months now, which is a remarkable achievement for the organisation. The MRSA screening (electives) at 71% is an under-representation of the true amount of screening taking place, due to the denominator pulling patients through who do not require screening. This may be helpful as a comparator on a month-to-month basis, it does not provide the true extent of the MRSA screen for electives that is taking place. Main concerns remain around Clostridium difficile across the NHS, not just CHFT.

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

141/22 SAFEGUARDING COMMITTEE ANNUAL REPORT

Alison Edwards was in attendance to present the above report as circulated at appendix K, providing an overview of activity provided by the Safeguarding Team including Prevent; Safeguarding and Covid; Hidden Harms; Mental Capacity Act and Deprivation of Liberty Safeguards/Liberty Protection Safeguards; Training; Safeguarding Supervision; Adult Safeguarding; Children's Safeguarding; Mental Health; Children Looked After Calderdale and Maternity Safeguarding.

The report also outlined key achievements and developments on both the progress against the annual report priorities and the safeguarding strategy for 2020-2022, and the priorities in line with the refreshed strategy for 2022-2024.

The Chair asked about receipt and scrutiny training which has not been able to be accessed since March 2022. **AE** mentioned liaison with the mental health trust, who are developing an online package which our colleagues will be able to access, which will hopefully change this position in the near future.

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

142/22 HIGH LEVEL RISK REPORT

The chair asked if there were any comments in relation to the high level risk report circulated at appendix L.

LR noted a change in process of the report and a higher level of scrutiny around the number of risks scoring 15 and above. **KS** provided further assurance that the mitigations and controls of risks will be reviewed as part of Risk Group, whose function has changed from validation to high-level scrutiny around divisional risks for a deeper understanding of the consistency of risk scoring.

LR also stated that Vicky Pickles (Director of Corporate Affairs) and herself met with the Families and Specialist Services (FSS) team following their Performance Review Meeting where a number of risks on their register were scoring 20, and a better understanding was requested as to why they were scoring at such a high level. The reviews being done in the FSS division around consistency of shared lessons will be enacted through the Risk Group. The division will be a pilot for consistent reporting of risks.

143/22 MATERNITY OVERSIGHT REPORT

Lindsay Rudge presented the report as circulated at appendix M, providing key points including a positive maternity review from the Ockenden assurance team and an overarching plan. The report highlights a different way in which the data will be presented to the Committee, which will provide clearer oversight of the maternity action plan, and there will be a further section of the report where the board safety champions describe activity undertaken within their roles.

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

ITEMS TO RECEIVE AND NOTE

144/22 ANY OTHER BUSINESS

Never Event

Kim Smith provided additional level of assurance to the Committee around the never event which took place in relation of the misidentification of a patient regarding do not resuscitate, and the patient subsequently died. This was previously provided to the Committee, however, some of the actions and the implementation of those actions are provided to give a higher level of assurance.

In the case of this never event, immediate learning was identified, and this was communicated to all colleagues via a red border email which included ensuring that:

- All patients must have a wristband in place
- All patients **MUST** be identified by first and surname on ward patient identification boards (behind patient's bed)
- Writing must be in black and legible - ensuring that all details can be clearly read

- The exceptions to this are paediatric patients or any patient specifically identified as part of clinical risk assessment.

It was also communicated via matrons and ward manager meetings, shared at the CQC and Compliance huddles, and across all divisions via the Patient Safety and Quality Board meetings. The patient identification policy was also reiterated. Points 1, 2 and 3 of the above process are checked by the nurse in charge of each shift, who checks all patients are identified correctly, and this is discussed at the daily huddles and handover. The above steps also have independent scrutiny of compliance as part of the Journey to Outstanding (J2O) process and any actions addressed immediately.

145/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- Children and Young People's Survey update – evidence of improvement and progress
- Internal Audit of Complaints and action plan in place
- Learning from Deaths report and the plan for increased focus on learning
- Medical Examiner update
- Safeguarding Annual Report
- Integrated Performance Report and concerns in cancer demand

146/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix N for information, with plans to amend.

POST MEETING REVIEW

147/22 COMMITTEE ROLE – ONE CULTURE OF CARE

The Chair stated that all sub-committees of the Board have been asked to consider how Committees ensure that one culture of care is being embedded, and how through our agenda and discussions this can be evidenced.

Action: To be discussed further at the next meeting.

NEXT MEETING

Monday, 12 September 2022
3:00 – 5:00 pm
Microsoft Teams

QUALITY COMMITTEE ACTION LOG

Following meeting on Wednesday, 17 August 2022

Overdue
New / Ongoing
Closed
Going Forward

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	RAG RATING
NEW / ONGOING ACTIONS				
17.08.22 (133/22)	Integrated Performance Report	Lauren Green	In regard to dementia, LR stated that an option appraisal has been requested. Action 17 August 2022: That the option appraisal is shared at the next Quality Committee.	See agenda item 151/22
17.08.22 (136/22)	Complaints internal audit follow-up report	Kim Smith	The Chair noted that the majority of recommendation deadlines and target dates for completion are October 2022 and asked if they will be achieved. KS stated that the actions will be achieved, and that some actions have already been addressed, as well as the increased level of oversight and scrutiny. Tight deadlines have purposely been put in place in order to get the work completed. An update on actions can be brought to next meeting. Action 17 August 2022: KS to bring updated action plan to the next meeting for assurance.	See agenda item 151/22
17.08.22 (147/22)	Committee Role – One Culture of Care	All	The Chair stated that all sub-committees of the Board have been asked to consider how Committees ensure that one culture of care is being embedded, and how through our agenda and discussions this can be evidenced. Action 17 August 2022: To be discussed further at the next meeting.	See agenda item 162/22
20.06.22 (96/22)	Maternity Transformation Plan	Gill Harries / Diane Tinker	Action 20 June 2022: KS, GT, DT, LR to meet to discuss the EqIA, project management/ownership, governance and frequency of when the plan will return to Quality Committee. Update: a monthly confirm and challenge will be undertaken with the directorate team (Director of Midwifery, General Manager and Clinical Director) and the Assistant Director of Quality and Safety, and an updated position will be shared monthly within the directorate, division and Trust.	ONGOING
UPCOMING ACTIONS				
17.08.22 (133/22)	Integrated Performance Report	Jo Fawcus	KH commented on the deep dives and action plans mentioned for the areas around complaints, dementia screening, stroke and neck of femur, and asked if there was a plan for the progress of those to be brought to this meeting. JF stated that the stroke deep dive will be going to the Finance and Performance Committee in September 2022 and can be subsequently brought to the Quality Committee. There has also been a deep dive on the neck of femur position, and the action plan can also be brought to this Committee. Action 17 August 2022: That the stroke deep dive is shared at the Quality Committee in October.	DUE Monday, 17 October 2022
17.08.22 (135/22)	Annual Complaints Report	All	The Chair stated that the report was unable to be tabled, therefore the report will be circulated after the meeting for comments before being submitted to the Board of Directors Action 17 August 2022: Committee members asked to comment on report by Tuesday, 23 August 2022. Update: The report has been removed from the September Board agenda with changes and comments reflected in a final version to be submitted to the November Board of Directors.	DUE Monday, 17 October 2022
16.05.22 (80/22)	Split Paediatric Service	Julie Mellor / Simon Riley-Fuller / Stacey Cartwright	Action 16 May 2022: That the original escalation process is revisited. Update: Options to return to Quality Committee in September and October have been provided and awaiting response from division.	DUE Monday, 17 October 2022
20.06.22 (84/22)	Annual Patient Experience Report	Nicola Greaves	OUTCOME: To be deferred Update: The report is awaiting approval at the Patient Experience and Caring Group before ratification at Quality Committee	DUE Monday, 17 October 2022

CLOSED ACTIONS				
20.06.22 (85/22)	Medical Examiner Update	Dr Tim Jackson	OUTCOME: To be deferred Update 17.8.22: See item 138/22	CLOSED 17 August 2022
21.02.22 (23/22) 20.04.22 (60/22)	Deteriorating patient case note review	Risk Team	A formal report on the issue of deteriorating patients was asked into Quality Committee for April 2022. ACTION: Report requested for Quality Committee in April 2022. Update 20 April 2022: See agenda item 60/22. ACTION - 20 April 2022: Update on case note review requested for three months' time (<i>Added to workplan to return to Quality Committee in August 2022</i>) Update: An update has been requested from the Deteriorating Patient Workstream to be reported into the Clinical Outcomes Group, then to Quality Committee for assurance.	CLOSED 17 August 2022

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE

**Held on Monday 6 June 2022, 3.00pm – 5.00pm
VIA TEAMS**

PRESENT:

David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Karen Heaton	(KH)	Non-Executive Director (Chair)
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Andrea McCourt	(AMc)	Company Secretary
Lindsay Rudge	(LR)	Chief Nurse
Helen Senior	(HS)	Staff Side Chair
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Andrea Gillespie	(AG)	Freedom to Speak up Guardian (for item 54/22)
Nikki Hosty	(NH)	Assistant Director of HR (for items 50/22, 51/22 and 52/22)
Diane Marshall	(DM)	HR Business Partner (for items 48/22 and 49/22)
Rachel Newburn/Carys Bentley	(RN/CB)	LGBT Network Lead (for item 59/22) Colleague Engagement Advisor
Catherine Riley/Carys Bentley	(CR/CB)	Women's Network Lead (for item 58/22) Colleague Engagement Advisor
Pam Wood	(PW)	Head of Apprenticeships (for item 53/22)

42/22 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting.

43/22 APOLOGIES FOR ABSENCE

Suzanne Dunkley, Director of Workforce and Organisational Development

44/22 DECLARATION OF INTERESTS

There were no declarations of interest.

45/22 MINUTES OF MEETING HELD ON 12 APRIL 2022

The minutes of the Workforce Committee held on 12 April 2022 were approved as a correct record.

46/22 ACTION LOG – JUNE 2022

The action log, as at 6 June 2022, was received.

47/22 QUALITY AND PERFORMANCE REPORT (WORKFORCE) – MAY 2022

MB presented the report.

Summary

Performance on workforce metrics is now amber and the Workforce domain has increased slightly to 69.2% in April 2022. This has remained in the amber position for a tenth month. 6 of the 15 current metrics that make up the Workforce domain score are not achieving target –

'Return to Work interviews recorded', Non Covid Long Term Sickness Absence rate (rolling 12 months) and 'Non Covid Sickness Absence Rate (rolling 12 month)', and Data Security Awareness EST compliance, Fire Safety EST Compliance and Medical appraisals. Non-medical are not included as the appraisal season is running from July to October 2022.

Workforce – April 2022

Staff in Post has decreased to 6109, which, is due, in part to 33.36 FTE leavers in April 2022. FTE in the Establishment has yet to be confirmed to provide a fixed figure for Vacancies, along with student nurses leaving. Turnover increased to 8.59% for the rolling 12-month period May 2021 to April 2022. This is a slight increase on the figure of 8.28% for March 2022.

Sickness absence – April 2022

From 1 April 2022 the workforce domain 12-month rolling, and in-month absence target is 4.75%. This relates to non-Covid absence only, albeit a rate inclusive of Covid related absence will continue to be reported. The target for non-Covid long term absence is 3.00% and 1.75% for non-Covid short term absence.

The in-month Non Covid sickness absence decreased to 4.70% in April 2022. However, the rolling 12-month rate for Non Covid sickness increased for the to 4.90%. Chest and Respiratory problems were the highest reason for sickness absence, accounting for 28.50% of sickness absence in April 2022, with Anxiety, stress, and depression problems the second highest at 23.51% in April 2022.

The compliance rate for Return to Work Interviews has also been refreshed from April 2022 to 80% (a stretch compliance rate of 90% has been retained). The RTW completion rate decreased to 59.69% in April, down from 64.85% in March 2022.

Essential Safety Training – April 2022

Performance has decreased in 6 of the core suite of essential safety training. With 8 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 decreased to 92.54% and is the first decrease month on month. It is however no longer above the stretch target of 95.00%.

Workforce Spend – April 2022

Agency spend decreased to £0.87M, whilst bank spend increased by £1.82M to £2.34M.

Recruitment – April 2022

3 of the 5 recruitment metrics reported reached target in April 2022. With Pre employment to unconditional offer, and Unconditional offer to acceptance not achieving target. The time for Unconditional offer to Acceptance in March 2022 decrease and was 9.8 days.

DS checked the on-line approach to RTW is now operational. JE confirmed this, stating the new approach has been well received and anticipates an improved position in future data reports.

LR provided assurance to the Committee that the nursing workstream has weekly oversight of sickness absence hot spots.

KH was pleased to see the overall domain score had improved, noting fire safety and data security training compliance is lagging. The Committee is closely monitoring sickness absence hoping a downward trend is maintained. RTW remains a concern. KH

KH asked for clarification on the appraisal season. JE informed the Committee the 2022/2023 appraisal season for non-medical colleagues will run for 4 months, potentially commencing July 2022 dependant on the appraisal tool refresh being finalised.

KH asked for clarification on the 'agency withdrawal plan'. LR advised that during the pandemic high-cost agencies had been engaged.

JE informed the Committee the Education Committee is looking at a EST short term compliance solution and a longer term plan that encompasses a smaller focused set of training modules.

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

48/22 **QUARTERLY VACANCY DATA**

DM presented the data highlighting the key points in vacancy levels, recruitment activity and hotspots. LR noted the improved vacancy position across nursing and is hopeful the trajectory will remain on track. LR advised one of the indicators examined against vacancies is nurse revalidation particularly in relation to retirement age that triggers supportive conversations with these colleagues. DB highlighted the overall improvement to medical workforce recruitment, noting more detail is provided in the Medical Staff BAF later in the meeting. The new specialist role in particular has supported vacancies.

LR informed the Committee that regional work is taking place with regard to international recruitment for AHPs. To add pace, local conversations have commenced. JE felt that whilst it is important to acknowledge national and regional recruitment difficulties, it is great to hear about the focal activities the Trust is engaged in and these will continue to be reported in the vacancy paper.

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

49/22 **AGE PROFILE DATA**

DM presented a national picture and the Trust's position.

DS asked what the Trust has on offer for colleagues considering retirement, how is it accessed and is it up to colleagues to take the initiative. DM confirmed conversations between managers and colleagues are encouraged and may also be raised at appraisal when discussing individual's longer-term plans. The retirement policy is available via the Intranet. JE advised a piece of work from the leaver survey data is underway and considers the age profile data could be built into that piece with annual and mid-year updates to the Committee. JE advised the government is pushing retire and return as part of the NHS recovery plan.

HS asked what data is available, for example retire and return, reduction in hours, refusal of requests. JE advised this data will be examined and incorporated into future updates. KH requested an underpinning plan is presented to the Committee in 6 months' time.

DS expressed interest in seeing outcomes of the initiatives that aim to increase the under 21 age group.

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

50/22 **ED&I STRATEGY PROGRESS UPDATE**

NH presented a progress report against the 5 year plan. The first two years of the strategy had focus on equality groups, empowering colleagues, unconscious bias education and inclusion roadshows and pledged commitment to inclusive recruitment, review of workforce policies and enhanced development for middle managers. Now in its third year the strategy has focus on inclusive leadership development. An inclusive leadership module is included in the development programme and compassionate leadership offer. Cross divisional working,

enhanced focus on visibility, toolkits and refreshed values and behaviours is delivering good progress. The 2021 NHS staff survey results showed BAME engagement score higher than white colleagues whilst work with equality network groups continues to tackle areas where improvement is needed. Year 4 of the plan will concentrate on embedding one culture of care and Year 5 will focus on speaking up.

KH noted the great progress acknowledging the significant challenges.

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

51/22 **HEALTH AND WELLBEING END YEAR REPORT**

NH updated the Committee on the range of activities during the period 1 June 2021 to 31 May 2022 and progress made. The Committee noted colleagues consider the wellbeing support offer comprehensive and like the format - a core offer that also signposts. NH added that specific themes identified from the 2021 staff survey results along with colleague feedback have been built into the Health and Wellbeing Strategy. The next 12 months will include a focus on leadership visibility, refreshed appraisal and appreciation toolkits.

KH highlighted this real area of improvement and was pleased to see some good outcomes reflected in the staff survey results.

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

52/22 **PROGRESS ON STAFF SURVEY ACTION PLANS**

NH presented an overview reminder of the 2021 staff survey results, hot spots, engagement score and response rate. Results against the People Promise Theme questions highlighted improvement needs in colleague engagement. NH summarised the workforce priorities and described the development of a refreshed People Strategy which aligns to the People Plan and the People Promise. NH noted the progress against both Trust and divisional actions and outlined key events taking place ahead of the 2022 staff survey which is expected to launch around September time.

KH thanked NH for a very comprehensive update and was pleased to see progress being made against the action plans.

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

53/22 **APPRENTICESHIP STRATEGY PROGRESS UPDATE**

PW presented the progress against targets set for 2021/2022. Currently 220 staff at CHFT are on an apprenticeship. The Committee also noted:-

64 new employees joined CHFT as an apprentice
84 existing staff commenced an apprenticeship
71 staff successfully completed an apprenticeship
£831,868.00 of the apprenticeship levy was spent

PW confirmed that from April 2022, the rate of apprentice pay for all entry level apprentices was standardised. New employability programmes supported over 160 people to feed into apprenticeship opportunities. A new 3 year Apprenticeship Strategy is being designed. The new strategy will align to the new Recruitment Strategy and the NHS People Plan.

JH noted our apprenticeships approach continues to be a success story. Coupled with our widening participation/employability work we hope to centre our role as an anchor organisation. LR recognised the amazing journey and gave her personal thanks to PW and

the team for their dedication to nursing and midwifery in ensuring candidates were fully supported in the programme.

KH endorsed the thanks from others, wishing PW all the best in her new role in Occupational Health.

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

54/22 **FREEDOM TO SPEAK UP ANNUAL REPORT**

AG presented the 1 April 2021 – 31 March 2022 annual report. The key points to note are:-

- The number of concerns raised in 2021/2022 and the number of concerns raised as per the NGO's submission categories and by staff groups.
- The themes of concerns and the hot spots for concerns.
- The work being undertaken to create a culture where staff feel safe to speak up and make FTSU business as usual at CHFT.

There are 23 FTSU ambassadors in the Trust. Drop in clinics have been introduced to create opportunities for ambassadors to check in with the FTSU Guardian on a 1:1 basis. The main concern themes are related to colleague attitudes and behaviours with several references made specifically to the behaviours of managers and leaders. Hot spots were maternity services (maternity improvement plan implemented) and theatre services (addressed at divisional level). The annual report will be submitted to Board of Directors in September 2022.

DS noted the comprehensive report and was interested to know if any progress had been made in facilitating protected time for colleagues undertaking voluntary roles such as FTSU ambassadors. JE recognised this is an issue and confirmed it remains under review. DS acknowledged the complexities around this issue.

KS thanked AG for the detailed report.

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

55/22 **TRADE UNION FACILITY TIME**

JE presented a paper that set out reporting requirements for public sector organisations in relation to paid trade union facility time and the Trust's data for the period 1 April 2021 to 31 March 2022. This data represents approved time off for trade union duties for medical and non-medical local trade union representatives. JE confirmed the Trust honours its obligation with 13 staff side partner organisations. Time is managed appropriately such that 0.015% of the overall pay bill is spent on TU duties, notably below the unofficial 0.06% benchmark set by the Government.

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

56/22 **ANNUAL PLAN**

MB presented the information submitted as part of the 2022/23 CHFT workforce narrative and final workforce numbers submission with supporting narrative setting out future assumptions, actions, and risks. The narrative element of the submission is split into 10 themes. The first theme is specifically workforce related and comprises 4 objectives which requires action by all organisations in the West Yorkshire Health and Care Partnership over the next 12 months:-

- Looking after our people
- Improve belonging in the NHS

- Work differently
- Grow for the future

The final submission workforce numerical plan sets out the planned FTE position for all staff groups for the period April 2022 – March 2023.

KH noted the complex piece of work and thanked MB for his contribution.

OUTCOME: The Committee **NOTED** the Annual Plan.

57/22 **BOARD ASSURANCE FRAMEWORK**

Risk 10a/19 – Medical Staffing

ST presented an overview of the activity and progress in terms of risk and mitigation. Key points to note were:-

- Net increase in the number of medical staff in post - 61 starters and only 32 leavers.
- Turnover less than 10%
- SAS contract reform, specialist role, appointment to SAS advocate role
- Appointment of Anaesthetics specialist roles
- Review of Emergency Medicine workforce model
- A targeted recruitment campaign to recruit to difficult areas (Stroke Medicine, Radiology, Haematology, Emergency Medicine and Neurology)
- Investment in Medical Examiner team
- Shadowing opportunities for GP Trainees
- Alternative workforce models for physician associates and advanced healthcare practitioners
- Growing our own people – supporting doctors to attain specialist registration through the Certificate of Equivalence for Specialist Registration (CESR) route
- New and enhanced initiatives to improve flexible workforce, bank and agency, Job planning and E roster processes
- Engagement with the GMC

The pandemic continues to present significant pressures in terms of sickness absences/self-isolation and elective recovery.

The risk score remains at 16.

KH stated the report demonstrates the volume of work in order to manage the risk. DB emphasised the dynamics of ever-changing pressures hence the static risk score. DB recognised and thanked the efforts from the team led by ST and Pauline North.

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

58/22 **UPDATE FROM WOMENS NETWORK CHAIR**

This item is deferred to next meeting.

59/22 **UPDATE FROM LGBT NETWORK CHAIR**

This item is deferred to next meeting.

60/22 **UPDATE FROM EDUCATION COMMITTEE**

The notes of the Education Committee had been shared with Workforce Committee papers.

OUTCOME: The Committee **NOTED** the Education Committee's activity.

61/22 **WORKFORCE COMMITTEE ANNUAL REPORT**

KH presented the draft report for consideration and approval. An associated action plan will be developed and brought to the next Committee meeting.

AMc highlighted that Governors are observers and not members and should not be included in attendance data. AMc also commented on the non-attendances recorded in the report. JE responded that the report accurately reflects attendance and this has been highlighted in previous action plans.

AMc asked that Section 2.7, the quarterly Business Better than Usual Update is re-worded to confirm that updates to the Committee have concluded.

ACTION: Develop Workforce Committee Action Plan (JE/TR)

OUTCOME: The Committee **AGREED** to the suggested amendments and **APPROVED** the Committee's Annual Report.

62/22 **WORKFORCE COMMITTEE TERMS OF REFERENCE**

The ToR have been reviewed. The only amendment is the addition of the Director of Corporate Affairs to the core membership.

KH reiterated the concerns about Committee attendance and hopes to see improvement.

OUTCOME: The Committee **AGREED** the Terms of Reference.

63/22 **ONE CULTURE OF CARE – AN AGENDA ITEM**

JE introduced a document that describes the Trust's approach to embed one culture of care into 'how we do things around here'. Colleagues are asked to consider how we support the refreshed values and behaviours in the way we conduct ourselves in meetings and to agree we incorporate one culture of care as a standing agenda item at future meetings. The document outlines questions to be asked under the one culture of care agenda item.

OUTCOME: The Committee **NOTED** and **SUPPORTED** the refreshed values and behaviours and **AGREED** to one culture of care as an agenda item.

64/22 **WORKFORCE COMMITTEE WORKPLAN**

The workplan was received and reviewed.

The Committee noted the Gender Pay Gap report is deferred to the August Committee meeting.

JE apologised for this meeting's compact agenda. KH acknowledged the pressure on time due to the diverse range of workforce activities to report on.

65/22 **ANY OTHER BUSINESS**

JE referred to the refreshed People Strategy and will shared this outside of the meeting.

LR advised revised significant ICP guidance has been received and would bring a brief update to the next Committee meeting.

66/22 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

Age Profile data

FTSU

Progress on ED&I, Health & Wellbeing and Staff Survey action plans

Apprenticeships good new story

BAF Medical Workforce Risk

67/22 **EVALUATION OF MEETING**

No comments were given.

68/22 **DATE AND TIME OF NEXT MEETING:**

Hot House: 7 July 2022, 2pm-4pm - People Strategy refresh/values and behaviours

Workforce Committee Meeting:16 August, 3pm – 5pm

APPROVED Minutes of the Extra-Ordinary Audit and Risk Committee Meeting held on Tuesday 5 July 2022 commencing at 3:30 pm via Microsoft Teams

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Gary Boothby	Executive Director of Finance
Kirsty Archer	Deputy Finance Director
Helen Higgs	Head of Internal Audit, Audit Yorkshire
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Ric Lee	Audit Director, KPMG
Nigel Broadbent (NB)	Incoming Non-Executive Director
Kim Smith	Assistant Director of Quality and Safety
Amber Fox	Corporate Governance Manager
Victoria Pickles	(minutes)
Zoe Quarmby	Director of Corporate Affairs
	Assistant Director of Finance

36/22 APOLOGIES FOR ABSENCE

Apologies were received from Brendan Brown, Chief Executive. The Director of Corporate Affairs was in attendance on behalf of the Chief Executive.

The Chair welcomed everyone to the extra-ordinary Audit and Risk Committee meeting to sign off the Annual Report and Accounts for 2021/22 which has been delegated to this Committee by the Board of Directors.

Nigel Broadbent was welcomed to his first meeting and introductions were made.

37/22 DECLARATIONS OF INTEREST

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

38/22 MINUTES OF THE MEETING HELD ON 26 APRIL 2022

The minutes of the meeting held on 26 April 2022 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 26 April 2022.

39/22 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updates will be provided to the next meeting on 26 July 2022.

OUTCOME: The Committee **NOTED** that updates to the action log will be provided to the next meeting on 26 July 2022.

40/22 ANNUAL REPORT AND ACCOUNTS

a) Going Concern Report

The Director of Finance presented the Going Concern report which refers to the basis on which an

organisation's assets and liabilities are recorded and included in the accounts. The Director of Finance confirmed it remains appropriate to prepare the accounts on a going concern basis.

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

b) Audited Annual Accounts and Financial Statements

The Director of Finance presented the Audited Annual Accounts and Financial Statements for the year ended 31 March 2022. The Director of Finance noted KPMG colleagues have had the opportunity to review and comment on the accounts and statements.

The Director of Finance highlighted the difference in the way financial information is presented to the Board. The Deputy Director of Finance added that the difference in position presented to Board is a regulatory position versus a year end accounts position and highlighted the technical accounting difference is described within the annual report on page 50.

RH confirmed he has had a detailed review of these and has met with the Deputy Director of Finance and the Assistant Director of Finance to discuss his comments. RH confirmed the numbers have not changed significantly since then, highlighting one change relating to a reclassification of debtors of roughly £700k.

RH highlighted a change that had not been updated which was Note 39.5 was duplicated which should be Note 39.7 on page 65. The Deputy Director of Finance confirmed this will be corrected.

OUTCOME: The Committee **APPROVED** the Audited Annual Accounts and Financial Statements for the year ended 31 March 2022.

c) Letter of Representation

The Director of Finance presented the letter of representation that the Trust are required to submit and includes standard wording on how the accounts have been prepared and on what basis. The Letter of Representation will be signed off by the Chief Executive.

RH noted the only specific representation given over the last few years relates to the EPR valuation and ties into the adjustment. This position remains unchanged.

OUTCOME: The Committee **APPROVED** the Letter of Representation.

d) Annual Governance Statement (AGS)

The Company Secretary reported that the 2021/22 Annual Governance Statement (AGS) was reviewed and approved by the Audit and Risk Committee on 26 April 2022. The Annual Governance Statement has been developed in line with national guidance.

The statement has been reviewed at various stages by the Chief Executive, Executive Directors, Internal and External Audit.

The Annual Governance Statement confirms the Trust have no significant control issues in year which is consistent with the Head of Internal Audit Opinion and KPMG Year End Report.

The Director of Finance explained NB had a query on wording that will be shared outside of the meeting.

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

e) Annual Report 2021/22

The Company Secretary presented the Annual Report for 2021/22 which has been developed in line with the NHS Improvement (NHSI) annual reporting manual.

A detailed review has taken place by RH, DS and AN and their feedback is incorporated. External Audit have completed their extensive audit checklist and the feedback has been incorporated. There are two parts to the annual report, the Performance report and Accountability report. The annual accounts and auditors report will be added subject to approval today.

The key changes to national guidance were:

- To include quality account priorities and indicators this year with no separate Quality Account
- Expanded sections on fair pay disclosures, pensions and staff survey
- Change in reference from the Single Oversight Framework to the System Oversight Framework which reflects the Integrated Care System.

The Company Secretary formally thanked the finance, workforce and quality team and Directors for all their input.

The Company Secretary confirmed a 6-8 page annual report summary is being developed for the public and will be published on the Trust website at the same time as the annual report.

Subject to approval, the plan is to submit to NHS Improvement by Friday 8 July 2022 which has been delayed due to the delays in audit testing.

The Company Secretary confirmed the AGM will need to be held by 30 September 2022 and a date is being explored for the last week of September 2022.

RH highlighted in the Chief Executive statement it refers to future events of staff joining the Trust in June 2022 which has already happened and asked if the annual report will be updated or remain as written. The Company Secretary will review and take a view of the wording.

AN highlighted a page reference correction in the annual report which refers to the audit function on page 164 and corrected this to page 66.

Action: Page number reference for the audit function to be corrected to page 66 – Company Secretary

OUTCOME: The Committee **APPROVED** the Annual Report 2021/22.

f)) Head of Internal Audit Opinion and Annual Report

The Internal Audit Manager presented the Annual Report for 2021/22. The key points to note were:

- Original plan included provision for 369 internal audit days with 31 days carried forward from 2020/21 giving a total number of days expected to be delivered in year of 400
- 60 days were cancelled during the year from the audit with a revised plan provided for the delivery of 340 internal audit days
- Delivered 332 out of 340 days and the remaining 8 days carried over relate to one particular audit on governance structures currently in progress
- Complied with the public sector internal audit standards throughout the year
- Five KPIs within the report – four achieved 100%, one KPI was not met at 83.9% in respect of receiving management responses within 15 working days of a draft report being issued
- A factor in not meeting this KPI in year is partly due to Covid-19 pressures during the year
- Benchmarking on KPIs is being undertaken to improve the KPIs and provide more benefit in future years and a survey will be circulated to Audit Committee Chairs and Directors of Finance.

AN highlighted at the bottom of page 6 it states all KPIs were met at the end of the year and asked if this statement needs to change. **Action: Internal Audit Manager to update this statement in the Internal Audit Annual Report.**

The Director of Corporate Affairs asked if the Audit and Risk Committee were aware this KPI would be missed before the report was received. She challenged why the KPI target for the Trust is set at 95% which is higher than the other two targets set at 90%.

The Internal Audit Manager responded to confirm the KPI is included in progress reports for each Audit and Risk Committee meeting, and it would not have been achieved in January or April 2022. There is an ongoing Audit Yorkshire project to review these targets and KPIs and whether they are achievable. The Internal Audit Manager confirmed the Trust achieved this KPI target last year; however, acknowledged that the KPI is high and dependent on number of reports issued it can be more challenging to meet.

AN highlighted the Trust reset some of the targets for overdue recommendations and this has been a challenge and acknowledged the Trust are in a better place; however, are still not where we need to be.

The Director of Finance confirmed the focus has been on overdue recommendations and the benchmarking exercise has benchmarked the Trust favourably to a number of other organisations and is starting to make progress.

The Internal Audit Manager confirmed she is attending Executive Board (WEB) next week to provide an update on recommendations. AN provided some context to the introduction of the Internal Audit Manager attending Executive Board. This happens on a quarterly basis to look at recommendations and review the audit plan that the Executive team have agreed to.

The Head of Internal Audit presented the Head of Internal Audit Opinion and confirmed it is a positive report with significant assurance overall. The Head of Internal Audit highlighted the revised dates for recommendations being quite high.

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

g) Year End Audit Report – ISA 260

Ric Lee, Audit Director KPMG explained the delays to the sign off process was primarily due to KPMG not being able to sign-off an opinion on the accounts and he confirmed it was not a consequence of the finance team who have been very supportive. The Audit Director, KPMG formally apologised for the delay and thanked the finance team for their accommodation. The Audit Director KPMG confirmed the accounts will be with NHSI prior to the 8 July 2022 deadline.

The Audit Director, KPMG presented the key findings within the ISA 260 Year End Audit Report, which were:

- Completed all work required over significant risk areas
- Follows on from audit plan issued earlier in the year
- Unqualified opinion on financial statements will be issued – clean opinion
- All required work completed regarding Value for Money (VFM) – no longer issue a certificate on VFM as the guidelines changed, provide a commentary through the annual auditors report, no significant weaknesses identified – positive position to be in
- A summary of audits is provided on page 5 and all outstanding work regarding Management Override of Controls has now been completed
- Not identified any audit misstatements in current year accounts; however, there is one historic unadjusted difference from previous years that rolls forward around system costs

- Number of Control deficiencies – identified two lower priority recommendations around management review arrangements
- Risk profile – reviewed financial statements and tracking revenue position anticipated to be around £500m – the revenue position was slightly higher than anticipated due to later allocations; therefore, KPMG adjusted the materiality threshold for the audit which has been communicated to the Director of Finance
- Earlier risk around revenue; however, a combination of lower than anticipated ERF values and increase in materiality means it is highly unlikely for a material error
- Expenditure recognition - meeting the control total in line with many other NHS organisations.

Audit Risks

No issues were identified, and the recommendations raised as a result of the work in the current year are described in Appendix 2.

- Expenditure recognition - No issues; however, raised one recommendation around the management review of journals as audit standards are setting an increasingly higher bar – it is unlikely anything will change in the accruals approval process. The Finance team agreed to look at the process for sign-off of journals – see action below.
- Valuation of PPE – work is complete, not identified any issues. Noted a recommendation.
- Management override – now provided and satisfied.

The Audit Director, KPMG highlighted the work of the subsidiary (CHS) is now complete and they can issue a group opinion; this is highlighted on page 13 of the report. An opinion on the CHS accounts will be issued and no current issues have been identified.

It was highlighted the audit difference in relation to EPR is described on page 22 of the report.

RH thanked KPMG for the report, despite the challenges and congratulated the finance team for getting through the process with a clean audit opinion and no adjustments. The process has gone well overall from a Trust point of view.

RH highlighted the theatre internal control observation which has been on for some time and stated it would be good to see this removed with the Trust looking to put in a new Theatres system in 2022/23.

RH highlighted there may be more to do on the sign off of journals and valuation assumptions and suggested a separate review of these outside of the meeting to review existing controls in place. The Deputy Director of Finance agreed to review strengthening these processes; however, it is unlikely to remove these recommendations.

Action: Finance Team to review the existing controls in place for sign-off of the journals and valuation assumptions to strengthen the processes for next year

OUTCOME: The Committee **NOTED** the External Auditor's Year-End Report ISA 260.

h) Annual Auditor Report

The Audit Director KPMG presented the annual auditor report which summarises the conclusion of the value for money work undertaken.

This report is published on the Trust website alongside the Annual Report and Accounts.

The key points to note were:

- No significant risks in the three domains and all domains remain green – financial recovery, governance and improving economy, efficiency and effectiveness (page 5)

- Page 7 highlights the challenging position next year and that CHFT is operating in an Integrated Care System (ICS) with the system working towards an overall balanced position.

AN asked if the ICS are formally accepting the Trust position for next year's 2022/23 plan. The Director of Finance confirmed the plan has been submitted and is part of the Place and ICS position.

AN formally thanked the finance team and everyone involved for all their hard work completing the audit.

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

i) Self-Certification License

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

These documents were reviewed at the Board of Directors meeting on 5 May 2022 and signed off by the Chief Executive and Chair.

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

41/22 ANY OTHER BUSINESS

The Company Secretary asked if the CHS Accounts have been fully reviewed and signed off by the CHS Board. The Deputy Director of Finance confirmed the CHS Accounts were approved at the CHS Board meeting this morning.

42/22 MATTERS TO CASCADE TO BOARD OF DIRECTORS

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

43/22 DATE AND TIME OF THE NEXT MEETING

Date: Wednesday 26 July 2022

Time: 10.00 am

Via: Microsoft Teams

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

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Nigel Broadbent (NB)	Incoming Non-Executive Director
Kirsty Archer	Deputy Director of Finance
Shaun Fleming	Local Counter Fraud Specialist, Audit Yorkshire
Salma Younis	External Audit Manager, KPMG
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Kim Smith	Assistant Director of Quality and Safety
Richard Hill	Head of Health and Safety (for item 48/22)
Jo Fawcus	Chief Operating Officer (for item 48/22)
Peter Keogh	Assistant Director of Performance (for item 48/22)
Thomas Strickland	Director of Operations, Surgery (for item 48/22)
Julian Bates	Information Director (for item 48/22)

44/22 APOLOGIES FOR ABSENCE

RH welcomed everyone to the Audit and Risk Committee meeting, in particular Jo Fawcus, Peter Keogh, Julian Bates, Thomas Strickland and Richard Hill who were in attendance to present Deep Dives into Data Quality and Health and Safety.

Apologies were received from Robert Birkett, Ric Lee, Gary Boothby, Liam Stout and Helen Higgs.

45/22 DECLARATIONS OF INTEREST

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

46/22 MINUTES OF THE MEETING HELD ON 26 APRIL 2022 AND 5 JULY 2022

It was noted the minutes of the meeting held on 26 April 2022 were approved at the extra-ordinary meeting on 5 July 2022.

The minutes of the meeting held on 5 July 2022 were approved as a correct record subject to the following amendments:

- Page 5 – RH corrected the sentence to ‘the internal control observation’
- Page 5 - RH suggested it should state ‘RH highlighted there may be more to do on the sign-off of journals and valuation assumptions’

The Company Secretary confirmed the Annual Report and Accounts 2021/22 have now been laid before Parliament and are available on the Trust website.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 5 July 2022 subject to the amendments above.

47/22 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updated accordingly.

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

48/22 DEEP DIVES

1. Data Quality Deep Dive

Julian Bates, Information Director presented an annual deep dive into Data Quality, the key points to note were:

- Standing and ad hoc agenda items at the Data Quality Board were shared
- Clinical Audits have gone well over the last 12 months
- Emergency Care Data Set – successful bid for monies nationally which has resulted in the employment of a Digital Operations Manager in Emergency Medicine who has made a real difference in recent months e.g., Clinically Ready to Proceed capture and a monthly Data Quality meeting has been introduced with A&E staff three months ago. The Emergency Care Data Set for Same Day Emergency Care Services will be mandatory from April 2023
- Number of deep dives following enquiries have tackled and fixed issues
- 28-day theatre cancellations – hoping to have a positive update on this at the next Data Quality Board
- Areas to address were as follows:
 - o Executive level engagement
 - o Admitted under incorrect consultant / activity captured incorrectly
 - o Encounters not being used correctly
 - o Mandatory demands and Integrated Care System (ICS), ICS recovery – requests for returns with a short timescale
 - o GiRFT (Getting it Right First Time) / Model Health – understanding the priorities
 - o Data Quality Policy was created two years ago and needs communicating out to staff
- Plan on a page for 2022/23 was shared which includes ensuring there is a gain benefit from the recently introduced Robotic Process Automation by automating appropriate data cleansing procedures which have been introduced by the Medical Division – this can make a huge difference

The Chief Operating Officer has discussed the role of the Data Quality Board and how data is managed with the Managing Director for Digital Health and the Director of Corporate Affairs.

RH highlighted how data within the Trust has enabled progress on health inequalities.

DS commented she is really pleased to see one of the highlights around clinical audits with a clear audit programme now in place. She asked what will happen to the Data Quality Policy to make this a live document. The Information Director responded the intention 12 months ago was to take a section of the Data Quality Policy into the Data Quality Board to work through. The Director of Operations explained they are going through a process to appoint a new Chief Clinical Information Officer which may provide an opportunity to refresh and reinforce the policy.

In the context of reviewing performance data, AN asked if there were any surprises from reviewing any green indicators and asked if the work on the Emergency Care Data Set is helping the Trust drive improvements in the Emergency Department. The Assistant

Director of Performance responded the greens is a check on if we are gathering data correctly and using national definitions. The Chief Operating Officer responded the Emergency Care Delivery Group has started to look at data on the dashboard which will help drive improvements and show areas that require improvement e.g., clinically ready to proceed. The Trust are now seeing an improvement month on month. The review of 12 hour length of stay is being mapped to understand when the decision to defer and decision for diagnostics is made per patient.

OUTCOME: The Committee **NOTED** the Data Quality Deep Dive.

1. Health and Safety Deep Dive

Richard Hill, Head of Health and Safety presented a Health and Safety Deep Dive, the key points to note were:

- CHFT have a well embedded Health and Safety Committee with strong engagement from clinical and non-clinical colleagues
- Sharing of information on building compliance by 3rd party providers needs strengthening, for example information on asbestos and gas safety and meetings are taking place in the coming weeks to pull a plan together

The six priorities to keep the base safe are as follows:

1. NHS Workplace Health and Safety Standards – good progress is being made towards achieving the requirements of each NHS standard with a steady movement over the last 18 months towards compliance.
2. Accident Figures and next steps – a deep dive into Accident Intervention took place for non-patient fall injuries and a review of the Falls Policy has been completed and a Falls Awareness Project is being developed to target the two main root causes of injuries. Datix incidents over the last five years have been studied for needle stick injuries and there are some common patterns. A meeting is planned with ISS, CHS and Ward Managers to undertake a deep dive in these areas, particularly in the Medical Division (A&E and acute areas). A Control Of Substances Hazardous to Health (COSHH) deep dive is taking place and a task and finish group has been formed to help diagnose 8000 assessments, Alcumus Ltd has been invited to carry out a gap analysis and a review of the superusers is also taking place which will ensure there is an accurate register of colleagues with updated knowledge of the Alcumus COSHH database system.
3. Safe Base, place-based risk assessments in rooms located in the community – there are 59 non-Trust buildings which are occupied by colleagues working in the community.
4. Safe Base, place-based risks assessments in rooms located inside the hospitals – more than 70 non-clinical rooms have been assessed and clinical ward settings are to be completed by the end of October 2022.
5. Huddersfield Pharmacy Specials – formed their own Health and Safety Committee which takes place every two months.
6. Health Informatics Service - formed their own Health and Safety Committee which takes place every two months.

NB asked if there is an aim to achieve all the workplace health and safety standards or if there is a target and by what date. NB also highlighted the increase in accidents in 2021 and those routine inspections not carried out due to Covid would have also applied to 2020 and asked what changed in 2021 and what the Trust plan to do. The Head of Health and Safety responded the plan is for the Trust to be in a much better place by the end of this year with an aim to turn all standards to green. The Head of Health and Safety added that some of the cleaning methodology could be a factor in this and this will be brought into the review.

RH thanked the Head of Health and Safety for the presentation which demonstrates the positive progress made over the last 12 months with regards to health and safety.

AN asked if anything of concern came out of the safe based assessments. The Head of Health and Safety confirmed this is in good shape and there are no surprises. He explained a big piece of these workplace assessments is floor plate conditions and there were no red flags arising from these assessments.

OUTCOME: The Committee **NOTED** the Health and Safety Deep Dive.

49/22 REVIEW OF SUB-COMMITTEE ANNUAL REPORTS 2021/22

1. Audit and Risk Committee

The Company Secretary confirmed the Audit and Risk Committee Annual Report for 2021/22 will be presented to the Board of Directors on 1 September 2022.

2. Finance and Performance Committee

3. Workforce Committee

4. Quality Committee

OUTCOME: The Committee **APPROVED** the Audit and Risk Committee Annual Report for 2021/22 and **RECEIVED** the Annual Reports for the above Committees of the Board.

50/22 REVIEW OF SUB-COMMITTEE TERMS OF REFERENCE

1. Risk Group and Risk Register Proposals

The Assistant Director of Quality and Safety presented two key proposals which were supported by the Risk Group. The first proposal is the movement of the current risk register to Datix from the bespoke piece of software on which it currently runs. This would allow the Trust to triangulate information on the risk register to complaints, compliments, incidents and claims etc. Staff are familiar with using the Datix system. A project plan and timescales were included within the paper. This would allow an opportunity for a refresh of all risks on the risks register when they are being migrated onto Datix. The Assistant Director of Quality and Safety confirmed the Divisions are supportive of this which will be supported by the Risk Team. The timeframe for this is September 2022.

The second proposal in the paper is to move away from using a High Level Risk Register to a High Level Risk Report which will include all risks within the organisation scoring 15 and above. The Risk Group will provide overview and challenge of these risks. This new way of reporting will mean all high level risks are captured and shared. However, it was noted that the number of risks will increase from current numbers because of this change.

The risks process will be revised to allow Divisions to approve their risks at the relevant Patient Safety and Quality Boards (PSQB).

The Risk Group Terms of Reference have been revised to reflect this change and are shared for approval. It was noted a revised process and a flow chart will be included in the Risk Management Strategy and Policy.

RH asked how widely Datix is used across the organisation and if the Trust are confident staff have access and are familiar with the system. RH added that the Finance and Performance Committee review high level risks related to finance at the Committee and asked if this would continue. The Assistant Director of Quality and Safety confirmed Datix

is familiar to the organisation which is the Trust's incident management system and all staff are used to reporting complaints and claims on Datix. There will be some staff who will need training using the risk register on Datix. The new National Patient Safety Framework supports this change as there is a requirement to feedback on trends. She further explained the relevant Committees and workstreams should be reviewing their relevant risks and this should continue. A further piece of work will be required to understand where risks need to be a standing agenda item with a review of the Risk Group membership.

NB asked how the Trust make sure the high level risks are all captured and how the Risk Group are assured that risks are not being underrated. NB also highlighted the flow chart which shows the high level risks go to the Audit and Risk Committee. AN clarified the high level risks do not get reported to the Audit and Risk Committee, they are presented to the Board three times a year on an alternative basis with the Board Assurance Framework. The Assistant Director of Quality and Safety confirmed the challenge will sit at the Patient Safety and Quality Board meetings. The Risk Group will have a confirm and challenge role.

Action: Assistant Director of Quality and Safety to review and update the structure and flowchart for the management and assurance of risk (Appendix 9).

The Company Secretary stated she is exploring the use of Datix for the Board Assurance Framework.

The Company Secretary highlighted it states in the paper there is a lack of clarity of the purpose of the high level risk register which flags operational risks to the Board. She clarified this was more the purpose of the high level risk register use, rather than lack of clarity of the high level risk register. She asked what the timeline will be for the new processes reporting to Board. The Assistant Director of Quality and Safety explained the transition onto Datix is due in September 2022, therefore, the Board may not receive an update on the process until November 2022. The Director of Corporate Affairs has a view that the risk register should come to the Board more frequently. The Director of Quality and Safety confirmed the new Head of Risk and Compliance commences in post in September 2022.

AN highlighted the Board Assurance Framework was presented to the Board meeting in July; therefore, the High Level Risks are due to be presented to Board in September 2022. Therefore, a view of whether the old report is presented to the Board in September with an update provided in the cover sheet is required.

OUTCOME: The Committee **NOTED** the plans for the movement of the Risk Register onto Datix and **APPROVED** the movement from a High Level Risk Register to a High Level Risk Report and **APPROVED** the updated Risk Group Terms of Reference.

51/22 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments

The Deputy Director of Finance presented a report summarising the losses and special payments for quarter 1 2022/23. The key points to note during Q1 was a special payment which comes under the category of ex-gratia other of £274.7k which is the settlement of an employment legal case through the Health Informatics Service. This was flagged to the Committee previously and as the total value of the special payment exceeded £95k, approval had been sought and granted by Treasury.

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

2. Review of Waiving of Standard Orders

The Deputy Director of Finance presented the quarter report showing fifteen waivers during quarter 1, 2022/23 at a total cost of £17,450,446.15.

The report is in a different style to previous reports. Previously all single sources were pulled together in one list. With the implementation of a new IT system, Procurement have been able to pull out the categorisation of single sources. Single source waivers in Q1 are across three categories, under threshold, exempt and over threshold. The areas requiring focus are those over the threshold, there are five within this report at a total of £945,400.

The aim of Procurement is to reduce the over threshold waivers to zero. Updated forms that support this refined reporting will be introduced and training is being provided to areas where this is more pertinent e.g., diagnostics, IT.

RH stated the report presentation is helpful by categorisation of value. RH was confused by the definitions of single source suppliers and clarified the items in the report are not subject to a tender process which was confirmed by the Deputy Director of Finance.

RH highlighted his only concern was on the private ambulance service for CHFT transfers and discharges which was put in place to cover the Covid-19 period to provide safe transport of discharged patients. The Deputy Director of Finance responded this highlights the importance of following the processes upfront and stated this one has become a legacy issue due to Covid-19 as the tendering regulations were temporarily relaxed nationally. There is still a need for this particular service.

DS provided feedback in that the new reporting was useful.

AN asked for clarification on the thresholds and assurance that Procurement is keeping an eye on this. The Deputy Director of Finance responded the threshold is over a particular figure and the new IT system will enable the procurement team to monitor and analyse this more proactively.

OUTCOME: The Committee **NOTED** the updated Waiving of Standing Orders report for quarter 1, 2022/23 and **NOTED** the updated process in relation to waivers of standing orders that feed into this report.

52/22 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 Q1 2022/23. The key points to note were:

- 139 recommendations were opened during the period
- A total of 92 recommendations were completed which equates to 66% of the total number of recommendations which had been open during the period
- A total of 31 recommendations have been completed since the last report in April 2022
- The total number of recommendations which have passed their original target date has decreased from 25 to 23 in the quarter
- There has been an improvement in the closing down and completion of longstanding open recommendations – three recommendations relating to

consultant job planning dating back to two audits carried out in 2017/18 and 2018/19 have been completed

- Eight recommendations relating to the 2018/19 consultant study leave audit have now been completed
- One major recommendation relating to the overarching Consultant Study Leave policy remains open. The policy has been updated but is still awaiting approval by the LNC (Local Negotiating Committee of the British Medical Association).
- This update was presented to Executive Board a number of weeks ago which was a driver of a number of recommendations being closed.

RH highlighted the positive progress closing a number of longstanding open recommendations. RH asked for assurance that the Trust are making progress on the complaints follow up recommendations, highlighting there is still some concern at Board and Committee level regarding the complaints process. The Internal Audit Manager responded the complaints was a limited assurance report in 2019/20 and as a result a re-audit took place in this area. The number of days in the plan will need to be reviewed in Q4. She added there are no current cancellations of audits and there is potential to re-audit the complaints process in year.

DS updated the Committee on the work she has undertaken with the Assistant Director of Quality and Safety regarding the further report and the seven outstanding recommendations from the complaints audit. There will be a sense check and action plan presented to the Quality Committee to provide this oversight and a real focus on the outstanding recommendations relating to complaints. One of the key recommendations is to ensure learning is being distributed from complaints and investigation training is being undertaken to ensure complaints are being managed well. Work is underway for this training to be available from October 2022. The Assistant Director of Quality and Safety added that investigation training will change from July 2022 as a result of the implementation of the new patient safety incident framework development (PSIFD) which looks at themes and trends of incidents; however, this has been delayed nationally. If this is significantly delayed, a hybrid approach will be taken where staff will be trained on the traditional route cause and analysis training which may need to be updated when the national guidance is implemented. The Assistant Director of Quality and Safety added she meets with the complaints team and divisional leads on a weekly basis for oversight and scrutiny on complaint response times. She also meets with the Chief Nurse and Director of Corporate Affairs once a week to provide assurance. This is a significant priority for the team. The Internal Audit Manager explained it was a different team when the original report was completed, and a lot of changes have been made since to strengthen systems and processes.

AN was pleased to see the improvement in the overdue statistics. However, he stated he was disappointed in the gaps in the updates provided and the revised target dates. The Internal Audit Manager responded CHFT are no different to any other Trust in this and she confirmed attending the Executive Board on a quarterly basis improves the process. AN asked if there was any further update on Delegated Consent. The Internal Audit Manager responded that no further update has been provided on this.

Action: Internal Audit Manager to request an update on behalf of the Audit and Risk Committee Chair on delegated consent.

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 2022/23. A total of 11 reports were finalised, nine of these are 2021-22 reports.

DS expressed her disappointment that the management response rate has reduced to 50%. The Internal Audit Manager confirmed this is based on two reports and should increase in October 2022. DS asked if there has been a change to some of the audit ownership. The Internal Audit Manager confirmed the figures have been reset, the complaints audit is the limited assurance report which is more complicated; however, the figure on management response rate is more due to timings.

AN felt this was a better start to the year which is positive.

OUTCOME: The Committee **APPROVED** the Internal Audit Follow Up Report and Progress Report.

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

Eleven internal audit reports, which comprised of nine reports from the 2021/22 Internal Audit Plan and two reports from the 2022/23 Internal Plan have been completed and were available in the review room. There were six significant assurance reports and one advisory report. The internal audit monthly insight reports (E3) for May – June 2022 were also made available in the review room.

OUTCOME: The Committee **RECEIVED** the significant assurance reports and advisory report and the Insight reports for April, May and June 2022.

53/22 **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 in March 2022 – although there was a low response rate, the findings showed staff are aware of the key counter fraud documentation, declarations of interest processes and standards of business conduct
- Fraud Prevention Master Classes Programme flyer was shared which includes three new classes – Cyber Awareness, General Fraud Awareness and Fraud Awareness for Line Managers

OUTCOME: The Committee **RECEIVED** the Local Counter Fraud Progress Report, Counter Fraud newsletter for June 2022 and Counter Fraud Masterclass Flyer for 2022/23.

2. **Local Counter Fraud Annual Report**

The Local Counter Fraud Specialist presented the Annual Counter Fraud Report for 2021/22. This is a mandatory requirement of the functional standards. The key points to note were:

- Counter Fraud Function Standard was completed in May 2022 with an overall green rating
- Improvements made over the last two years were highlighted, this was a new standard that came out in 2021 and was difficult to comply with
- Only one red domain for 2021/22 – methodology and further guidance from the counter fraud authority has been provided and this should improve the rating
- The full detailed return is provided in Appendix A of the annual report

AN highlighted the encouraging progress.

OUTCOME: The Committee **APPROVED** the Annual Counter Fraud Report for 2021/22.

54/22 EXTERNAL AUDIT

1. Sector Update

The External Audit Manager, KPMG presented the Technical Sector update which will be more detailed at the next Committee and provides further guidance on special payments.

OUTCOME: The Committee **NOTED** the Sector Update.

55/22 BOARD ASSURANCE FRAMEWORK

The Company Secretary presented the first update of the Board Assurance Framework (BAF) for 2022/23 which was approved by the Board of Directors at its meeting on 7 July 2022.

There is one new workforce risk on the BAF relating to the Health and Well-Being of colleagues. This is risk 1/22 scored at 12 and will have oversight by the Workforce Committee.

The risk score movement is described in the paper.

OUTCOME: The Committee **NOTED** the updated BAF approved by the Board including the addition of risk, 1/22, colleague health and well-being and the movement in the risk scores for risks 4/19 patient and public involvement, 6/19 quality and safety, 4/20 CQC rating, 6/20 climate change and 15/19 commercial growth and **NOTED** the updates to the health and safety risk 16/19.

56/22 COMPANY SECRETARY'S BUSINESS

1. Review Audit Chair Job Description and Audit and Risk Committee Terms of Reference

NB declared his interest as the incoming Chair for the Audit and Risk Committee with effect from 1 September 2022.

The Company Secretary explained the Job Description and Person Specification of the Audit Chair has been reviewed and updated with the new Code of Governance and national guidance on the remuneration for Audit Chairs and is shared for comment. The essential criteria to have at least one year's experience as a Non-Executive Director was removed from the Job Description and the Committee are asked to note that Nigel Broadbent will take on the role of Audit and Risk Committee Chair from 1 September 2022.

RH highlighted the statement in the job description that the Chair and Deputy Chair and Senior Independent Non-Executive Director should not be a member of the Committee. The Company Secretary confirmed this is in the new Code of Governance (currently being consulted on) and was not contravened in the past.

The Audit and Risk Committee terms of reference have been reviewed and no changes made.

OUTCOME: The Committee **APPROVED** the Audit Chair Job Description and Person Specification and the Audit and Risk Committee Terms of Reference and **NOTED** that Nigel Broadbent will take on the Chair role from 1 September 2022.

2. Proposal of Audit and Risk Committee Meeting Dates 2023

The proposal for future dates of the Audit and Risk Committee meetings were shared. An Extra-ordinary Committee meeting will be arranged in the Summer 2023 to sign of the Annual Report and Accounts.

OUTCOME: The Committee **APPROVED** the proposal of future Committee dates.

3. Audit and Risk Committee Workplan 2022

The Company Secretary presented the routine workplan for 2022 for approval and explained a 2023 workplan will be shared against the future meeting dates.

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

57/22 SUMMARY REPORTS

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

- Risk Group – See agenda item 50/22.
- Information Governance and Records Strategy Group – no questions were raised.
- Health and Safety Committee – See agenda item 48/22 (2).
- Data Quality Board – See agenda item 48/22 (1).
- CQC and Compliance Group – In the absence of a summary report, the Assistant Director of Quality and Safety shared an update of the work of the CQC and Compliance Group. She explained the focus of this group was on the three on-site visits in relation to Ockenden and CQC. The outcome of the Ockenden review and CQC visits were very positive and there were no areas of concern. The CQC and Compliance Group will be reverting to business as usual going forward with the Journey to Outstanding (J2O) visits and a summary report will be provided to the next meeting in October 2022.

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

58/22 COMMITTEE'S ROLE FOR 'ONE CULTURE OF CARE'

AN asked how the Committee might cover 'One Culture of Care' (OCOC) on the agenda. AN highlighted the deep dive into health and safety and the care of staff as evidence of this, as well as the Board Assurance Framework actions and items around fraud prevention.

NB stated as a committee this agenda item is a reflection on what was discussed at the meeting that has an impact on OCOC e.g., health and safety, data quality.

The Assistant Director of Quality and Safety commented the complaints and experience of patients and staff is an example of OCOC from both ends of the spectrum, making sure the right system is in place to respond in a timely manner. She suggested a discussion at the end of each agenda item could take place to discuss how it meets OCOC.

DS agreed with NB and the Assistant Director of Quality and Safety and suggested OCOC is a reflection at the end of the meeting to understand how OCOC was captured or if there are any gaps.

AN suggested a section could be added to the Chair's Highlight Report to include key points from the Board Committees and said he would add such a section to the highlight report for this meeting. The Company Secretary asked if this would also be included in the summary report from the sub-committees.

NB suggested a note is sent to authors of papers to include a feature of 'One Culture of Care' in the key points on each cover sheet.

Action: Company Secretary / Corporate Governance Manager to contact authors to request that they include 'One Culture of Care' in the report cover sheets.

59/22 ANY OTHER BUSINESS

RH suggested a review of the 2021/22 annual accounts and audit process is reported back to a future Committee meeting as the performance of the external auditors is on the terms of reference for the Committee. The External Audit Manager, KPMG added a de-brief is scheduled with Finance this week and a summary paper can be provided for the October 2022 meeting.

Action: Summary report to be provided to the October 2022 meeting regarding the 2021/22 accounts and audit.

The Company Secretary formally thanked RH for his contribution to the Audit and Risk Committee over the six years and wished him the best for the future.

AN formally thanked RH for his support and diligence with the minutes and support with the annual accounts.

AN reported it is his final meeting as Chair of the Audit and Risk Committee as he moves onto Chair the Finance and Performance Committee. DS formally thanked AN for his excellent chairing of the Committee over the last few years.

60/22 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- **Acknowledge** – Deep Dives into Data Quality Board and the Health and Safety Committee.
- **Assurance** – Approved changes to the reporting and management of high level risks and revised terms of reference for the Risk Group, the Counter Fraud Annual Report was approved.
- **Awareness** – Improvements in clearing Internal Audit recommendations; however, there is still work to do actioning these recommendations.

61/22 DATE AND TIME OF THE NEXT MEETING

Tuesday 25 October 2022

10:00 – 12:15 pm

Microsoft Teams

62/22 REVIEW OF MEETING

The meeting closed at approximately 12:16 pm.

**Minutes of the Finance & Performance Committee held on
Tuesday 5th July 2022, 13.00pm – 15.00pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Gary Boothby	Director of Finance
Anna Basford	Director of Transformation and Partnerships (Until 2pm)
Jo Fawcus	Chief Operating Officer
Helen Hirst	Trust Chair

IN ATTENDANCE

Kirsty Archer	Deputy Director of Finance
Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Brian Moore	Public Elected Governor
Nigel Broadbent	Non-Executive Director
Victoria Pickles	Director of Corporate Affairs
Stuart Baron	Associate Director of Finance
Peter Keogh	Assistant Director of Performance

ITEM

105/22 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

106/22 APOLOGIES FOR ABSENCE

Apologies were received from Robert Markless and Peter Wilkinson.

107/22 DECLARATIONS OF INTEREST

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

108/22 MINUTES OF THE MEETING HELD 7th June 2022

It was noted that governors attend this committee as observers so reference to a specific governor's request to be replaced by one from the Chair. The minutes of the last meeting were then APPROVED as an accurate record.

109/22 MATTERS ARISING

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110/22 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: JF to chase up.

091/22: Stroke Mortality Rates – National and regional data not yet available. To be picked up at next deep dive.

093/22: 104 week waits- comparator has been added to the monthly report.

095/22: Learning Disabilities information now included within the IPR.

095/22: Skill Mix in IPR showing as red. This is being picked up through the new workforce strategy and will be reflected in the IPR.

FINANCE & PERFORMANCE

111/22 MONTH 2 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

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.

- 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; £0.80m higher than planned and £0.32m above the expected NHSI Agency Ceiling, (based on 21/22 ceiling - value for 22/23 yet to be confirmed).
- Total planned inpatient activity, for the purpose of Elective Recovery Funding, was 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.

The change to month end closedown is impacting the cash position. As month end is occurring earlier in the month we are reporting before certain payments go out. Sickness within the Accounts Payable team in earlier months and the earlier month end closedown has also affected the ability to meet the better payment target.

The Committee **RECEIVED** the Month 2 Finance report.

112/22 EFFECTIVE USE OF RESOURCES GROUP (ERG) / EFFICIENCY TARGETS

Currently in a positive position. Looking at a 5% efficiency challenge which is the highest across West Yorkshire. The plan is to deliver the whole £25m efficiency target (including £5m Covid cost reduction). The change review process is currently under review to include governance around slippage in any schemes. Work has commenced on the five-year efficiency strategy which will link to the financial and reconfiguration strategies. Work has also started to review the agency staff spend with the Trust executives monitoring the higher earners. There is a risk currently that there are £2.5m – £3m of schemes which are still to be worked up to Gateway 2. These are also dependant on the Covid situation.

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

113/22 INTEGRATED PERFORMANCE REVIEW – MAY 2022

The Assistant Director of Performance reported the Trust's overall performance score for May 2022 was 63.8% which is a worsening on April's position of 68%. This was due primarily to a never event and missing the 62 day cancer screening target.

Safe domain is now AMBER due to the never event.

Caring domain remains Amber. Two of the friends and family areas are now Green but maintaining performance in complaints is still a challenge. Dementia screening has returned to below 25%.

Effective domain remains Amber although Neck of Femur has dropped back to 61% after achieving 70% in April.

Responsive domain remains Amber with the 62 day cancer 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 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 improved in month.

Finance domain remains Amber.

Stroke demand is outstripping the available capacity. Action plans are being worked on around this.

There has been a 12% rise in ED attendances. Covid is on the increase and we are operating at OPEL 3. Despite this, CHFT are still managing to outperform other local trusts against the 4 hour Emergency Care Standard.

Transfers of care has further improved by reducing again to 70. It has been much higher in previous months.

HSMR now at 94.69% which is within the level it should be.

MRI – In March patients were waiting 8.7 weeks for a scan. This is now at 4.2 weeks. Two new scanners at CRH. The HRI have had some unplanned downtime. The remaining backlog is being worked through using the extra capacity of the new scanners which has some staffing costs associated with it.

ED position – Nationally achievement against the 4 hour Emergency Care Standard has a 60.2% average, while CHFT is currently at 75%. Significant numbers attending ED; particularly high in the evenings. A 'reset week' has been diarised for August to look at what works and what doesn't and what can be changed.

ACTION: An ED deep dive to be scheduled for later in the year.

The Committee **NOTED** and **RECEIVED** the IPR for May 2022.

114/22 RECOVERY UPDATE

The Assistant Director of Performance presented the recovery update to the end of May.

104 week waits – There is just one patient who has been waiting longer than 104 weeks. Unfortunately, they were too unwell with an unrelated illness to attend.

78 weeks and 52 week waits have both started to reduce with a particular focus on 52 weeks as if they are reduced, they will not become 78 week waiters. The CHFT target is to reach zero by February 2023. The trajectories have been set internally by CHFT to drive improvement and do not reflect NHSEI targets. Surgery has performed better than the internal trajectory but some specialities are not in such a healthy position. General Surgery, Maxillofacial Surgery and Gynaecology have not achieved the planned numbers.

The General Managers who attend the Access Delivery Group have been tasked with bringing solutions to improve these numbers to the next meeting.

Appointment Slot Issues (ASIs) – The plan is to reduce numbers by March 2023. ASI's over 22 weeks to be reduced zero by September 2022 (ENT by February 2023) The number of patients currently awaiting follow up has reached 26,500.

Overall, we are in a positive position with some risks. Only the exceptions tend to be reported in depth to this committee, but there is a need for clarity regarding the overall 'recovery performance' message.

ACTION: Jo Fawcus, Peter Keogh and Anna Basford to meet separately to produce something that demonstrates the whole picture, not just the exceptions.

The Committee **NOTED** and **RECEIVED** the Recovery update for May 2022.

115/22 ONE CULTURE OF CARE

Nothing raised. Suzanne Dunkley to attend future meetings on a quarterly basis to cover this.

Any items to be raised under this agenda item to be sent to Rochelle prior to the meeting.

116/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Business Case Approval Group (BCAG) – 25th May 2022
- HPS Board – 12th May 2022

Any funding for the year has now been fully committed, so any business cases at the BCAG meeting must be self-funding or have received funding from elsewhere.

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

117/22 WORKPLAN – 2022/23

The workplan for 2022/23 was reviewed.

- The commercial strategy for HPS has been deferred until the next meeting.
- The Annual plan / 5 year plan is a legacy item and to be removed from the workplan.
- The five year efficiency plan to be reported to this meeting and added to the workplan on a regular basis.

The Committee **APPROVED** the Workplan for 2022/23

118/22 ANY OTHER BUSINESS

No matters raised.

119/22 MATTERS TO CASCADE TO BOARD

Key points to be covered in Chair's Highlights Report to Board.

120/22 REVIEW OF MEETING

The Trust Chair made observations regarding the response to key areas of concern eg via deep dives, inclusion of health inequalities and the relationship with other committees eg Quality Committee. It was agreed that these comments would be considered by the Chair as part of future agenda setting.

DATE AND TIME OF NEXT MEETING:

Friday 5th August 2022, 09:30 – 11.30 MS Teams

**Minutes of the Finance & Performance Committee held on
Friday 5th August 2022, 09.30pm – 11.30pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Gary Boothby	Director of Finance
Anna Basford	Director of Transformation and Partnerships (Until 2pm)
Jo Fawcus	Chief Operating Officer
Andy Nelson	Non Executive Director
Nigel Broadbent	Non-Executive Director

IN ATTENDANCE

Philippa Russell	Assitant Director of Finance
Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Brian Moore	Public Elected Governor
Nigel Broadbent	Non-Executive Director
Robert Markless	Public Elected Governor
Jane Peacock	General Manager - Surgery

ITEM

121/22 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

122/22 APOLOGIES FOR ABSENCE

Apologies were received from Peter Wilkinson, Stuart Baron, Kirsty Archer, Peter Keough, Rob Birkett, Helen Hirst and Vicky Pickles.

123/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

124/22 MINUTES OF THE MEETING HELD 5th July 2022

The minutes of the last meeting were then APPROVED as an accurate record.

125/22 MATTERS ARISING

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126/22 ACTION LOG

The Action Log was reviewed as follows:

Action not added to the action log after the last meeting:

Overall, we are in a positive position with some risks. Only the exceptions tend to be reported in depth to this committee, but there is a need for clarity regarding the overall 'recovery performance' message.

ACTION: Jo Fawcus, Peter Keogh and Anna Basford to meet separately to produce something that demonstrates the whole picture, not just the exceptions.

This is a work in progress and more narrative has been added to some of the graphs. Jo Fawcus and Peter Keogh presented the performance narrative to the board in a different format to this committee. This has been included in the meeting pack for this committee.

131/21 – Neck of Femur Deep Dive – This first came to committee in November with an update 3 months ago. Previously there was concern around mortality rates.

Jane Peacock presented the latest deep dive. The full report was shared with the papers for this committee and the highlights presented at this meeting. Performance against the target is not consistently achieving above 70% which is the position we wish to achieve. However, over the last six months the variation in performance has reduced

The number of procedures per month have increased. Previously carrying out 26.5 procedures a month this has now increased to 31.7. This has an impact on performance targets. The BPT (Best Practice Tariff) is not on admission but on discharge so the length of time a patient is in hospital affects the figures. For example, if a patient is admitted in one month but not discharged until the following month, then they will be recorded in the following months figures.

One of the charts within the papers demonstrates the number of admissions per month. In May admissions spiked at 72 in month. The number of admissions for CHFT are much higher than regional and national figures. CHFT does not have a fragility fracture liaison service in place unlike other local trusts. A business case had been put together and work had commenced with the CCG's and the multidisciplinary team and then the pandemic hit. The service required a lot of investment, but the business case showed that Bradford for example, had managed to reduce the number of admissions and over a 2-5 year period the reductions covered the cost of the investment.

One of the goals of Places is to improve health inequalities. It was agreed that if there are processes in place that are shown to be giving results elsewhere but not in Kirklees then we should be exploring them.

There was also talk pre-pandemic of a geriatrician for post operative care. This may be something else that needs to be revisited. Where the target of 70% to surgery within 36 hours has not been met, are there common themes? There are a number of issues. Sometimes waiting for a specific surgeon who is not always available. The pre-optimisation of some patients e.g. come off blood thinners etc. prior to surgery can cause delays.

The annualised mortality rate for 2021 decreased to 6.3% and the current 2022 figure is 7%.

Length of stay is increasing at CHFT which is being monitored. This is not a national measure. The delays are often due to social care. Patients are medically fit but we are struggling to find support on discharge. The intention over the next 6

months is to do a deep dive into lengths of stay. It expected that performance will see an improvement in July.

FINANCE & PERFORMANCE

127/22 INTEGRATED PERFORMANCE REVIEW – JUNE 2022

June's performance was 62.3% which was a deterioration against May. The 28 day faster diagnosis Cancer target was missed. Safety was at Amber due to another never event. Performance in complaints remains a challenge. Dementia screening is now at just 21% but Lindsay Rudge and David Birkenhead are working together to create a plan. Emergency Department (ED) is still a challenge. Workforce remains Amber with peaks in the 12 month running total for overall sickness and short term sickness. There was a peak in Covid sickness.

Issues ED – 72.97% in June which was a deterioration against May. June was a very challenging month in ED. Bed pressures, Covid, norovirus, wards restricted due to both, which presented a logistical challenge. Stroke remains a challenge, with higher numbers coming through and patients staying on Acute floor and outliers on other wards. JF has spent time with the Stroke team looking at what can be done to put some immediate solutions in place. There is a further meeting next week to look at other solutions.

There is a new NHSEI initiative which is the 100 day discharge challenge. This has 10 actions that must be completed as an organisation, a place and a system. Actions are aligned to each of the 10 and plans aligned to actions. The significant one is that we are now asked to put in place a process to declare any long lengths of stay where patients have come to harm.

Cancer – position around head and neck. There are currently no head and neck surgeons at CHFT. We have one vacancy and one colleague on long term sick leave. Therefore, a full head and neck service cannot be provided. Diagnostic work can be undertaken and we have a visiting surgeon from Bradford until September who does one theatre session a week. Leeds will also be assisting from October. These issues are contributing to breeches on the 62 day pathway.

If head and neck patients needing the service are complex cases they go to Leeds or Bradford routinely. Cancer prioritised but there are a lot of benign patients that need treatment. A conversation has taken place within WYATT to provide support for extra sessions. Leeds are sending two surgeons. Bradford have a locum who will do more diagnostic sessions for CHFT from October.

Good news – CHFT received an email and according to the latest model health data, for theatre productivity we are an exemplar to our peers. This has been celebrated across the organisation and is the result of a lot of effort from teams. A deep dive and full presentation will be brought to this committee.

Lots of vacancies have now been filled with Ophthalmology in a position to complete two lists per day from October.

There are several pods which are currently on the stroke floor and used for other activities. Exploring the possibility of one becoming a four bed assessment bay. 125 patients present each month that are query stroke. Should have 7 stroke consultants but have 4.6 in post. A session has been planned with the therapy team around more discharge. There is capacity in the system to support those patients at home.

The intention is to have two re-set weeks in August. The first to be a soft re-set where some small changes will be implemented for example a member of the frailty team in ED until 2am. This was part of the heatwave plan and worked well and avoids the need to keep patients in ED all night. Trial some ideas around triage. Pathways do not necessarily cover what the patients need and work needs to be done to change the culture. A second hard re-set week is planned for September – do things that will be sustained through winter and make more efficient looking at transformation and improvement.

Overall, there are challenges around staffing. ED has a challenge around both nursing and medical staff. If everything goes to plan in September there will only be two nursing vacancies. Some rotas have been realigned which will allow for 5 doctors on a night shift in ED. There are still hotspot areas across medicine and surgery which are not new.

Staff availability is being reviewed weekly, particularly around weekends. More colleagues are volunteering for weekends but then are not available Monday and Tuesday. Over the last month it has become harder to fill ad hoc shifts with medical colleagues. Currently a push from the BMA to increase the rates for colleagues with a suggestion for them to remove additional labour until rates have improved. CHFT is heavily reliant on extra shifts, so this is a genuine risk. If pay moved to rate card suggested by BMA this would create a £2.5m additional pressure per annum.

Good news around recruitment. There has been a long standing narrative around middle grade posts covered by locums overnight with 60% of middle grade posts covered by locums. If all goes to plan these posts will be filled.

The Committee **NOTED** the Integrated Performance Report for June.

128/22 RECOVERY UPDATE

A detailed presentation is included in the meeting pack which has also been presented at Executive Board.

In summary:

Activity against the 104% plan is on track. The surgery plan is based on more activity later in the year when vacancies are filled. There is a shortage of endoscopists in Endoscopy. Medicine and Surgery are working together to release capacity. Looking to put in place a cost per case list for endoscopy to encourage more colleagues to come forward to run extra lists.

78 week position very positive and ahead of schedule. Depending on the situation over Winter, we should be able to maintain. Neurology were successful in recruiting a consultant to start in September. There is a joint consultant post with Leeds coming online later in the year too and a consultant to do neurophysiology starting in September.

52 weeks – A stretch target is in place for CHFT to reach as close to zero as possible by end of year. A drive to get as many patients treated as possible.

ASI's - Position has increased slightly but there is an expectation this will be reduced back to the trajectory.

The harm review process started last week 74 gastro patients contacted first. Patients to be contacted are prioritised by waiting time and speciality.

Diagnostics – MRI plan in place for the next 6 months. Still have a back log working through.

ECHO is going in the right direction. Mid Yorks and Bradford and Airedale have cleared their backlog. Could they release capacity to assist CHFT. A third party provider in Bradford has been helping them to maintain their position.

P2's and P3's have moved away from trajectory but is not raising concern. Further work to be done through the Access Delivery Group.

ACTION: Jo Fawcus to speak to Tom and bring back to this committee.

The Committee **NOTED** the Recovery Report for June.

129/22 **MONTH 3 FINANCE REPORT (Including High Level Risks and Efficiency Performance)**

At the end of quarter one we are showing a favourable variance of £0.80m from plan but this is still a deficit of £6.92m. Efficiencies are being delivered ahead of plan £1.5m year to date.

Medicine is overspent due to the known challenges of higher covid and bed numbers.

In other areas Huddersfield Pharmacy Specials performance is behind plan by £0.5m

Year to date we are in full receipt of ERF despite ERF targets not being achieved as per plan. To be in line with peers across West Yorkshire we were asked to make an assumption that all ERF would be received. It has now been confirmed that full ERF funding will be received for the first 6 months. Nationally delivering ERF is a challenge.

Risk score remains at 20 but a number of challenges are emerging.

Capital spend is significantly behind plan. Working closely with colleagues to spend before the deadline. The second “dragons den” is taking place in September which will look at bringing projects forward.

The performance around payment of invoices has dipped for the first time in a long time. It is thought this is due to the move to day 1 reporting which means they do not report in month. Going forward two payment runs a week will take place instead of one. This should lead to an improvement.

Spending more on agency than planned. Discussions have taken place around setting a trajectory for this year which will be challenging. We are being asked to spend less than previous years but asked to complete more activity. It is unclear what the implications are of failing. The whole of West Yorkshire will find this a challenge.

We are not allowed to change the forecast at the end of quarter one. Detailed forecasting has been completed in month 4 and this shows a number of challenges to deliver the plan. Some opportunities will offset the challenges, but the risk will have to be monitored closely. If bed numbers cannot be reduced or BMA rates take effect, it will be a big challenge.

Inflation - Planned for 7% on the PFI costs this year so the bulk of the inflation increase was planned. However, next year will be a challenge. The electric bill for Calderdale is an added pressure of over £1m as that was not fixed as HRI was. The overall financial plan was revised based on additional inflation funding received rather than funding emerging financial pressures. Inflation is higher than expected. Procurement have been set a challenge, as they are every year, to renegotiate contracts to save whichever target has been set. This year all bids are coming in higher due to inflation, instead of delivering a saving.

Capital – Need to focus on delivering the capital plan. – Strong track record of delivering. Some of the spend is reliant on external decisions and approval but there is confidence that we will deliver on capital.

Aged debt increased to £4m partly in relation to Huddersfield Pharmacy Specials and The Health Informatics Service. The graph within the papers showing aged debt, needs to be broken down. Split commercial from non-commercial.

ACTION: Aged debt graph to be split into commercial and non-commercial debt PR.

It was mentioned at the Audit and Risk committee that the high level risk register will be changed and the risks entered onto the Trust Datix system. Additional training will be required as corporate colleagues do not currently use it..

The Committee **RECEIVED** the Month 3 Financial report..

130/22 EFFECTIVE USE OF RESOURCES GROUP (ERG) / EFFICIENCY TARGETS

Still forecasting to achieve the £20m savings and at the meeting this week £18m worth of schemes are at gateway 2 which means they are developed and being implemented. £2m of efficiencies are still being developed and in total £3m are high risk for example £1.3m covid exit costs. Covid numbers not dropped far enough to implement the schemes.

The longer term efficiency programme was launched on CHFT live this week. Opportunity with reconfiguration on the horizon as many plans take 18-24 months to deliver. Communications and engagement with colleagues is taking place with an aim to have next year's plan developed by Christmas. In comparison with WYATT colleagues that would put CHFT ahead.

The Committee **NOTED** the Effective Resources update and the higher risk schemes.

131/22 TERMS OF REFERENCE FOR URGENT AND EMERGENCY CARE DELIVERY GROUP

The terms of reference were included in the pack along with the minutes from the first two meetings.

Concern was raised around the Urgent and Emergency Care Delivery Group reporting into two committees, Quality and Finance and Performance. The decision was made to report into this committee with the same report going to the quality committee for information.

The terms of reference were **APPROVED** inclusive of the above amendment

132/22 ONE CULTURE OF CARE (OCOC)

The intention is to pull together items discussed within the meeting that relate to OCOC. Suzanne Dunkley is to attend this meeting on a quarterly basis. Possibly produce deep dives around absence and availability. It gives an opportunity to review some of the issues around health and wellbeing. Items covered in this meeting include absence, availability and the potential risks around pay costs. However, there are positive stories around recruitment.

133/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Business Case Approval Group (BCAG)
- Capital Management Group
- THIS Executive Board
- Urgent and Emergency Care Delivery Group
- Access Delivery Group.

ACTION: Minutes from other meetings – Access delivery and Urgent and Emergency care cover sheets going forward.

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

134/22 WORKPLAN – 2022/23

The workplan for 2022/23 was reviewed.

- The commercial strategy for HPS needs to be pushed back again. The strategy must be approved by the HPS board first who meet bi-monthly. It should be ready for this committee at the November meeting.
- The schedule for planned deep dives to be reviewed several are due in the same month.
ACTION: Jo Fawcus and Andy Nelson so look at the workplan for deep dives.

The Committee **APPROVED** the Workplan for 2022/23

135/22 ANY OTHER BUSINESS

Thanks were given to Richard Hopkin for the work he has done while chairing this meeting over the last few years. He has invested a lot of time and effort.

Thanks were also expressed on behalf of the governors.

136/22 MATTERS TO CASCADE TO BOARD

- Key points to be covered in Chair's Highlights Report to Board.
- Neck of Femur IPR challenges and good news.
- Recurring issues including staffing. QTr 1 and future risks.
- Inc OCOC.

Action: Richard Hopkin to share with Andy Nelson.

137/22 REVIEW OF MEETING

DATE AND TIME OF NEXT MEETING:

Tuesday 6th September 2022, 13:00 – 15.00 MS Teams

14. INFORMATION TO RECEIVE

a. Council of Governors Workplan 2022

b. Council of Governors Calendar 2022-
2023

c. Divisional Reference Group Dates 2022
– 2023

To Receive

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2022

THE STATUTORY FUNCTIONS OF THE COUNCIL OF GOVERNORS	
<p>Under National Health Service Act 2006:</p> <ul style="list-style-type: none"> 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 <p>In preparing the NHS Foundation Trust’s forward plan, the Board of Directors must have regard to the views of the Council of Governors.</p>	<p>Under Health and Social Care Act 2012:</p> <ul style="list-style-type: none"> 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	
Minutes of previous meeting	✓	✓	✓		✓	Upload approved minutes to public website
Matters arising	✓	✓	✓		✓	
Chair’s Report	✓	✓	✓		✓	

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
Update from Governors					✓	*Opportunity for Governors to feedback on their constituencies.
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register		✓ Receive Register	✓ Receive updated Register of CoG	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - - Audit and Risk Committee - Finance and Performance Committee - Quality Committee - Workforce Committee - Nomination and Remuneration Committee - Charitable Funds Committee - Organ Donation Committee	✓ Receive update – as appropriate	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update from Non-Executive Director	<u>Private meetings:</u> <ul style="list-style-type: none"> • Feedback from Divisional Reference Group (DRG) meetings • Feedback from private Board meetings • Feedback from questions
Finance Summary Report	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive and approve Annual Accounts	✓ Receive an update as part of Finance and Performance Report	
Integrated Performance Report (Quality)	✓ Receive an update from COO	✓ Receive an update from COO	✓ Receive an update from COO		✓ Receive an update as part of Finance and Performance Report	
Quality Account Priorities	✓	✓ Including confirmation of	✓ including quarterly update		✓ including quarterly update 3 QA priorities 22/23	

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
		new 22/23 QA detail Year end 21/22 quality accounts - Q4	3 QA priorities 22/23			
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 and Rem Committee Meeting	
Appointment of Chair		✓				
Strategic Plan & Quality Priorities	Receive update: <ul style="list-style-type: none"> 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

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
						require extra-ordinary COG meeting or COG workshop)
Appointment of Lead Governor		✓ Paper to be presented to discuss election process		✓ Appointment confirmed		
Chair/Non-Executive Director Appraisal	✓ Approve Chair appraisal process	✓ Approve Chair 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		✓	
Council of Governors Sub Committees					✓ Review allocation of members on all Committees 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

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
Review of Council of Governors Formal Meeting Attendance Register		✓ Receive register prior to insertion in Annual Report				
Quality Accounts	✓ Receive update on Quality Account Priorities		✓			Approval of local indicator for QA agreed at December COG Workshop
Review details of 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

CALENDAR OF MEETINGS FOR GOVERNORS
For the period January 2023 – December 2023

Meeting Type	Date	Time	Venue
Council of Governors Meeting Attend: All	Thursday 26 January 2023	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 16 February 2023	2:00 – 4:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 20 April 2023	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 16 May 2023	1:00 – 4:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 20 July 2023	1:00 – 1:45 pm (Private) 2:00 – 4:00 pm (Public)	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Thursday 21 September 2023	2:00 – 4:00 pm	Via Microsoft Teams
Council of Governors Meeting Attend: All	Thursday 19 October 2023	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 14 November 2023	1:00 – 4:00 pm	Via Microsoft Teams
Governors / Non-Executive Directors Informal Workshop Attend: All	Tuesday 12 December 2023	12:30 – 4:00 pm	Via Microsoft Teams

**DIVISIONAL REFERENCE GROUPS AND ESTATES & FACILITIES
SERVICE GROUP MEETINGS 2022**

GROUP	DATE & TIME	GOVERNORS
Medicine	Friday 11 February 2022 1:00 – 2:30 pm	John Gledhill Peter Bell Jo Kitchen Alison Schofield Liam Stout Nicola Whitworth Brian Moore
	Tuesday 14 June 2022 2:00 – 3:30 pm	
	Monday 7 November 2022 2:00 – 3:30 pm	
Families & Specialist Services	Tuesday 15 February 2022 11:00 am – 12:30 pm	Peter Bell Peter Bamber Gina Choy Robert Markless Veronica Woollin Stephen Baines
	Tuesday 14 June 2022 11:00 am – 12:30 pm	
	Tuesday 8 November 2022 10:30 am – 12 noon	
Community Healthcare	Friday 18 February 2022 10:30 am – 12 noon	Alison Schofield Stephen Baines Gina Choy Emma Kovaleski Robert Markless Veronica Woollin
	Friday 10 June 2022 10:30 am – 12 noon	
	Friday 11 November 2022 10:00 – 11:30 am	
Surgical & Anaesthetics	Friday 18 February 2022 1:30 – 3:00 pm	Christine Mills Stephen Baines Peter Bell Sandeep Goyal Brian Moore Isaac Dziya
	Tuesday 28 June 2022 1:00 – 2:30 pm	
	Monday 14 November 2022 2:00 – 3:30 pm	
Estates & Facilities Services Group	Tuesday 8 February 2022 11:00 am – 12:30 pm	Brian Moore Peter Bamber Isaac Dziya John Gledhill Nicola Whitworth Sally Robertshaw
	Monday 13 June 2022 10:30 am – 12 noon	
	Wednesday 16 November 2022 1:00 – 2:30 pm	

**DIVISIONAL REFERENCE GROUPS AND ESTATES & FACILITIES
SERVICE GROUP MEETINGS 2023**

GROUP	DATE & TIME	GOVERNORS
Medicine	Tuesday 7 February 2023 1 pm – 2.30 pm	John Gledhill Peter Bell Jo Kitchen Alison Schofield Liam Stout Nicola Whitworth Brian Moore
	Thursday 1 June 2023 1 pm – 2.30 pm	
	Wednesday 1 November 2023 10 am – 11.30 am	
Families & Specialist Services	Thursday 23 February 2023 2 pm – 3.30 pm	Peter Bell Peter Bamber Gina Choy Robert Markless Veronica Woollin Stephen Baines
	Thursday 8 June 2023 2 pm – 3.30 pm	
	Thursday 23 November 2023 2 pm – 3.30 pm	
Community Healthcare	Tuesday 28 February 2023 2 pm – 3.30 pm	Alison Schofield Stephen Baines Gina Choy Emma Kovaleski Robert Markless Veronica Woollin
	Thursday 15 June 2023 2 pm – 3.30 pm	
	Tuesday 7 November 2023 2 pm – 3.30 pm	
Surgical & Anaesthetics	Monday 20 February 2023 2 pm – 3.30 pm	Christine Mills Stephen Baines Peter Bell Sandeep Goyal Brian Moore Isaac Dziya
	Tuesday 6 June 2023 2 pm – 3.30 pm	
	Monday 20 November 2023 1 pm -2.30 pm	
Estates & Facilities Services Group	Monday 27 February 2023 2 pm – 3.30 pm	Brian Moore Peter Bamber Isaac Dziya John Gledhill Nicola Whitworth Sally Robertshaw
	Wednesday 21 June 2023 10 am – 11.30 am	
	Thursday 9 November 2023 1 pm – 2.30 pm	

15. Any Other Business

To Note

Presented by Helen Hirst

**16. DATE AND TIME OF NEXT
MEETING:**

Date: Thursday 26 January 2023

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

Venue: Microsoft Teams

To Note

Presented by Helen Hirst