















Council of Governors Meeting

Schedule	Thursday 21 April 2022, 14:00 — 16:00 BST
Venue	Microsoft Teams
Organiser	Amber Fox





Agenda








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1. Welcome and Introductions

- Helen Hirst, Chair Designate

To Note

Presented by Philip Lewer

2. Apologies for absence: Emma
Kovaleski, Prof Joanne Garside, Jim Rea
To Note
Presented by Philip Lewer

3. Declaration of Interests

To Note

4. Minutes of the last meetings held on 27 January 2022 and extra-ordinary meeting held on 14 March 2022

To Approve

Presented by Philip Lewer

**DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD
AT 2:00 PM ON THURSDAY 27 JANUARY 2022 VIA MICROSOFT TEAMS**

PRESENT:

Philip Lewer Chair

PUBLIC ELECTED GOVERNORS

Christine Mills	Public Elected - Huddersfield Central
Stephen Baines	Public Elected - Skircoat and Lower Calder Valley (Lead Governor)
Alison Schofield	Public Elected - North and Central Halifax
Veronica Woollin	Public Elected - North Kirklees
Gina Choy	Public Elected - Calder and Ryburn Valleys
Brian Moore	Public Elected – Lindley and the Valleys
Robert Markless	Public Elected - Huddersfield Central
John Gledhill	Public Elected – Lindley and the Valleys
Isaac Dziya	Public Elected – South Huddersfield

STAFF ELECTED GOVERNORS

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

APPOINTED GOVERNORS

Cllr Lesley Warner	Kirklees Metropolitan Council
Prof Joanne Garside	University of Huddersfield
Karen Huntley	Healthwatch – Kirklees and Calderdale

IN ATTENDANCE:

Karen Heaton (KH)	Non-Executive Director
Andy Nelson (AN)	Non-Executive Director
Stuart Sugarman	Managing Director, CHS
Gary Boothby	Director of Finance
Brendan Brown	Chief Executive
Peter Keogh	Assistant Director of Performance
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager (minutes)
Sarah Mackenzie-Cooper	Equality and Diversity Manager, Calderdale CCG
Jason Eddleston	Deputy Director of Workforce and Organisational Development
Nicola Seanor	Associate Non-Executive Director (Observer)
Kate Smyth	Co-Chair of the Disabled NHS Directors Network / Member of the Trust
Janette Cockroft	Nurse Lead for Transformation
Ayesha Ali	Student Nurse (Observer)

01/22 APOLOGIES FOR ABSENCE

Salma Yasmeen	South West Yorkshire Partnership Foundation Trust
Jo Kitchen	Staff Elected – Ancillary
Ellen Armistead	Director of Nursing
Jo Fawcus	Chief Operating Officer
Chris Reeve	Locals
Nicola Whitworth	Public Elected – Skircoat and Lower Calder Valley
Peter Bamber	Public Elected – Calder and Ryburn Valleys
Cllr Megan Swift	Calderdale Metropolitan Council

02/22 WELCOME & INTRODUCTIONS

The Chair welcomed governors and colleagues from the Trust and Board of Directors to the Council of Governors meeting and in particular Kate Smyth, Co-Chair of the Disabled NHS Directors Network and Nicola Seanor, Associate Non-Executive Director.

Kate Smyth explained she has been a Non-Executive Director (NED) at Lancashire Teaching Hospitals for a period of three years and she is the NED lead for patient experience, health inequalities, anchor institutions and social value. Kate is also a member of the Trust and formally thanked the Chair and Governors for being invited to the meeting. Kate described the work she is involved in nationally, being the co-chair of the Disabled NHS Directors Network, which was formed one year ago. This network is aimed at making a difference at a national level to increase the number of disabled NEDs and Directors. Kate has also been involved with helping staff at the Trust understand how to care for the impaired following her poor experience at Calderdale Royal Hospital.

03/22 DECLARATIONS OF INTEREST

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

04/22 MINUTES OF THE LAST MEETINGS HELD 21 OCTOBER, 26 OCTOBER AND 14 DECEMBER 2021

The minutes of the previous meeting held on 21 October and the extra-ordinary meetings held on 26 October and 14 December 2021 were approved as a correct record.

OUTCOME: The minutes of the previous meetings held on 21 October, 26 October and 14 December were **APPROVED** as a correct record.

05/22 MATTERS ARISING / ACTION LOG

There were no outstanding actions on the action log.

Trust Constitution

The Company Secretary provided feedback following the approval at the extra-ordinary meeting on 14 December to broaden the geographical area to include North Yorkshire and South Yorkshire. She explained the Board of Directors discussed this change to the Constitution on 13 January 2022 with a conclusion that a specific geographical area would not be stipulated and would state the applicant must live a reasonable distance from the Trust with a willingness to demonstrate their commitment to the community the Trust serves. The Council of Governors agreed with this change.

Observe and Act Programme

Janette Cockroft, Lead Nurse for the Transformation team and lead for the Observe and Act Programme presented an update on the Programme. Janette is the ward-based facilitator with a team of virtual non-clinical observers. The six key themes covered are:

- Food and drink
- Personalised care
- Safety
- Environment
- Accessibility, inclusion and diversity
- Communication

Janette described the positive themes and areas for improvement. She explained the Divisions have set up monthly meetings to support the progression of ward action plans and share themes and good practice. Due to operational pressures in January 2022, the timetable has been postponed for Observe and Act Journey to Outstanding. The Observe and Act and the Journey to Outstanding framework is being adapted and used in some of our community hubs and Beechwood Road has been identified initially.

An online virtual training session will be taking place on Friday 11 February between 2.15 – 4.30 pm. The governors who have volunteered for the Programme will be contacted separately.

Alison Schofield and Nicola Seanor expressed their interest in being part of the Observe and Act Programme.

Cllr Lesley Warner asked for an update on in patient entertainment systems (e.g. TV), given the Trust no longer have the contract. Janette explained there are currently no facilities on both hospital sites for the entertainment system. The Director of Finance explained the Trust has different providers for the entertainment systems and there have been several challenges replacing these assets. He explained a group are looking at this now to explore different models, recognising a number of patients prefer to use their own electronic devices with Trust wi-fi. AN added that the Observe and Act Programme identified a number of wi-fi black spots in the Trust which he had taken forward to seek to improve.

Cllr Lesley Warner asked if BBC and radio are not readily available for every patient. The Director of Finance responded the entertainment boxes over every patient bed do not work in every instance; therefore, not all patients have access to TV.

AN explained he has suggested to the Health Informatics Service that rather than separate devices, some wards through charitable funds have invested in some radios. He added that the increase in laptops and devices on wards could be exploited for use of radio and BBC. He challenged the different way of delivering these services using devices the Trust already have available.

The Company Secretary formally thanked Janette for leading on this work and her great support on this Programme. The Company Secretary encouraged governors to be involved, explaining once training has been received it is a very valuable experience. The Company Secretary offered to support any governors if they would like to discuss further.

Mandatory Covid Vaccination Requirements

The Deputy Director of Workforce and Organisational Development (OD), who is co-leading the Trust response, updated the Council of Governors on the mandatory Covid vaccination requirement and the arrangements for complying with government legislation for frontline workers and social workers in the NHS. The key updates were:

- Law is in effect from 1 April 2022
- Working with NHE England and Improvement guidance which is evolving
- Participating in local and national discussions that continue to take place
- This affects all colleagues face to face with patients which includes non-clinical roles such as receptionists, porters, cleaners
- In addition, this covers agency workers, volunteers, students and those directly employed by other Trusts (CHS, Pharmacy Provider, Homecare, ISS, Engie)
- The two key dates are 3 February 2022 for first vaccine and 1 April 2022 for second vaccine (booster is not included)
- Exemptions are very limited and only include if an individual is under 18, clinically exempt or has or is currently taking part in a Covid vaccine clinical trial. Religious or other beliefs is not an accepted exemption.
- The Board of Directors have been briefed on the requirement to comply with the law and the risks associated with it
- A neutral approach will be adopted in all communications using 'One Culture of Care', recognising the vaccine is a personal choice
- CHFT are working with staff side colleagues and colleagues across the organisation providing access to the vaccine in-house or where the vaccine is available

Cllr Lesley Warner stated there needs to be a negotiation as this requirement is about making people safer which poses a risk of less staff to make people safe.

Robert Markless stated to lose 50,000 nurses from the NHS takes away all nurses the government promised, and the guidance may change. He asked what the percentage of staff affected is and what the impact would be on the delivery of services. The Deputy Director of Workforce and OD responded the Trust need to plan for the worst-case scenario and would prefer a change in the guidance before 3 February 2022. There is evidence of 85% of colleagues who have been captured by the regulations as having received one or two vaccines and the Trust continue to work with the remaining 15% of colleagues to establish their vaccination status or understand if they wish to secure a vaccine. He added that the impact of this will be across all services, with a number of hot spots in the medical services. The position will be reviewed again on 3 February 2022 alongside the timeline for the first vaccine requirement.

The Deputy Director of Workforce and OD confirmed a flexible approach will be taken to mitigate the risk. He added that a significant number of colleagues have received their first or second vaccine and have not yet produced the evidence via the NHS App or a Covid Travel pass. Robert Markless recognised this was an appeal for staff to come forward.

The Deputy Director of Workforce and OD explained the Trust have asked colleagues to confirm whether they are intending to pursue an exemption which is being run by a national service, so far this has been a limited number of colleagues. Colleagues have also been asked to inform the Trust if they are going to decline the vaccine which has been small numbers.

The Chief Executive highlighted data is not readily accessible across public sector organisations and implementation was not thought through. He provided re-assurance that the Trust will do the right thing for patients and colleagues who will be supported.

Sarah Mackenzie-Cooper asked if there will be any analysis of the demographics of staff with hesitancy / refusal as she stated it is known that some equality groups are more reluctant. The Deputy Director of Workforce and OD confirmed this is being analysed.

OUTCOME: The Council of Governors **NOTED** the items under matters arising (Trust Constitutional change, the Observe and Act Programme and the Covid mandatory vaccine requirement) and **NOTED** that there were no outstanding actions on the action log.

PERFORMANCE AND STRATEGY

06/22 Key Headlines

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

- Performance position for December was at 66.4%, most improved position since August 2021
 - Narrative is only provided for key indicators due to operational pressures
 - No red domains for December 2021 and all areas are above national average
 - Dementia screening remains a challenge
 - Effective domain remains green – issues meeting the fractured neck of femur target; however, this is improving
 - Hospital Standardised Mortality Rate (HSMR) is below 100, although it is increasing
 - Summary Hospital-level Mortality Indicator (SHMI) has been recently refreshed and has increased again
- Underperformance remains in the main planned access indicators in diagnostics and the Emergency Department

- Finance has improved to amber reporting a £2.09m deficit
- 62 day cancer performance continues to be excellent throughout the pandemic at almost 95%
- 6 weeks for diagnostic test, noted this is gradually improving and the expectation is to be back at 99% in the new few months with the Trust comparing well to peers
- Complaints received – closed more complaints in December than in previous months, with complaints closed in timeframe improved to almost 95%; however, more complaints are being received due to the extended waits and restriction on visiting
- Good news stories are included in the presentation for each Division from the end of November 2021

Operational Update and Recovery Plans

- Currently 152 covid positive inpatients
- Two ward areas closed with norovirus
- Percentage of hospital acquired Covid is almost 30%
- The Trust remain at OPEL level 3 due to the hard work and dedication of colleagues, level 4 being the highest and worst position
- Continue to work closely with system partners, staffing remains a challenge throughout the health and care system
- Transfer of care list (TOC) – 110 patients waiting to be discharged

POST MEETING UPDATE AS OF 31.01.22: Below is the breakdown of the TOC patients as requested by Robert Markless at the Finance and Performance Committee:

Row Labels	CRH	HRI	Grand Total
-		1	1
Bradford		3	3
Calderdale		23	33
Kirklees		24	28
Oldham			1
Grand Total		51	62

Elective update

- P2 patients (patients to be seen within one month) has seen a small increase during December 2021 (not an ongoing situation), the Trust are still confident to achieve this by the end of March 2022
- P3 patients (waiting over 3 months) – slight increase, plan is to achieve within the first quarter of 2022/23
- P4 patients (less urgent) are still waiting a significant amount of time
- Total number of patients waiting peaked at 38,000 in September 2021 and was 26-27,000 at the start of the pandemic, asked to maintain the September position nationally and these numbers are reducing
- Outpatient appointment slot issues – trying to reduce patients waiting over 22 weeks with plans in place to reduce these
- Endoscopy – back on track by the end of November 2021
- Neurophysiology and echo have had issues in staffing and the trajectory has been extended
- Average wait for all patient's pre-pandemic was 10 weeks, now over 20 weeks on average for every patient
- Reduction in additions over the last 4 weeks

The Assistant Director of Performance offered individual meetings with any governors who would like to discuss this in more detail.

The Chair highlighted Calderdale and Huddersfield NHS Foundation Trust are performing well in comparison for West Yorkshire; however, recognised it was not a good position for those patients who are waiting.

The Chair reminded the governors that the Non-Executive Directors review the performance at various Committees.

07/22 Financial Position and Forecast – Month 8

Sarah Mackenzie Cooper left the meeting.

The Director of Finance summarised the key points in the finance report:

- On plan at month 8 and continue to forecast to deliver the full year financial plan
- Planned for £1.56m deficit and overspent by £1.6m
- Month 9 is slightly better than plan though the year-end forecast position is proving a challenge
- H2 (second half of the year) required £6.7m of efficiencies to be identified which the Trust have been unable to identify, with currently only forecasting delivery of £3.3m efficiencies which is mainly non-recurrent efficiencies against the planned £6.7m for half two (last six months of this financial year), this is adding to the financial challenge for next year
- CHFT are finding it more challenging than some West Yorkshire partners and continue to work through the reasons e.g. configuration of two sites provides additional challenges such as covid and streaming costs in the Emergency Department
- Costs are higher due to dual sites which is a driver of reconfiguration
- Currently underspent on the Capital Programme with high level of expenditure planned in year
- Month 8. £2.4m underspend, forecasting to deliver full capital Programme and more – the timing of the Programme has been challenged
- Agreement from both systems and nationally to spend more than the Capital Programme this year with full approval to commence the Huddersfield Royal Infirmary (HRI) Emergency Department spend of £15m, also secured with the ICS providers funding for the multi-storey car park for CRH £15m (total of £30m)
- Planning is progressing for the multi-storey car park at Calderdale Royal Hospital which will include roughly 400 spaces and include electronic car parking ports, the Managing Director for CHS confirmed this is roughly 383 net extra car parking spaces for the site
- From 1 April 2022 car parking charges for staff will be introduced in line with government policy

The Managing Director for CHS offered individual discussions with any governors who would like to discuss the transport plan.

Robert Markless asked about the break-even position being the only Trust in Yorkshire who are in deficit and asked if the training course on Finance can include the Trusts financial position for governors understanding. The Director of Finance agreed with this as the financial situation is ever changing and important for governors to understand this which he will incorporate in the next training session for governors.

Action: Director of Finance to include the current financial position in the next Finance training for governors

Cllr Lesley Warner highlighted it is important to see the shuttle buses being regular with enough spaces.

Alison Schofield highlighted the outstanding issue of how to use the shuttle bus as a wheelchair or powered wheelchair user.

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

08/22 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration Committee Terms of Reference

The Company Secretary presented the updated Nominations and Remuneration Committee terms of reference. The key updates include coverage relating to the Associate Non-Executive Director role being piloted, the length governors remain Committee members (now three years) and further clarity on the procedure for a 12 month extension of a Non-Executive Director tenure.

Robert Markless highlighted the numbering needs to be corrected in the terms of reference.

The Chair highlighted there were some questions from governors about the consultation of Occupation Road. The Managing Director for CHS has responded to the consultation and offered to take any questions from the governors.

Nominations and Remuneration Committee held on 2 November and 9 December 2021

The minutes of the previous Nominations and Remuneration Committee held on 2 November and 9 December were presented for approval.

OUTCOME: The Council of Governors **APPROVED** the revised Nominations and Remuneration Committee terms of reference and **APPROVED** the minutes of the Nominations and Remuneration Committee (CoG) meetings held on 2 November and 9 December 2021.

09/22 CHAIR'S REPORT Update from Chair

No further update to share.

10/22 GOVERNANCE UPDATE FROM LEAD GOVERNOR/CHAIR

Stephen Baines, Lead Governor had no further update to share.

11/22 COMPANY SECRETARY'S REPORT

a) Membership Engagement: Membership Survey

The Company Secretary presented an update on the Membership Engagement Strategy. An online survey of all our members was undertaken last year with the findings included in the paper. The key points that came out of the responses were that people would be interested in attending events; however, they would prefer these to be face to face rather than virtual events.

A Membership and Engagement Working Group is being taken forward which is in line with arrangements at many other Trusts. The terms of reference for the Membership and Engagement Group have been developed and the Trust are keen to include Healthwatch in this. The group will meet on a quarterly basis and will focus on trying to increase membership from areas with less representation. An update will be provided in the Trust Foundation news which is read by members.

b) Review Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register was shared for information. Any change to current declarations is to be notified to the Corporate Governance Manager.

c) Selection of Quality Account Priorities 2022/23

At a workshop on 14 December 2021, the Acting Director of Nursing presented an update on progress with the current quality priorities and some suggestions for other quality priorities for to choose a shortlist from for 2022/23. It was agreed by governors that they would continue with the current priorities during 2022/23 as these remain key and will enable clinical teams to ensure we progress the improvements required and sustain progress in 2022/23. Consequently, the usual annual process of asking our members to select from a shortlist of quality account priorities will not take place this year. An article will be included in the Foundation News for February 2022 outlining the plan for 2022/23 to inform members. The three current quality priorities are:

1. Effectiveness – Recognition and timely treatment of Sepsis
2. Safety – Reduce the number of Hospital Acquired Infections including Covid-19
3. Experience – Reduce waiting times for individuals in the Emergency Department

The other areas will continue to be followed up through the quality improvement work.

d) Receive Register of Council of Governors

The Register of Council of Governors was circulated for information.

e) Governor Training Dates 2022

The Governor training dates for 2022 was circulated for information. Governors are asked to inform the Company Secretary if they are interested in any other topics.

f) Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic

The Chair asked Stephen Baines to leave the meeting at this point. Stephen Baines left the meeting.

The Chair informed the governors of a letter from NHS England and NHS Improvement (NHS E/I) letter, C1518, Reducing the burden of reporting and releasing capacity to manage the Covid-19 pandemic dated 24 December 2021. This letter asked Trusts to cut back on a number of meetings taking place in future, to be more streamlined, structures and more focused. It was at the discretion of the Trust whether to continue only with a Board meeting and Quality Committee meeting. The letter also stated face to face governor meetings should be stopped. The Trust is continuing with all Committee meetings, albeit in a streamlined way to reduce the impact on Executive Directors and teams.

The guidance also stated Foundation Trusts should feel free to stop governors' elections where necessary. The proposal is to rollover all current, existing governor appointments that would have been affected by elections this Summer 2022 to continue to respond to the pandemic, and recovery. The recommendation is also that Stephen Baines remains as Lead Governor for a further 12 months when his term comes to an end. The Chair asked the Council of Governors if this was an acceptable way forward to keep the skills and expertise of the governors.

The governors unanimously agreed to cease the governor elections for 2022 and rollover the current governors and lead governor for a further year.

Gina Choy stated she agrees with the continuity; however, expressed she is keen to get more involved and that as a new governor she is struggling with no face to face meetings and inability to talk to constituents. The Chair empathised with the same frustration; however, stated that government guidance is being followed.

The Chief Executive stated it is important to remember we are still in a pandemic with winter adding to the pressure and is aware the governors would prefer to be back on site. However, he stated he would be uncomfortable allowing other colleagues in whilst the Trust are not allowing patient relatives on site.

The Chief Executive stated communication is key and confirmed his approach. The Chief Executive stated his main focus is on three P's, people, performance and the public pound and weekly communications now include.

- An operational update in the CHFT News Bulletin every Monday
- CHFT Live Event – Every Wednesday at 1:00 pm (the link is included in the CHFT News Bulletin on a Monday, this is a live conversation with Executives to generate a live debate
- Briefings – provided by the Chief Executive every Friday

The Chief Executive stated they are in the second week of the briefings and will review feedback. The next step is how to engage with stakeholders.

The Chief Executive explained all governors should have access to these briefings and CHFT Live events.

Veronica Woollin raised her concern in losing the high profile as governors given the constraints within which the role is undertaken. She was keen that the public understood that the governor role remains important and high profile in the Trust and does not want this to be diminished. The Chair acknowledged this is key to review how we communicate the message which is part of the government advice.

Alison Schofield stated she is keen to try improve experience and has concerns being in a powered wheelchair about the multi-storey car park. The Chief Executive suggested a discussion takes place with the Managing Director for CHS and Janette Cockroft as Lead Nurse for Transformation to draw on Alison's experience.

Action: Chief Executive, Managing Director for CHS, Lead Nurse for Transformation to speak to Alison Schofield regarding the reconfiguration multi-storey car park plans to draw on her experience

The Director of Finance stated it is valuable to have this input as the Trust need to provide assurance that we are engaging with colleagues from various groups through their lens. The Director of Finance added he recently took a tour with a colleague who uses a motorised wheelchair and spotted lots of things around the car parks. He stated they are trying to engage with colleagues who have disabilities which is important and will continue.

OUTCOME: The Council of Governors **APPROVED** the extension of current governors and lead governor for a further year, pausing the 2022 Governor Elections and **APPROVED** the Council of Governors Declarations of Interest Register.

OUTCOME: The Council of Governors **NOTED** the response to the members' survey and next steps in terms of membership engagement, the Quality Account Priorities for 2022/23 and that these are a continuation of the 2021/22 Quality Account priorities, Register of Governors, training sessions for the Council of Governors and relevant elements of NHS England/ Improvement's letter 'Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic' and the position on governor elections for 2022.

12/22 RECEIPT OF MINUTES FROM SUB-COMMITTEES

The minutes of the following meetings were received:

- Quality Committee held 11.10.21, 08.11.21 and 06.12.21
- Workforce Committee held 08.11.21 and 6.12.21
- Charitable Funds Committee held 22.11.21
- Audit and Risk Committee held on 12.10.21
- Finance & Performance Committee held on 04.10.21, 01.11.21 and 29.11.21

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

13/22 **INFORMATION TO RECEIVE**

a. **Council of Governors Workplan 2022**

The Council of Governors Workplan for 2022 was circulated for information. National guidance is still awaited which will inform the date of the Annual General Meeting, currently pencilled in for July 2022; however, this could move to September 2022.

b. **Council of Governors Calendar 2022**

The Council of Governors calendar of meetings for 2022 was circulated for information which includes all governor meetings and workshops for 2022.

The Company Secretary explained there is an informal workshop with the governors and Non-Executive Directors scheduled on 10 February 2022 with a proposal to stand down this meeting with governors' approval. The Council of Governors unanimously agreed to stand down this meeting.

OUTCOME: The Council of Governors **RECEIVED** the Council of Governors Workplan for 2022 and the Council of Governors meeting dates for 2022 and **APPROVED** the cancellation of the informal Council of Governors and Non-Executive Directors workshop scheduled on 10 February 2022.

c. **Dates of the Divisional Reference Groups for 2022**

The dates of the Divisional Reference Groups for 2022 was circulated for information.

14/22 **ANY OTHER BUSINESS**

The Chair informed the governors of a recent red border email to deliver and connect two new MRI scanners at Calderdale Royal Hospital to help with diagnostics. The Director of Finance explained one is replacing an 18 year old scanner and the other is a brand new extra scanner.

The Company Secretary explained that following the recruitment for a Chair and Non-Executive Directors, decisions will need to go to the Council of Governors for ratification and an extra-ordinary meeting may be required in March or early April 2022.

15/22 **DATE AND TIME OF NEXT MEETING**

The Chair thanked the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting and their contribution and formally closed the meeting at approximately 3:57 pm, inviting governors to the next meeting.

Council of Governors Meeting

Date: Thursday 21 April 2022

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

Venue: Microsoft Teams

DRAFT MINUTES OF THE FOUNDATION TRUST EXTRA-ORDINARY COUNCIL OF GOVERNORS MEETING HELD AT 1:30 PM ON MONDAY 14 MARCH 2022 VIA MICROSOFT TEAMS

PRESENT:

Philip Lewer Chair (Lead Governor was the Chair for item 19/22)

PUBLIC ELECTED GOVERNORS

Christine Mills	Public Elected - Huddersfield Central
Stephen Baines	Public Elected - Skircoat and Lower Calder Valley (Lead Governor)
Veronica Woollin	Public Elected - North Kirklees
Gina Choy	Public Elected - Calder and Ryburn Valleys
Brian Moore	Public Elected – Lindley and the Valleys
Peter Bamber	Public Elected – Calder and Ryburn Valleys

STAFF ELECTED GOVERNORS

Emma Kovaleski	Staff Elected – Management/Admin/Clerical
Sally Robertshaw	Staff Elected – AHPs/HCS/Pharmacists

APPOINTED GOVERNORS

Cllr Megan Swift	Calderdale Metropolitan Council
Prof Joanne Garside	University of Huddersfield

IN ATTENDANCE:

Brendan Brown	Chief Executive
Suzanne Dunkley	Director of Workforce and Organisational Development (OD)
Andrea McCourt	Company Secretary (minutes)

16/22 APOLOGIES FOR ABSENCE

Liam Stout	Staff Elected - Nurses/Midwives
Jason Sykes	Staff Elected - Nurses/Midwives
Nicola Whitworth	Public Elected - Skircoat and Lower Calder Valley
John Gledhill	Public Elected - Lindley and the Valleys
Chris Matejak	Public Elected - North and Central Halifax
Karen Huntley	Healthwatch Kirklees and Healthwatch Calderdale
Robert Markless	Public Elected - Huddersfield Central
Alison Schofield	Public Elected - North and Central Halifax

17/22 WELCOME & INTRODUCTIONS

The Chair welcomed governors and colleagues to the meeting.

18/22 DECLARATIONS OF INTEREST

The Chair reminded the Council of Governors to make declarations as required. Governors confirmed they were not interested in applying for a Non-Executive Director role in the next 12 months.

19/22 OVERVIEW OF RECRUITMENT PROCESS OF THE CHAIR AND TIMEFRAME

The Director of workforce and OD provided an outline of the recruitment process followed for the Chair's appointment which included:

- Engagement of a recruitment partner, Gatenby Sanderson

- Adverts in a number of forums with a four week period from advert to closing date
- Review of shortlist from Gatenby Sanderson, following interviews of applicants and recommendations of which candidates should proceed to interview
- There were initially five candidates for interview, which reduced to two candidates for interview on 10 March 2022
- Two panels, one colleague and one governor stakeholder panel, were held on 9 March 2022 and feedback was given from these panels on three candidates to the interview panel covering areas of strength and areas to probe. The governor panel asked candidates how as Chair they would work with governors and the colleague panel asked the candidates how they would lead one culture of care and ensure our colleagues are looked after. Both panels confirmed all candidates were appointable and good conversations had been held.
- Candidates had informal discussions with Councillors from Calderdale Council
- Interviews took place on 10 March 2022, with the panel make-up as follows: three governors, of which one was the lead governor, two Non-Executive Directors (Karen Heaton and Denise Sterling), Brendan Brown, Suzanne Dunkley (advisor to the panel) and Cathy Elliott, Chair designate for the new Integrated Care Board
- During the interview candidates were asked to discuss how they would gain the trust of the communities we serve, with questions on one culture of care, our values and system working

The Director of Workforce and OD confirmed that following the interview there was a unanimous decision regarding which candidate the role of Chair should be offered to.

20/22 RATIFICATION OF DECISION OF THE NOMINATIONS AND REMUNERATION COMMITTEE (COUNCIL OF GOVERNORS)

Stephen Baines took over the Chair of the meeting.

SB confirmed that the preferred candidate, recommended by the Nominations and Remuneration Committee was Helen Hirst, who was a very good candidate, who at interview came across as very strong and committed to the Trust. Helen Hirst has been very involved in the West Yorkshire Integrated Care System and PLACE partnerships locally and regionally. He added that Helen Hirst has had different roles in the NHS over the last 20 years and has been a Chief Executive over the last 10 years so brings a tremendous amount of experience.

SB advised that it was a unanimous recommendation that Helen Hirst is appointed and confirmed that she had passed all the required recruitment and fit and proper person checks. Helen Hirst would plan to commence on 1 July 2022 and will be involved with the Trust prior to that date and PL is happy to remain as Chair until 30 June 2022.

SB advised that he had spoken to all Nomination and Remuneration Committee members (except one who was on holiday) regarding the preferred candidate, and all were supportive of the appointment.

SB advised that he had confidence that Helen Hirst would be a good Chair.

CM confirmed that she had been on the governor panel and found that Helen Hirst was caring about patients, people and the local area and she was very pleased with the result.

The Company Secretary advised that there were no time commitments of concern that would impact on the preferred candidate's ability to undertake the role of Chair.

OUTCOME: The Council of Governors **APPROVED** the proposal from the Nominations and Remuneration Committee (CoG) to appoint Helen Hirst as the Chair.

21/22 NEXT STEPS

The Director of Workforce and OD outlined that fit and proper persons checks had been carried out satisfactorily, with the exception of the internal Occupational Health forms which will be completed later today. She confirmed that following this final check being satisfactory a formal offer letter would be sent.

The Chief Executive confirmed that all due diligence checks had been completed and he is keen to get an announcement out regarding the appointment by the end of today / early tomorrow.

22/22 ANY OTHER BUSINESS

The Chief Executive formally recorded his thanks for the Chair's stewardship and professionalism as Chair over the last number of years, noting that he had steadfastly done the right thing for patients and colleagues.

DRAFT

5. Action Log and Matters Arising

To Note

Presented by Philip Lewer

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

Date discussed at CoG Meeting	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
07/22 27.01.22	<u>Financial Position</u> Director of Finance to include the current financial position in the next Finance training for governors	GB	The finance training took place on Thursday 24 March 2022. Action closed.	21.04.22		24.03.22
11/22 27.01.22	<u>Reconfiguration / Multi-Storey Car Park, CRH</u> Chief Executive, Managing Director for CHS, Lead Nurse for Transformation to speak to Alison Schofield regarding the reconfiguration multi-storey car park plans to draw on her experience	BB / SS / JC	Janette Cockroft, Lead Nurse for Transformation to follow up with Alison regarding her concerns and input to share feedback with the architect for the multi-storey car park (MSCP). Anna Basford confirmed the design includes 41 disabled spaces in the multi-storey car park (MSCP) and 5 surface parking disabled spaces adjacent to the MSCP. The spaces in the MSCP are adjacent to the lifts and all the surface areas from the MSCP are level to enable good access to the main entrance of the hospital.	21.04.22		

6. Feedback from Non-Executive Directors in attendance - Richard Hopkin and Karen Heaton

To Note

Presented by Richard Hopkin and Karen Heaton

PERFORMANCE AND STRATEGY

7. Operational Update and Recovery Plans

- Update on the Elective Theatre

Recovery Plan (raised by Peter Bamber)

To Note

Presented by Jo Fawcus

8. Performance Update

To Note

Presented by Jo Fawcus

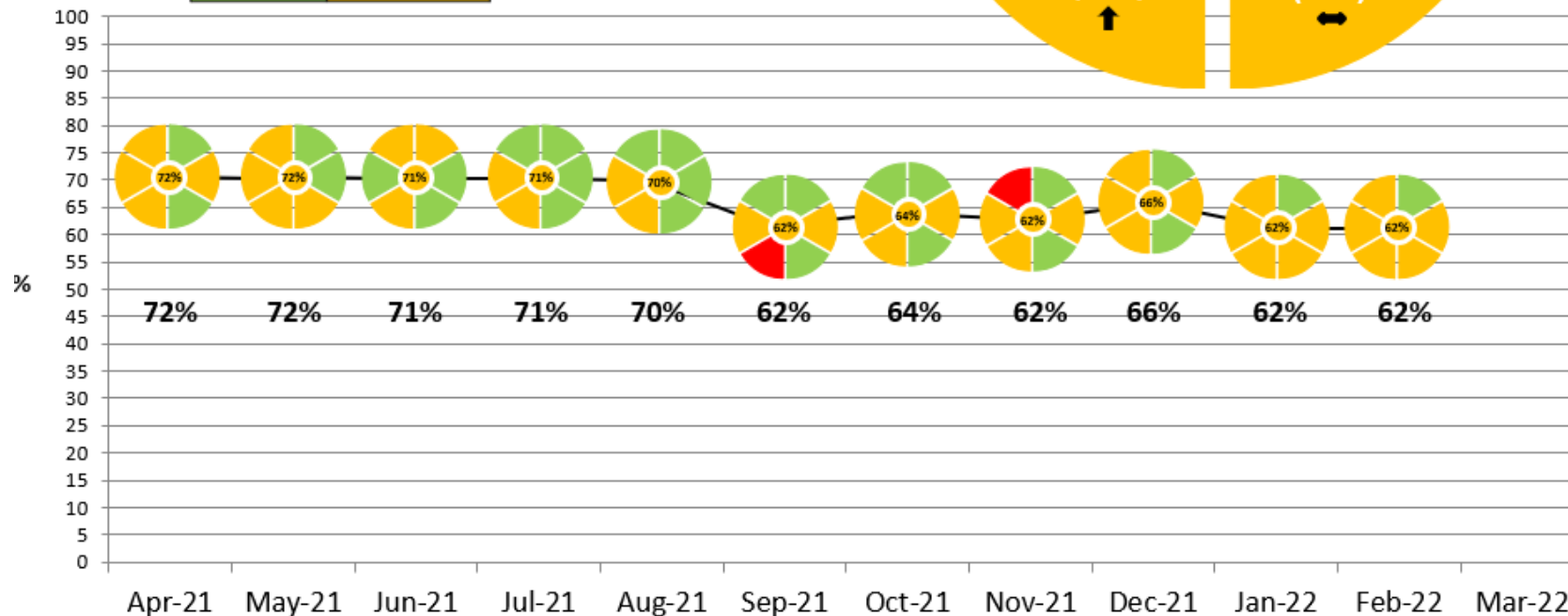
Council of Governors 21st April 2022

February 2022

OVERSIGHT FRAMEWORK

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

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



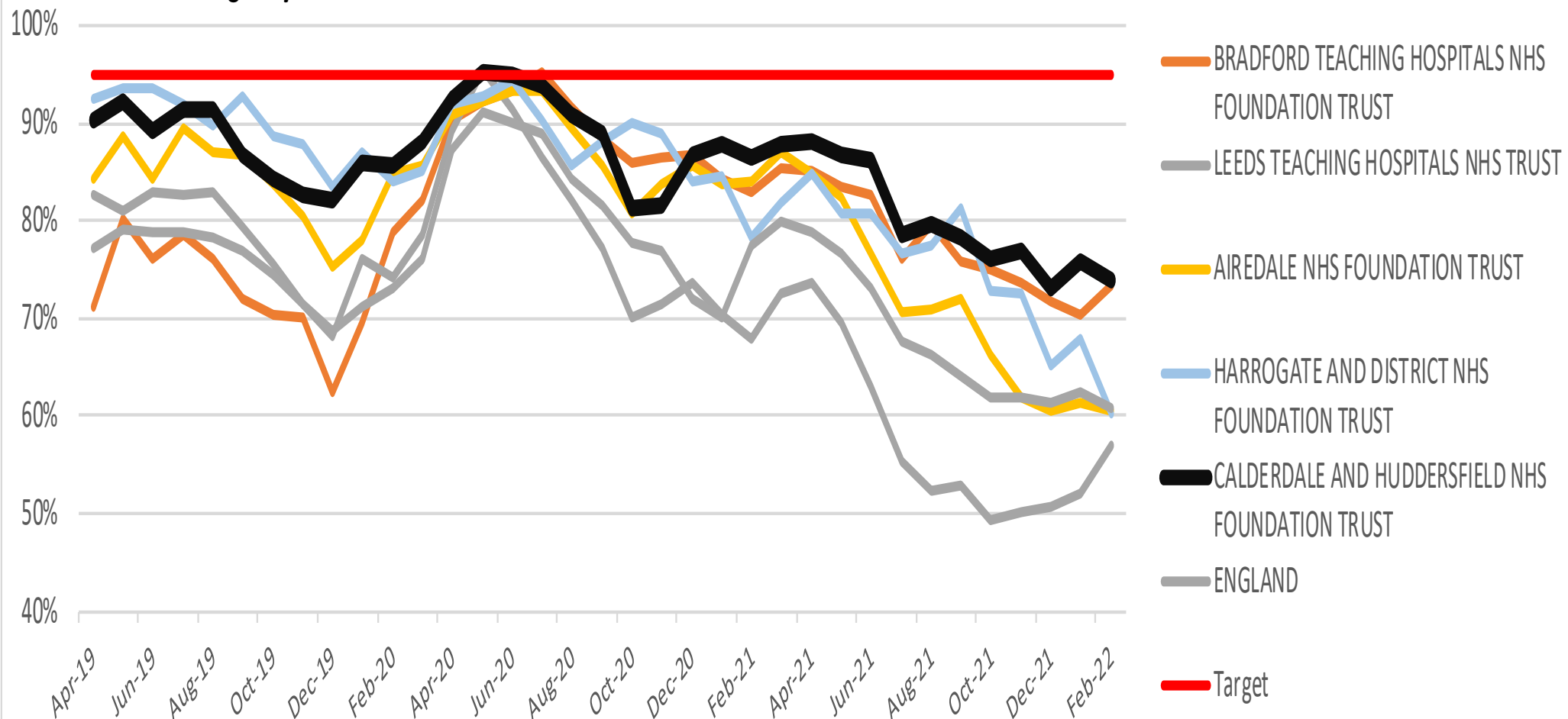
Trust performance for February 2022 was 62% which is a small improvement on January's position.

The **SAFE** domain is still the Trust's only area still green. The **CARING** domain remains amber although 4 of the 5 FFT areas are now amber and performance in Complaints has dipped again. Dementia screening is now at its lowest level this financial year at just below 20%. The **EFFECTIVE** domain remains amber and SHMI and HSMR values continue to increase. #Neck of Femur has shown a small improvement at 67%. The **RESPONSIVE** domain is now amber with improvements in 31-day cancer performance. Stroke indicators alongside the underperformance in the main planned access indicators and ED are the main challenges. **WORKFORCE** remains amber and we are still seeing a peak in the 12-month running total for both long-term and short-term sickness. Return to Work Interviews are still at 60%. **FINANCE** domain remains amber.

PERFORMANCE

LATEST February 2022

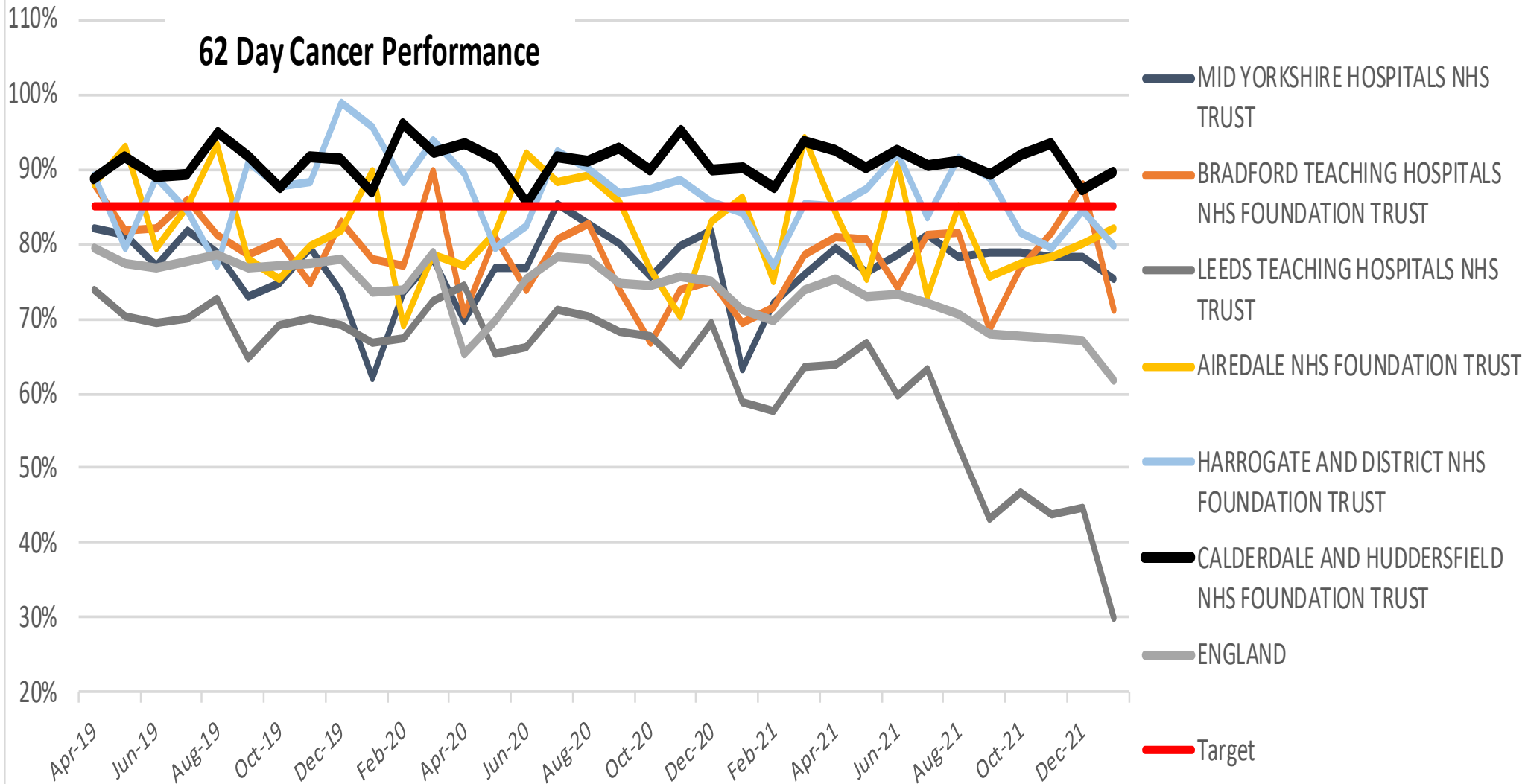
Emergency Care Standard Performance



PERFORMANCE

LATEST January 2022

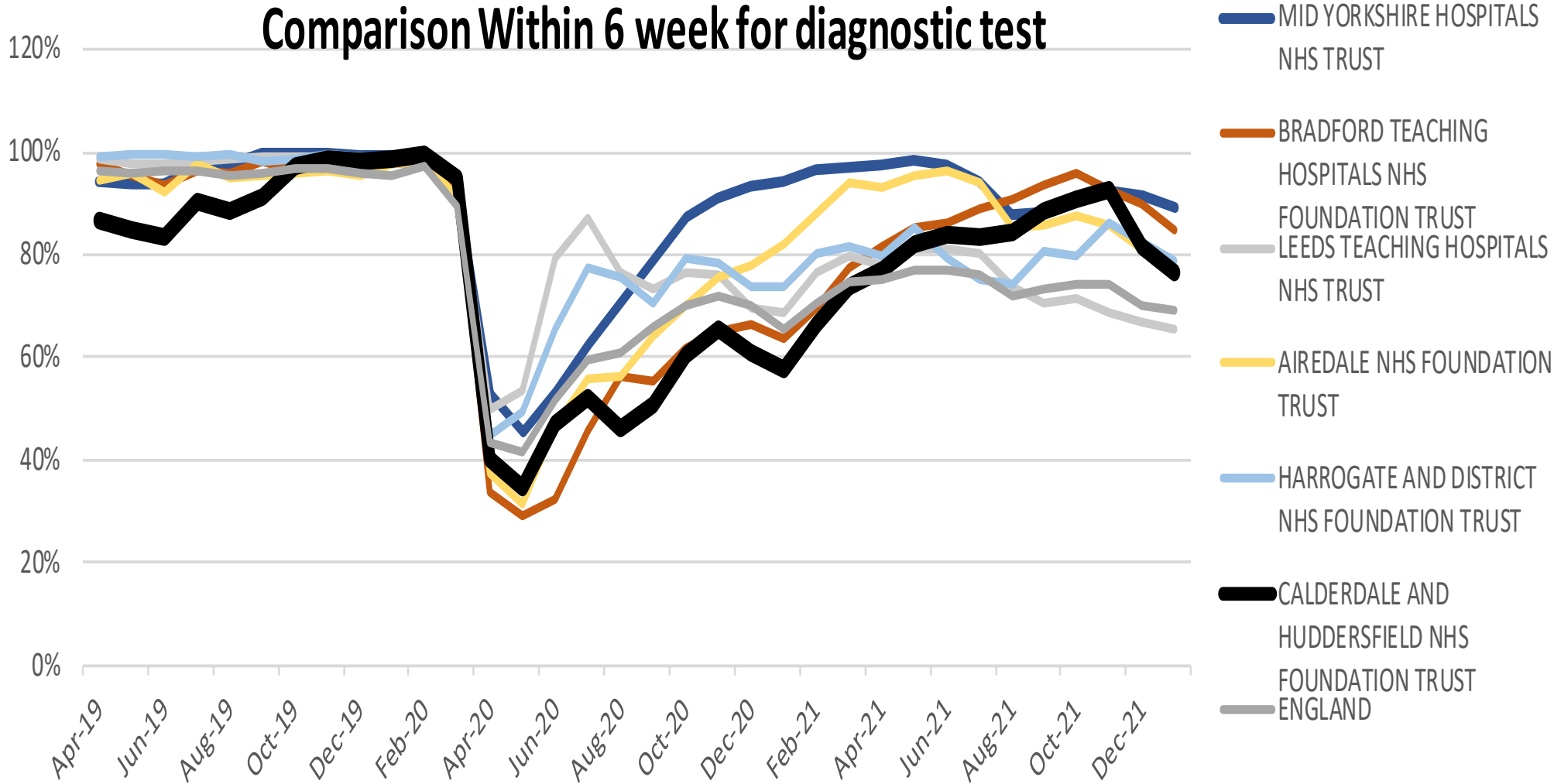
62 Day Cancer Performance



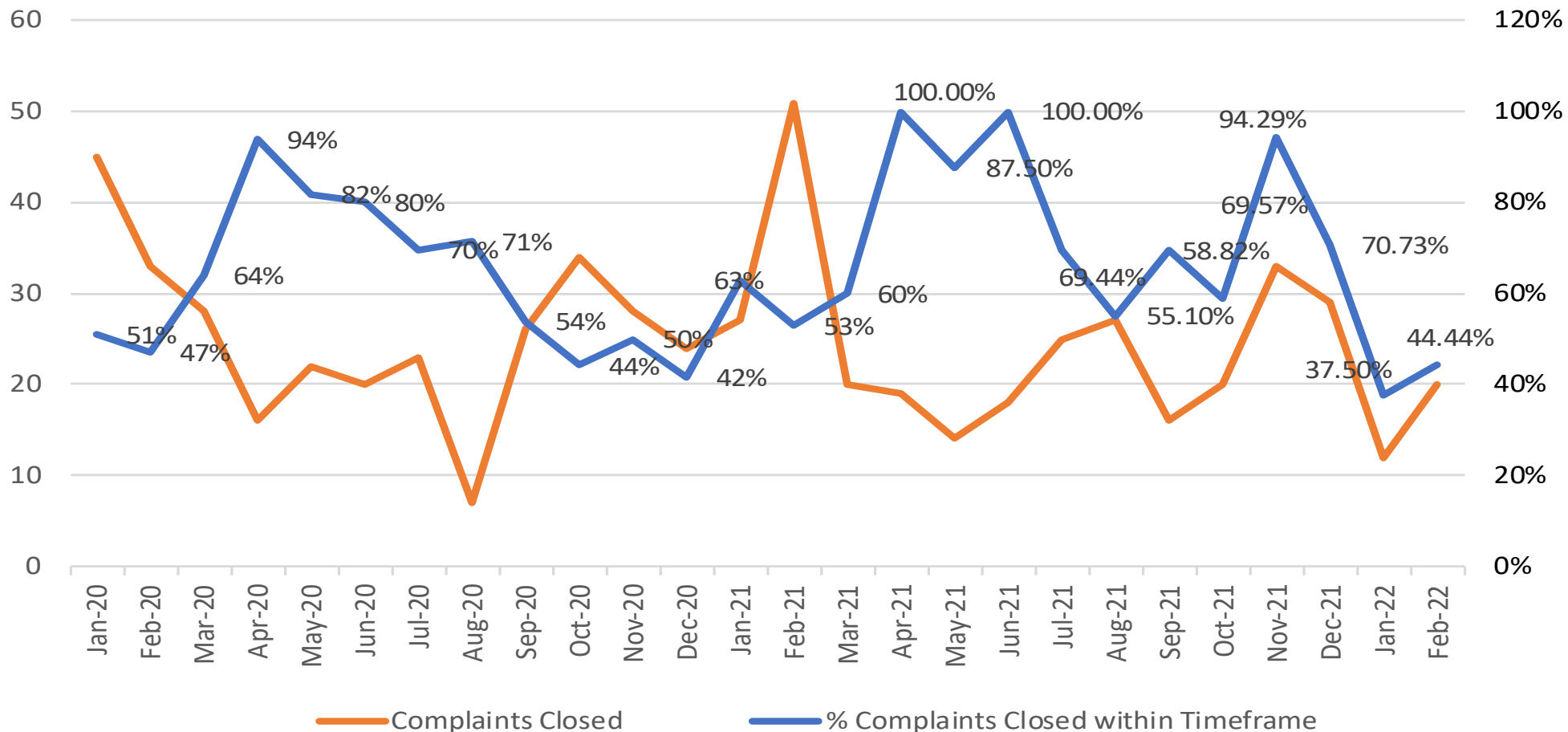
PERFORMANCE

LATEST January 2022

Comparison Within 6 week for diagnostic test



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

- Development work in the Emergency Departments with nurse in charge
- PFEP Mpage in development to allow digital white board – test solution to be ready early April
- Journey to Outstanding (J2O) ward 18 – very positive outcome, with learning for other areas
- Ward 5 culture work initiated, positive initial feedback
- Recruitment of practice educators in process for the acute floors
- Outstanding debt down to £25K, historically has been at £500K
- Work initiated with the Ops team re: learning from the ‘proud to be ops’ national group and development for the Ops team
- Resilience of the management teams. General Manager on LTS and Operations Manager stepping in
- Robotic process automation development



Surgery & Anaesthetics Division

- Excellent Journey to Outstanding (J20) review within trauma and orthopaedics
- Grand opening of the new multi use room within Ophthalmology Outpatients at Calderdale Royal Hospital (April). A quiet space, sympathetically decorated will be used for patients receiving bad news, a waiting area for vulnerable patients and support a positive patient experience.
- Excellent 'Getting it Right First Time' (GIRFT) visit in Urology on 25th March 2022. Really positive feedback regarding our current position. Awaiting final report however no significant concerns raised.



FSS Division

- Attendance focus has remained across the division, although absence remains high non-covid absence is reducing.
- FSS involved in several ICS partnerships, building relationships which will aid improvement both now and in the future
- New MRI scanner on site
- Launch of the Pharmacy Led Safari Discharge team based in the discharge lounge at Huddersfield Royal Infirmary. Enabling patients to leave hospital hours earlier. The first month was a huge success. The team dealt with an average of 19 TTOs per day, reducing the average time a patient leaves hospital from around nine hours and 45 minutes to four hours 30 minutes. A snapshot of the data tells us that 144 patients seen by the team went home on the same day, saving a whopping 31.4 days in time that would have otherwise been spent by patients waiting in hospital.
- Pharmacy Cerner integration enables ordering non-stock inpatient medications in EPR called Medication Request. It will replace the Pharmacy to Supply Task. Ward staff can safely order non-stock medications for inpatients in just three easy clicks.



Community Division

- Practice Educator post commences April 2022 (12 months)
- Integrated Discharge and Social worker Team
- Domiciliary Covid Infusions continue to be delivered
- MSK/Pulmonary Rehab classes restarting
- Anticipatory Care posts advertised
- AHP appointed as Community Matron
- Pilot sites for E job planning received training
- AHP workforce project (HEE) report due April 22

9. Annual Plan 2022/23

Presented by Gary Boothby

Operational and Financial Plan 2022/23

21st April 2022

Annual Planning 22/23 –Timetable

Outline timetable for Planning	Date / Deadline	Approval required
Final Plan to F&P Committee		4 th April 22
Place leads to submit Final Workforce/ Narrative plans to ICS	19 th Apr 22	
Final Income and Expenditure Plan submission to ICS	19 th Apr 22	
Place leads to submit Final Activity plans to ICS	22 nd Apr 22	
Final Financial Planning Return to NHS1/E	28th April 22	
Final Plan to Board of Directors		5 th May 22

Note: Original Contract signature deadline 31st March – contracts remain pending final agreement.

Operational Plan

Operational Plan

Maximise elective inpatient activity and reduce long waits

- Zero waits of over 104 weeks.
- Reduction to zero waits of over 78 weeks by the end of 2022/23.
- Improvement in waits of over 52 weeks by the end of 2022/23.
- Delivery of 104% of 2019/20 elective and day case inpatient levels.
- Delivery through increased internal capacity, improved productivity and use of Independent Sector.

Maximise outpatient activity and reduce long waits

- Delivery of 104% of 2019/20 outpatient first activity.
- Not planning to achieve 25% reduction in follow ups by the end of 2022/23 due to current backlogs.
- Continued use of insourcing for challenged specialties ENT, Ophthalmology & Neurology.
- To move/discharge 5% of outpatient attendances to PIFU pathways by March 2023.
- To deliver specialist advice requests (including advice and guidance) of 16 per 100 first attendances by March 2023.

Operational Plan

Diagnostics

- Recovery of MRI backlog by end June '22 through use of mobile scanner and installation of 2 new scanners (note significant risk on installation date).
- Continuation of current capacity within CT and non-obstetric US.
- Recovery of Echocardiology backlog by end May'22 through continued use of insourcing.

Cancer

- Continued delivery of all cancer targets and standards.

Beds

- Return to June 2021 core bed base plus additional Covid bed capacity.
- Return to Summer 2021 Covid and TOC levels assumed.
- 92% bed occupancy assumed with length of stay improvement vital in delivery of this.

Financial Plan

Key Assumptions / Challenges

- Place based submission / challenge
- National Guidance
 - Top up funding remains in place
 - Allocations adjusted to reflect ‘Convergence Adjustment’ of **-0.6%**
 - Share of local Convergence Adjustment (CCCG) - **£0.44m**
 - Covid-19 funding reduced by **57% (£13m reduction)**
 - Elective Recovery Funding - £11.7m to deliver 104% of 19/20
- Assumes delivery of £20m efficiency (4.35%) plus the £5m Covid-19 efficiency: Total efficiency requirement of £25m

Other Planning Assumptions

Pressures and Developments:

Executive team have reviewed the pressures and developments put forward by Divisions for additional funding and have approved:

- £1.8m required for developments including:
 - Paediatric ED commencement
 - HPS licencing costs
 - Pharmacy Ward Based Model
 - Pharmacy Winter Safari
 - Tissue Viability Nursing posts
 - IT Cloud based approach
- Plus further £1m contingency to support future approvals / risks
 - Discharge Lounge
 - Injury Cost Recovery Unit Income
 - Pathology LIMS project
 - Costs previously funded non recurrently through Cancer Alliance or Trust Charitable Funds

Bridge 1

Bridge to 22/23 Plan	Trust Bridge £'m	Trust Total £'m
Recurrent Baseline C/F into 22/23	(69.059)	(69.059)
System Top Up Funding		
System Top Up funding	42.314	
21/22 Growth Funding allocated non-recurrently	3.524	
21/22 Capacity Funding allocated non-recurrently	3.000	
System Top Up Funding	48.838	(20.221)
22/23 Efficiency Impacts		
Tariff Efficiency Factor	(5.112)	
Convergence - System Distance from Target	(2.603)	
System efficiency / inflationary impacts	(7.715)	(27.936)
Pressures:		
Covid-19 Pressures (Non recurrent)	(11.318)	
Other Pressures	(2.939)	
Covid-19 funding (non-recurrent)	8.901	
Sub Total: Net Pressures	(5.357)	(33.293)

21/22 Has £72m of Non Rec support, FYE of developments and impact of 21/22 non recurrent CIP

Additional Challenge due to deficit including share of 'local convergence'

£5m reduction compared to 21/22 expenditure

Bridge 2

Bridge to 22/23 Plan	Trust Bridge £'m	Trust Total £'m
Activity & Growth:		
Activity Changes	(0.305)	
Growth	(6.857)	
22/23 Growth Funding	8.409	
Sub Total: Growth	1.248	(32.045)
Other Planning Adjustments:		
Committed / Approved recovery costs	(8.587)	
Further Recovery Costs (to support 104%)	(11.720)	
Elective Recovery Funding	11.720	
Developments - approved	(1.787)	
Reprovide Contingency	(1.000)	
Other Non-Operating costs	(1.929)	
Vacancy Factor	2.222	
Other Planning Adjustments	(11.081)	(43.126)
22/23 Deficit	(43.126)	(43.126)
22/23 CIP Target		20.000
22/23 Deficit		(23.126)

Required to achieve 19/20 activity levels plus annual growth (WLI, Insource and outsource)

Assumes ERF of £11.7m would be spent in full to achieve 104%

Includes Paeds ED, IT optimisation, pharmacy spend, development in HPS

Risks

- Assumes achievement of 104% activity target. Missing this target could result in a 75% reduction in ERF funding regardless of the additional costs incurred.
- Assumes a low number of Covid-19 patients allowing at least a £5m reduction in Covid-19 costs compared to levels reported in 21/22
- Assumes that DTOC levels reduce to an average of 70
- Risk of further inflationary pressures above planned level, particularly March RPI based contracts and utilities.
- Specific risk relating to Gazprom contract that could result in additional unplanned costs of up to £3m.

Opportunities

Opportunities:

- Improved productivity and staff availability could deliver Recovery at a lower cost and close CIP gap.
- Further opportunity to reduce Covid-19 associated costs subject to IPC guidance.
- Place / ICS negotiations on allocation of overall funding.

ICS Position

Draft Plan - Place	21/22 FOT £m	22/23 Draft Plan £m	Movement £m
Calderdale CCG	0.0	-2.9	-2.9
Kirklees CCG	0.0	-6.2	-6.2
Calderdale and Huddersfield NHS FT	-5.0	-23.1	-18.1
Mid Yorkshire Hospitals Trust (30%)	0.0	-5.0	-5.0
South West Yorkshire Partnership FT (60%)	4.2	0.0	-4.2
Total	-0.8	-37.2	-36.4

Draft Plan - Acute Provider	21/22 FOT £m	22/23 Draft Plan £m	Movement £m
Airedale NHS FT	1.9	-3.5	-5.4
Bradford Teaching Hospitals NHS FT	4.0	-1.8	-5.8
Calderdale and Huddersfield NHS FT	-5.0	-23.1	-18.1
Leeds Teaching Hospitals NHS Trust	6.4	-15.0	-21.4
Mid Yorkshire Hospitals Trust	0.0	-16.6	-16.6

Overall ICS draft plan submission showed £122m gap.

CHFT highest CIP ambition but highest residual deficit. Significant challenge to Calderdale and Kirklees place.

Deep Dive review undertaken by ICS / NHSI for CHFT and Bradford and Craven CCG (£17m deficit).

Efficiencies - Acute Provider	CIP/Waste Reduction	Covid	Productivity	Technical Efficiencies	Total		Total EXCLUDING Technical Efficiencies	
					£m	%	£m	%
Airedale NHS FT	7.5	2.4	0.0	3.7	13.6	5.8%	9.9	4.2%
Bradford Teaching Hospitals NHS FT	14.8	5.0	0.0	4.0	23.8	4.6%	19.8	3.8%
Calderdale and Huddersfield NHS FT	20.0	5.2	0.0	0.0	25.2	5.0%	25.2	5.0%
Leeds Teaching Hospitals NHS Trust	35.1	20.0	15.0	8.5	78.6	4.8%	70.1	4.3%
Mid Yorkshire Hospitals Trust	16.1	5.0	0.0	3.0	24.1	3.7%	21.1	3.2%

Capital and Cash

Capital Plan

- ICS allocation of CDEL to Trust level TBC – expected up to £17m
- £17m Includes ICS capital support to Multi Storey Car Park to be managed through profiling
- Internal capital plan (wave 1) agreed at £7.5m
- Further Dragon's Den process planned for September for wave 2
- National allocation of Public Dividend Capital in 2022/23 for Reconfiguration £21.8m, approved projected, e.g. Scan for Safety £0.9m and others TBC, e.g. Targeted Investment Fund (TIF) for projects in support of elective recovery (cash backed)
- Pre-commitment to capital loan repayment and PFI of c£4m

- 2022/23 opening cash balance of £54.7m.
- Deficit position of £23m would significantly reduce this cash balance, but access to PDC revenue support is only be possible once cash reserves exhausted.
- Cash balance expected to reduce further in 2022/23 as accruals unwind – e.g. annual leave.
- Aligned Payment Incentive contracts should provide a level of cash security, with payments from commissioners due on the 15th of the month.
- NHSE/I continued focus on prompt payment duties.

Recommendations

- To note the proposed operational and financial plans.
- To note the scale of efficiency requirement.
- To note the risks and opportunities.

10. Finance Report - Month 11

To Note

Presented by Gary Boothby

EXECUTIVE SUMMARY: Total Group Financial Overview as at 28th Feb 2022 - Month 11

KEY METRICS

	M11				YTD (FEB 2022)				Forecast 21/22				
	Plan £m	Actual £m	Var £m		Plan £m	Actual £m	Var £m		Plan £m	Forecast £m	Var £m		
I&E: Surplus / (Deficit)	(£0.11)	(£0.17)	(£0.06)	●	(£2.67)	(£2.53)	£0.13	●	£0.00	£0.00	£0.00	●	
Agency Expenditure (vs Ceiling)	(£0.74)	(£0.91)	(£0.17)	●	1	(£8.09)	(£6.68)	£1.40	●	(£8.82)	(£7.53)	£1.29	●
Capital	£2.72	£1.86	£0.86	●	1	£15.93	£11.77	£4.16	●	£18.99	£23.88	(£4.88)	●
Cash	£38.42	£58.12	£19.70	●	2	£38.42	£58.12	£19.70	●	£38.75	£49.64	£10.89	●
Invoices paid within 30 days (%) (Better Payment Practice Code)	95.0%	94.8%	0%	●		95.0%	94.3%	-1%	●				
CIP	£1.32	£0.44	(£0.88)	●	0	£8.39	£5.74	(£2.65)	●	£9.70	£6.35	(£3.35)	●
Use of Resource Metric	2	2		●	1	2	3		●	2	2		●

Year to Date Summary

Year to date the Trust is reporting a £2.53m deficit, a £0.13m favourable variance from plan. Whilst the Trust has submitted a balanced plan for the year and has delivered a break-even position in the first half of the year (H1), the financial position remains challenging. The deficit position is driven by a combination of staffing pressures, in particular the growing cost of temporary staffing (enhanced bank rates and high cost agency) and Recovery costs. H2 included a significant efficiency requirement of £6.7m, of which £3.35m is currently forecast to deliver. However, the Trust has successfully bid for additional Elective Recovery Funding in support of schemes to increase capacity, and has also secured some additional funding allocations from both local Commissioners and the Integrated Care System (ICS), which between them have mitigated the additional cost pressures in the year to date position.

- Funding for H2 continues on a block contract basis, with fixed Top Up funding allocated by the ICS (Integrated Care System) to cover the Trust's underlying deficit, growth and Covid-19 expenditure. For H2, the Trust has been allocated £21.16m of System Top Up funding, £12.75m of System Covid funding and £1.76m of Growth funding, a total Top Up of £35.66m for H2. £2.32m of additional Capacity funding has been allocated to the Place to support winter and urgent care pressures, of which £1.5m has been agreed by the Urgent & Emergency Care Board to support Trust pressures.
- In addition the Trust continues to have access to funding for Covid-19 costs that are considered to be outside of the System Envelope and year to date has accounted for £6.03m of additional funding to cover costs incurred for Vaccinations, Covid-19 Testing, 3rd Year Student Nurse contracts and Isolation Hotels for overseas recruits. Income up to the end of M9 has now been approved and received, M10-11 funding remains subject to approval.
- In total the Trust has incurred costs relating to Covid-19 of £20.52m. Costs were driven by: Covid-19 virus testing, vaccinations (on hospital site and for local vaccination centre), the segregation of patient pathways (particularly within the Emergency Department), ICU staffing models and remote management of patients.
- Year to date the Trust has delivered efficiency savings of £5.74m, but largely on a non-recurrent basis.
- Agency expenditure year to date is £6.68m, £1.40m lower than the NHS Improvement Agency expenditure ceiling. However there has been a large increase in Bank costs that has accelerated over the last 8 months due to the enhanced pay agreement.
- Total planned inpatient activity was 95.9% of the month 11 2019/20 baseline, although within this total Elective inpatient activity was only at 73.1%. For H2, no ERF has been assumed in the year to date, although it has been confirmed that £0.98m has been allocated by the ICS to the Trust and this benefit is reflected in the forecast.

Key Variances

- Income is £15.39m higher than planned year to date. This includes £3.57m income to support the unplanned and backdated 21/22 pay awards. Additional income to offset outside of system envelope Covid-19 costs is £4.18m higher than planned year to date. ERF is below the planned level at £3.69m, an adverse variance of £0.62m year to date, however, this pressure is more than offset by the £3.17m additional Elective Recovery+ funding, £2.50m of reallocated System funding and a further £0.5m of additional CCG income to support capacity.
- Pay costs are £9.62m above the planned level year to date, although this includes £3.57m of H1 backdated pay awards which are funded, leaving an underlying variance of £6.05m adverse. £1.06m of Covid-19 costs are outside of envelope and therefore also offset by additional income. Recovery costs are £0.52m higher than planned. The adverse variance is largely driven by the agreed enhanced pay for Bank staff, an additional cost of £0.79m in month and £5.53m year to date, (£2.65m adverse variance) and growing Agency costs (£2.56m adverse variance year to date). These staffing pressures have increased over the last few months due to the spike in Covid cases and Emergency Department segregation and enhanced staffing models on Wards and in Critical Care continue to drive higher costs.
- Non-pay operating expenditure is higher than planned by £6.03m. This variance includes Covid-19 related expenditure of £3.31m for H1 vaccination costs and Covid-19 testing that were not budgeted and are offset by income and Recovery costs that are £2.41m below plan, the underlying position is therefore a £5.13m overspend driven by unidentified efficiencies, High Cost Drugs growth and a pressure on the Clinical Negligence Scheme for Trusts (CNST).

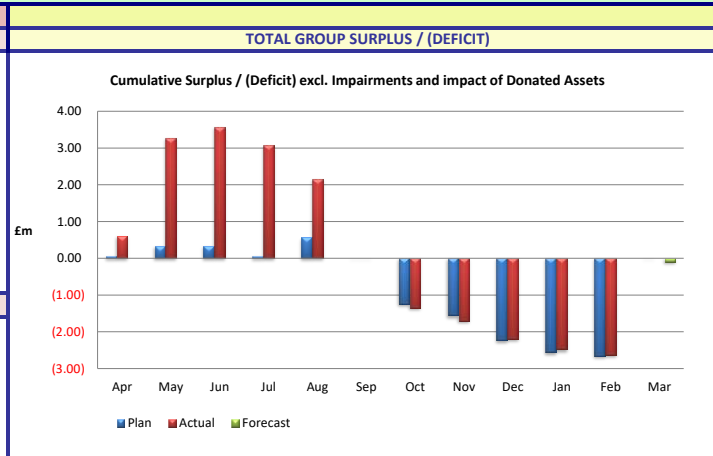
H2 (Oct-Mar) Forecast

The plan for H2 is to deliver a break-even plan, (excluding a one off non-recurrent technical accounting adjustment of £5m) and the Trust is forecasting to achieve this plan. Whilst only £3.35m of the targeted £6.7m H2 efficiency is forecast to deliver and the current operational position is driving a significant pressure of additional bank and agency costs, the shortfall has been mitigated by confirmation of additional Elective Recovery Funding and the securing of additional funding allocations from both ICS and CCG partners to support capacity.

Total Group Financial Overview as at 28th Feb 2022 - Month 11

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M11			
CLINICAL ACTIVITY			
	M11 Plan	M11 Actual	Var
Elective	3,582	3,843	261
Non-Elective	53,842	47,857	(5,985)
Daycase	43,107	42,533	(574)
Outpatient	371,076	368,695	(2,380)
A&E	152,681	157,455	4,774
Other NHS Non-Tariff	1,498,857	1,517,337	18,480
Other NHS Tariff	84,025	80,492	(3,533)
Total	2,207,170	2,218,212	11,042



YEAR END 21/22			
CLINICAL ACTIVITY			
	Plan	Actual	Var
Elective	3,958	4,208	250
Non-Elective	58,213	51,916	(6,298)
Daycase	47,497	46,532	(966)
Outpatient	409,301	405,553	(3,748)
A&E	164,537	168,959	4,421
Other NHS Non-Tariff	1,650,603	1,668,771	18,168
Other NHS Tariff	92,256	88,525	(3,731)
Total	2,426,366	2,434,463	8,097

TOTAL GROUP: INCOME AND EXPENDITURE			
	M11 Plan	M11 Actual	Var
	£m	£m	£m
Elective	£10.36	£10.33	(£0.03)
Non Elective	£104.28	£104.28	£0.00
Daycase	£23.05	£23.04	(£0.01)
Outpatients	£31.60	£31.59	(£0.01)
A & E	£21.58	£21.57	(£0.01)
Other-NHS Clinical	£155.88	£172.50	£16.62
CQUIN	£3.10	£3.10	(£0.00)
Other Income	£48.31	£46.95	(£1.37)
Total Income	£398.17	£413.36	£15.19
Pay	(£274.74)	(£284.36)	(£9.62)
Drug Costs	(£38.91)	(£39.29)	(£0.38)
Clinical Support	(£35.86)	(£35.59)	£0.28
Other Costs	(£53.14)	(£59.06)	(£5.92)
PFI Costs	(£11.94)	(£11.94)	£0.00
Total Expenditure	(£414.59)	(£430.24)	(£15.65)
EBITDA	(£16.43)	(£16.89)	(£0.46)
Non Operating Expenditure	(£26.05)	(£25.46)	£0.59
Surplus / (Deficit) Adjusted*	(£42.48)	(£42.35)	£0.13
System Top Up Funding	£39.82	£39.82	£0.00
Surplus / Deficit*	(£2.67)	(£2.53)	£0.13

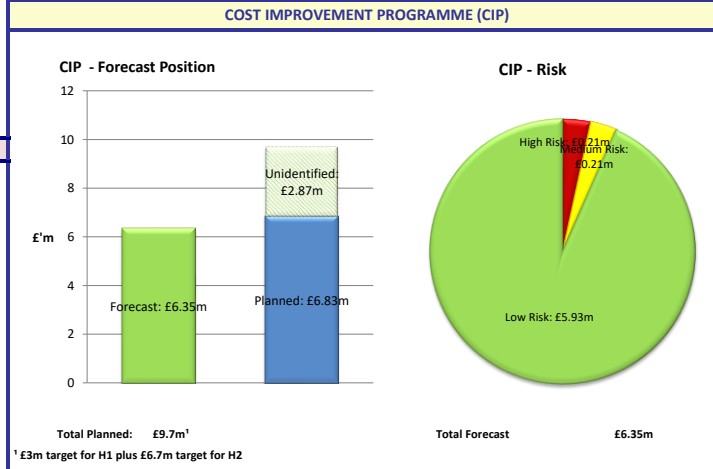
KEY METRICS							
	Year To Date			Year End: Forecast			
	M11 Plan	M11 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£2.67)	(£2.53)	£0.13	£0.00	£0.00	£0.00	●
Capital	£15.93	£11.77	£4.16	£18.99	£23.88	(£4.88)	●
Cash	£38.42	£58.12	£19.70	£38.75	£49.64	£10.89	●
Invoices Paid within 30 days (BPPC)	95%	94%	-1%				●
CIP	£8.39	£5.74	(£2.65)	£9.70	£6.35	(£3.35)	●
Use of Resource Metric	Plan	Actual		Plan	Forecast		●
	2	3		2	2		●

TOTAL GROUP: INCOME AND EXPENDITURE			
	Plan	Actual	Var
	£m	£m	£m
Elective	£11.39	£11.35	(£0.04)
Non Elective	£112.76	£112.77	£0.01
Daycase	£25.29	£25.27	(£0.02)
Outpatients	£34.85	£34.83	(£0.02)
A & E	£23.16	£23.15	(£0.02)
Other-NHS Clinical	£171.08	£196.16	£25.07
CQUIN	£3.37	£3.37	(£0.00)
Other Income	£52.88	£51.33	(£1.55)
Total Income	£434.78	£458.22	£23.44
Pay	(£300.23)	(£313.11)	(£12.88)
Drug Costs	(£42.56)	(£43.03)	(£0.48)
Clinical Support	(£39.79)	(£39.03)	£0.76
Other Costs	(£54.13)	(£66.51)	(£12.37)
PFI Costs	(£13.03)	(£13.46)	(£0.44)
Total Expenditure	(£449.74)	(£475.14)	(£25.40)
EBITDA	(£14.96)	(£16.92)	(£1.97)
Non Operating Expenditure	(£28.38)	(£26.41)	£1.97
Surplus / (Deficit) Adjusted*	(£43.34)	(£43.34)	£0.00
System Top Up Funding	£43.34	£43.34	£0.00
Surplus / Deficit*	£0.00	£0.00	£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

* Adjusted to exclude forecast £5m non-recurrent accounting adjustment and 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			
	M11 Plan	M11 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	(£83.23)	(£85.62)	(£2.39)
Medical	(£99.94)	(£109.12)	(£9.17)
Families & Specialist Services	(£79.01)	(£78.59)	£0.42
Community	(£24.29)	(£23.63)	£0.66
Estates & Facilities	£0.00	£0.19	£0.19
Corporate	(£48.61)	(£48.77)	(£0.17)
THIS	£1.47	£1.96	£0.49
PMU	£2.44	£2.39	(£0.06)
CHS LTD	£0.74	£0.69	(£0.05)
Central Inc/Technical Accounts	£329.23	£331.98	£2.74
Reserves	(£1.47)	£5.99	£7.46
Surplus / (Deficit)	(£2.67)	(£2.53)	£0.13



1 £3m target for H1 plus £6.7m target for H2

DIVISIONS: INCOME AND EXPENDITURE			
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	(£91.53)	(£94.32)	(£2.78)
Medical	(£109.88)	(£119.99)	(£10.11)
Families & Specialist Services	(£86.35)	(£86.05)	£0.30
Community	(£26.56)	(£25.80)	£0.76
Estates & Facilities	£0.00	£0.19	£0.19
Corporate	(£53.13)	(£53.26)	(£0.13)
THIS	£1.61	£1.98	£0.37
PMU	£2.60	£2.65	£0.05
CHS LTD	£0.81	£0.77	(£0.04)
Central Inc/Technical Accounts	£359.24	£361.60	£2.36
Reserves	£3.19	£12.23	£9.04
Surplus / (Deficit)	£0.00	£0.00	£0.00

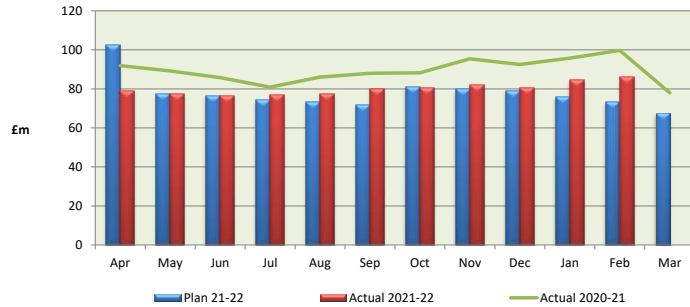
Total Group Financial Overview as at 28th Feb 2022 - Month 11

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

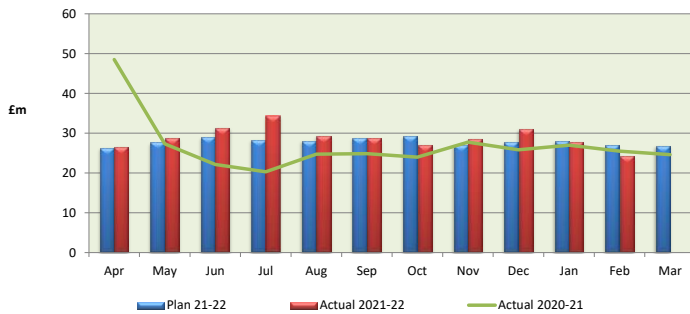
WORKING CAPITAL

	M11 Plan £m	M11 Actual £m	Var £m	M11
Payables (excl. Current Loans)	(£73.19)	(£86.31)	£13.12	●
Receivables	£26.91	£24.32	£2.59	●

Payables

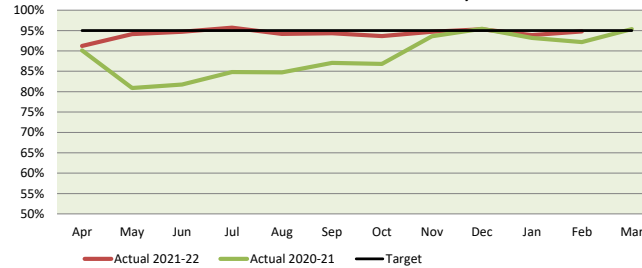


Receivables



BETTER PAYMENT PRACTICE CODE

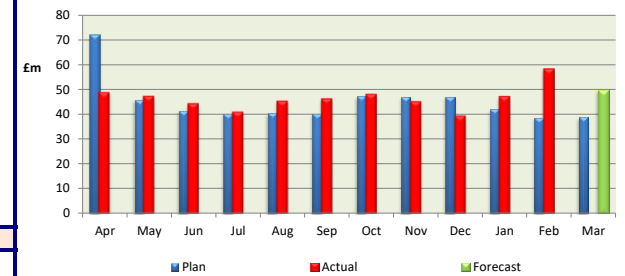
% Number of Invoices Paid within 30 days



CASH

	M11 Plan £m	M11 Actual £m	Var £m	M11
Cash	£38.42	£58.12	£19.70	●
Loans (Cumulative)	£17.67	£17.67	£0.00	●

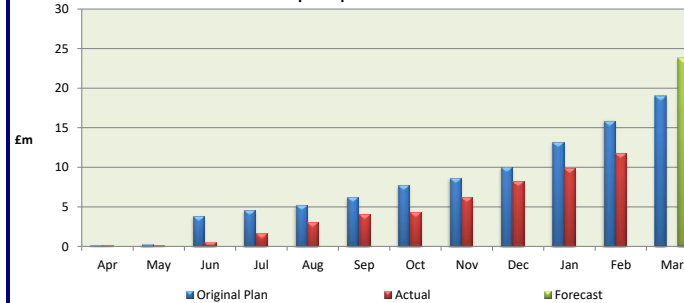
Cash



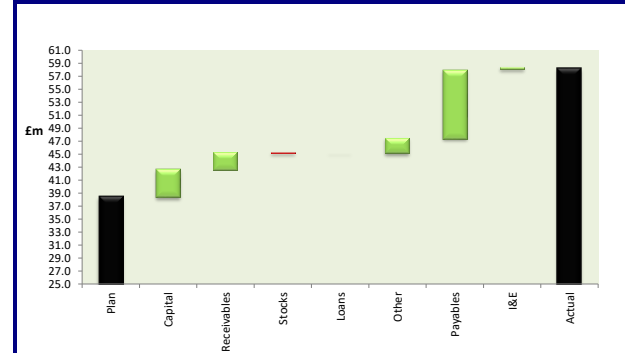
CAPITAL

	M11 Plan £m	M11 Actual £m	Var £m	M11
Capital	£15.93	£11.77	£4.16	●

Capital Spend



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- Year to date the Trust is reporting a £2.53m deficit, a £0.13m favourable variance from plan. The deficit position is driven by a combination of staffing pressures, in particular the high cost of temporary staffing (enhanced bank rates and high cost agency) and Recovery costs, including the cost of Independent Sector support.
- H2 included a significant efficiency requirement of £6.7m, of which £3.35m is currently forecast to deliver. However, the Trust has successfully bid for additional Elective Recovery Funding in support of schemes to increase capacity, and has also secured some additional funding allocations from both local Commissioners and the Integrated Care System (ICS), which between them have mitigated the additional cost pressures in the year to date position.
- Total planned inpatient activity was 95.9% of the month 11 2019/20 baseline, although within this total Elective inpatient activity was only at 73.1%. No ERF has been assumed in the year to date position, although it has been confirmed that £0.98m has been allocated by the ICS to the Trust and this benefit is reflected in the forecast.
- The Trust has incurred costs relating to Covid-19 of £20.52m, of which £6.03m are considered as 'outside of system envelope' and for which additional funding is available.
- Capital expenditure is lower than planned at £11.77 against a planned £15.93m.
- Year to date the Trust has delivered efficiency savings of £5.74m, but largely on a non-recurrent basis.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 against a planned level of 2.

NOTES

- The Trust is forecasting to deliver a planned break-even position for H2, although this position excludes a planned one off financial accounting adjustment of £5m.
- The forecast includes £3.98m cost of Independent Sector contracts in H2. £0.98m of Elective Recovery Funding has been allocated by the ICS to offset this pressure.
- In order to deliver the planned position, the Trust planned to find efficiencies of £6.7m. Costs have increased significantly over the last few months due to a high number of Covid patients and significant staffing shortages. The current forecast is to deliver £3.35m of efficiencies in H2, a shortfall of £3.35m. The planned position also assumed that a remaining £1.7m funding gap could be closed.
- The shortfall has been mitigated by confirmation of additional Elective Recovery+ funding and the securing of additional funding allocations from both ISC and CCG partners to support capacity.
- The total loan balance is £17.67m as planned. No further loans are planned for this financial year.
- The Trust is forecasting to spend £23.88m on Capital programmes in this financial year, an increase of £4.88m compared to the planned value. This includes additional Capital funding bids have been approved via the Targeted Investment Fund (TIF) for elective recovery, that were not included in the Capital Plan
- The Trust has a cash balance of £58.12m, £19.70m higher than planned.

RAG KEY: ● Actual / Forecast is on plan or an improvement on plan
 ● Actual / Forecast is worse than planned by <2%
 ● Actual / Forecast is worse than planned by >2%
 NB. In addition to the above rules, if Capital expenditure <85% of that planned then Red, (per NHSI risk indicator).

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

11. High Level Risk Register

To Note

Presented by Ellen Armistead

**Council of Governors
21 April 2022**

High Level Risk Register

**Ellen Armistead
Executive Director of Nursing / Deputy CEO**

Key updates

- **New appointments to the team since the last update**
 - **Assistant Director of Quality and Safety**
 - **Head of Risk and Compliance**
 - **Risk Manager**
- **Opportunity to review meeting formats and terms of reference**
 - **Risk group meetings focusing on consistency across the divisions and departments. Achieved by close working and engagement with colleagues**
 - **Meeting providing an opportunity to share cross divisional risks whilst linking more clearly to overarching corporate risks**
 - **Work is ongoing to link risk updates to measurable outcomes and the risk score; to clearly show the impact of mitigations or to highlight the impact of any gaps**
- **Key policies have been reviewed and updated**
 - **Risk management strategy and policy**
 - **Incident reporting, management, and investigation group policy**

Overview of Risk Register

Top risks

- Theatre and clinic capacity (Risk score 25) Surgery and anaesthetics division
- Waiting for diagnostics, operations and outpatients (Risk score 20) Trust wide
- Fractured neck of femur repair within 36 hours (Risk score 20) Surgery and anaesthetics division
- Medical staffing risk (Risk score 20) Corporate
- Radiology staffing risk (Risk score 20) Family and specialist services division
- Medical devices (Risk score 20) Trust wide

Movement of risks over the last 6 months

Increased risk scores

- Not meeting the four-hour emergency care standard, risk score increased from 15 to 20

Decreased risk scores

- Nurse staffing, risk score reduced from 25 to 20
- ENT staffing, risk score reduced from 20 to 16
- Delay in serious incident investigations, score reduced from 16 to 12

ANY QUESTIONS...

QUALITY

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

- Verbal Update on Ockenden Review of Maternity Services

To Note

Presented by Ellen Armistead

**Council of Governors
21 April 2022**

Quality Highlight Report

**Ellen Armistead
Executive Director of Nursing / Deputy CEO**

CONTENTS

- **Quality Priorities**
- **Making Complaints Count**

Quality Priorities

QUALITY PRIORITIES

Quality Account Priorities

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

Focussed Quality Priorities

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

RECOGNITION OF SEPSIS

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

Progress:

- Sepsis trollies have been moved to Resus to assist in speeding up administration of intravenous antibiotics
- Category 2 patients in the emergency dept are been seen in rapid assessment at HRI rather than waiting for a cubicle. This has improved treatment times for patients with sepsis.
- Recruitment of sepsis champions in place in both Emergency Departments and Sepsis nurse delivering training to ED staff on Teams twice weekly
- ED sepsis lead clinician updating actions from red flag data at daily handovers

Next steps:

- ED consultant continuing to analyse red flag patient (sickest sepsis patients) data, we the average % for antibiotics administered under 1 hour is 56% rising to 87% administration under 2 hours.
- Sepsis nurse providing access to training evening and weekends and utilising sepsis champions to assist where possible
- Further purchase of sepsis trolleys required as part of reconfiguration plan

REDUCING NUMBER OF HOSPITAL ACQUIRED INFECTIONS INCLUDING COVID 19

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

Progress:

- CHFT are compliant with the minimal national patient testing regime and also include additional tests as part of our local guidance
- Lateral Flow Device (LFD) testing is in place as per national guidance for staff
- CHFT continues to update and adapt to the changing guidance in relation to patient visiting
- Virtual in Hospital Visiting continues to be offered by CHFT and endorsed by NHSE/I

Next steps:

The new National Standards of Healthcare Cleanliness 2021 to be reviewed and implemented.

Covid immunisation history is remaining part of routine pre employment health checks.

Remain consistent in our position that masks are required within the healthcare setting.

REDUCING WAITING TIMES FOR INDIVIDUALS ATTENDING THE ED

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

Progress

- CHFT continue to capture any length of stay over 12 hours and no reportable 12 Length of stay have ensued
- Redesign of OPEL process that captures ED internal OPEL process this has been cascaded to On Call management teams.
- New datix format for 12-hour LOS implemented by the risk team to ensure consistency of data collection

Next Steps:

- Documentation audit to continue to provide assurance to lead nurses that standards are met in relation to intentional care rounds

PRESSURE ULCERS

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

Progress:

- There has been a reduction in the incidence of hospital acquired pressure ulcers from November to December 2021
- Joint work underway with BHFT in developing a new suite of pressure ulcer care plans
- Tissue Viability Nursing Associates continue to deliver bedside training to wards experiencing increased incidence of pressure damage
- Guidelines for Documenting Individualised Care through EPR published and circulated to clinical areas

Next Steps

- National pressure ulcer e learning tool will replace Trust's e learning resource once the new pressure ulcer risk assessment tool is implemented across the organisation
- Work to commence on reviewing Datix build and have capability to extract pressure ulcer contributory factors to support system wide learning

REDUCING THE NUMBER OF FALLS RESULTING IN HARM

Reduce the number of inpatient falls and those resulting in harm by 10%, by the end of 2021 / 2022

Progress:

- Falls prevention intervention care plans have been created and disseminated across the wards
- The Falls policy has been updated to reflect specific timeframes for assessments and learning from Serious Investigations will be disseminated through the Falls Collaborative.
- Patient and carer falls leaflet has been updated

Next Steps

- Falls and Fragility Fracture Audit Programme (FFFAP) Quality Improvement project underway
- Falls Leads are drafting up the falls link practitioner roles, to support audit process
- CHFT are working with Bradford's falls leads to review falls assessment tool on EPR

END OF LIFE

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

Progress:

- 7-day service implemented across community services
- CHFT Charitable funds are to increase skill mix to enable an increase in bereavement calls and also in reach into ward areas.
- The bereavement support service now work closely with the medical examiners team to prioritise relatives who they feel may need extra support.

Next steps

- Focus on Implement a 7-day service within the in-patient areas
- concerns/compliments to be analysed for at trends and to support implementation of change

CLINICAL DOCUMENTATION

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

Progress:

- Digital white boards have been produced. First trial area identified on ward 5. Trial expected to start in April 2022.
- Ward assurance tool in place and divisions now monitoring compliance and improvements
- Training in use of KP+ for Ward Assurance Tool rolled out Ward Managers and Matrons

Next Steps:

- Clinical Records group will continue to drive forward and ward assurance outcomes monitored by quality committee
- Ensure training meets the needs of colleagues in the use of EPR

CLINICAL PRIORITISATION (DEFERRED CARE PATHWAYS)

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

Progress:

- Review of health inequalities data and how this will be used to compliment clinical prioritisation and our post COVID-19 delivery model for both planned and unplanned care
- A Clinical Reference Group on Health Inequalities has been established and meeting regularly to steer this element of recovery

Next Steps:

A new pathway from referral is being developed to ensure ongoing prioritisation of patients with a Learning Disability.

NUTRITION AND HYDRATION

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

Progress:

- CHFT Policies and guidance reviewed against NHS guidelines & NICE with updated guidance released.
- Patients with additional nutritional needs are discussed daily in the ward safety huddles
- Observation of mealtimes during Observe and Act framework, practice monitored via this process and shared at ward level.

Next steps:

Lead nurse for nutrition is working on adding the Must competency to the healthcare assistant (HCA) competency pack.

Continue to ensure all health care professionals and volunteers receive regular training to meet the nutritional and fluid requirements of people using our services.

Making Complaints Count

MAKING COMPLAINTS COUNT

Working in partnership across the Trust

Collaborative meetings between key staff within divisional and corporate teams.

Delivering the right type of performance

Ensuring performance indicators align with the needs of service users as well as meeting regulatory requirements and external expectations.

Problem solving

Identifying and removing barriers to performance at all levels of the organisation.

MAKING COMPLAINTS COUNT

Working in partnership across the Trust

Task & Finish Group established to focus on Quality, Performance and Learning, commenced in early January. Progress made on quality standards with discussions and agreements around expected response standards from Divisions.

Delivering the right type of performance

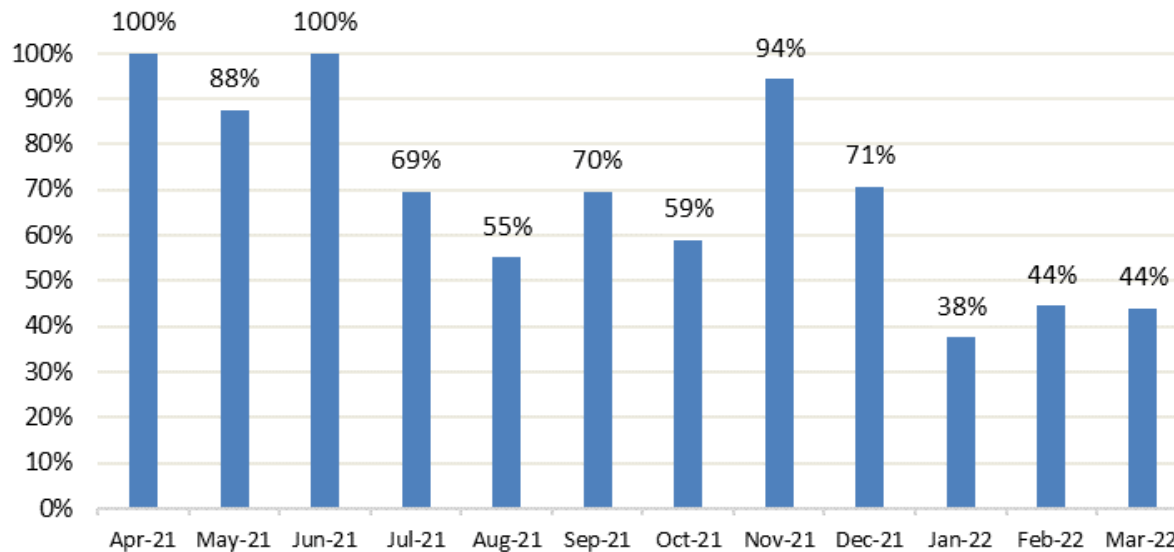
KPI's have been agreed moving forward to focus on performance, quality (re-opened complaints) and escalation of concerns to complaints.

Problem solving

Learning is a priority with a group established for triangulation of learning around Complaints, Incidents, Inquests, Mortality and Compliments.

A NOTE ON PERFORMANCE

% Complaints closed within target timeframe

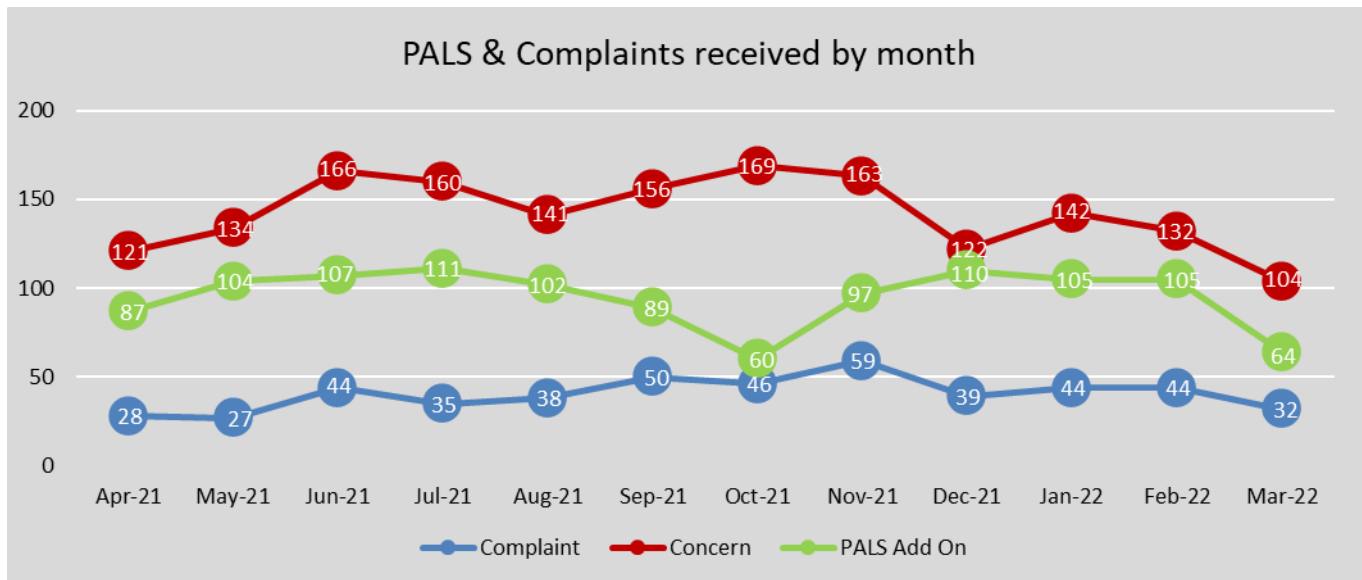


A note on performance

It is acknowledged that the Trust's overall performance is not as expected, however focussed work has been on-going to improve the quality of responses

CHALLENGES

- Contact levels to the service remain high across Complaints and PALS
- 2 full time vacancies within the team which is having an impact on service delivered
- Complaints are becoming increasingly complex with a number of different specialities involved across various Divisions, increasing investigation timeframes



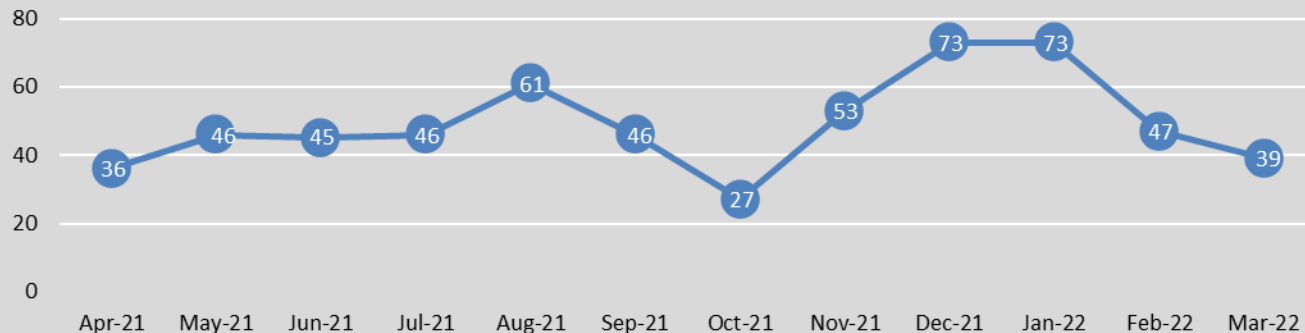
COMPLIMENTS

It is reassuring that even in challenging times patients, relatives and carers are taking the time to share with us what they value in the care we provide.

A sense of what our compliments are telling us:

- Even under immense pressure the staff remained professional at all times
- The service was 11 out of 10, friendly, professional and meals were fabulous
- Everyone went above and beyond with their empathy and dedication
- Exemplary service, all questions answered clearly
- Nothing was too much trouble, all staff were pleasant and helpful

Compliments received by month



ANY QUESTIONS...

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

13. Nominations and Remuneration Committee (CoG)

a) Minutes of meeting held 2 March 2022
and 7 April 2022

To Approve

Presented by Andrea McCourt

APPROVED Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) held on Wednesday 2 March 2022, 10:00 – 11:00 am, via Microsoft Teams

MEMBERS

Richard Hopkin (RH)	Deputy Chair / Senior Independent Non-Executive Director
Stephen Baines	Public Elected Governor (Skircoat & Lower Calder Valley) – Lead Governor
Nicola Whitworth	Public Elected Governor (Skircoat and Lower Calder Valley)
Brian Moore	Public Elected Governor (Lindley and the Valleys)
Peter Bamber	Public Elected Governor (Calder and Ryburn Valleys)

IN ATTENDANCE

Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager (minutes)

01/22 APOLOGIES FOR ABSENCE

Apologies were received from Philip Lewer, Veronica Woollin, Suzanne Dunkley and Isaac Dziya.

02/22 DECLARATIONS OF INTEREST

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

No declarations were made.

03/22 MINUTES OF THE PREVIOUS MEETING HELD ON 9 DECEMBER 2021

The minutes of the previous meeting held on Thursday 9 December were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 9 December as a correct record.

04/22 SHORTLISTING FOR RECRUITMENT FOR ROLE OF CHAIR

On behalf of the Director of Workforce and OD the Company Secretary presented the shortlisting report and confirmed the shortlisting panel met on 23 February 2022 to discuss the feedback from the recruitment agency on applications for the post of Chair.

It was noted the shortlisting pack included an equal opportunities monitoring report and details of all applicants for review by the Committee.

Nicola Whitworth joined the meeting.

All candidates were discussed and the recommendation from the shortlisting is to proceed with the five recommended candidates for interview (subject to one of the candidates confirming his application following discussion with the Chief Executive on 3 March 2022).

Brian Moore highlighted one of the candidates lives in Oldham and asked if this is outside the eligible geographical area. The Company Secretary confirmed there was a debate at the Council of Governors and the Board of Directors and it was agreed that a geographical boundary would not be included; however, it would stipulate a reasonable travelling distance. The Company Secretary confirmed the candidate is eligible.

Stephen confirmed he has spoken to all five candidates and confirmed they all have strengths that could be beneficial to the Trust.

Nicola Whitworth and Stephen Baines declared an interest as they know one of the candidates who have applied.

Peter Bamber confirmed he is content with the shortlisted candidates and has nothing to declare.

RH clarified if one of the candidates does not apply following his application being discussed with the Chief Executive on 3 March, whether the marginal candidate would be a reserve. The Company Secretary confirmed the marginal candidate would not be a reserve, as they do not have NHS experience which is required for the role.

Brian Moore passed on his apologies for the Chair stakeholder and interview panels taking place on Wednesday 9 March 2022 and Thursday 10 March 2022.

The Company Secretary explained there will be three stakeholder panels for the Chair appointment taking place on Wednesday 9 March, the day before the interviews. This will include a colleague, governor and external partner panel. The governors involved in this are Gina Choy, Christine Mills, Chris Matejak and potentially other staff and public governors. An email has been sent to public and staff governors to ask for volunteers to be part of the stakeholder panels.

The interview panel will take place face to face on Thursday 10 March and the venue is the Boardroom, Huddersfield Royal Infirmary. The panel members are:

Chair: Stephen Baines, Public Elected Governor / Lead Governor
Peter Bamber, Public Elected Governor
Veronica Woollin, Public Elected Governor
Karen Heaton, Non-Executive Director
Denise Sterling, Non-Executive Director
Brendan Brown Chief Executive
External advisor to the panel: Cathy Elliot – Integrated Care Board Chair

The Company Secretary explained the next steps would be to approve the outcome of the Chair's interviews at a Council of Governors Nominations and Remuneration Committee (NRC) the week commencing 14th March 2022. Following this, an extra-ordinary Council of Governors (CoG) meeting will be arranged to ratify the Chair appointment. It was noted RH is unavailable the week commencing 14 March; therefore, the SINED and Committee members agreed Karen Heaton would be asked to Chair these meetings in the absence of the SINED. The Company Secretary confirmed Karen Heaton has been involved in the Chair shortlisting panel and she is on the final interview panel for the Chair.

Nicola Whitworth passed on her apologies for any meetings taking place the week commencing 14th March 2022.

Post meeting note - it was confirmed that to allow due process to take place for Fit and Proper Persons checks the NRC and CoG meetings would need to be held the week commencing 21 March 2022 at the earliest.

OUTCOME: The Committee **APPROVED** the proposal from the shortlisting panel to take forward five candidates for interview for the role of Chair.

05/22 ANY OTHER BUSINESS

Non-Executive Director (NED) Recruitment Update

RH declared an interest and did not take part in the NED recruitment discussion.

The Company Secretary updated the Committee on the two Non-Executive Director posts which are currently advertised with a closing date of Friday 4 March 2022. One of the Non-Executive Director posts advertised is for the Chair of Calderdale and Huddersfield Solutions Ltd and one with a financial background to replace RH.

The Company Secretary asked Brian Moore if he could be on the final Non-Executive Director interview panel taking place on Friday 25 March 2022. Brian Moore confirmed he is available to be on the interview panel. The Corporate Governance Manager clarified with Brian that he would therefore not be needed for the NED stakeholder panels taking place on Thursday 24 March 2022.

The members on the Non-Executive Director interview panel were confirmed as follows:

Stephen Baines, Public Elected Governor / Lead Governor
Nicola Whitworth, Public Elected Governor
Brian Moore, Public Elected Governor
Stuart Sugarman, Managing Director, CHS
Mark Adderly, Non-Executive Director, CHS
Karen Heaton, Non-Executive Director
Denise Sterling, Non-Executive Director
Brendan Brown Chief Executive

Further details will be confirmed following the Non-Executive Director shortlisting panel taking place on Wednesday 9 March 2022. The governors on the shortlisting panel are Stephen Baines and Veronica Woollin.

OUTCOME: The Committee **NOTED** the update on the Non-Executive Director recruitment.

06/22 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The meeting closed at approximately 10:30 am.

Draft Minutes of the meeting of the Nomination and Remuneration Committee (Council of Governors) held on Thursday 7 April 2022, 1:00 – 1:30 pm, via Microsoft Teams

MEMBERS

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

IN ATTENDANCE

Alastair Graham	Non-Executive Director / CHS Chair
Stuart Sugarman	Managing Director, CHS
Andrea McCourt	Company Secretary
Amber Fox	Corporate Governance Manager (minutes)

07/22 APOLOGIES FOR ABSENCE

Apologies were received from Veronica Woollin.

08/22 DECLARATIONS OF INTEREST

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

No declarations were made.

09/22 MINUTES OF THE PREVIOUS MEETING HELD ON 2 MARCH 2022

The minutes of the previous meeting held on 2 March 2022 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 2 March 2022 as a correct record.

10/22 RE-APPOINTMENT OF CHS NON-EXECUTIVE DIRECTOR

Alastair Graham, Non-Executive Director of the Trust Board and Chair of Calderdale and Huddersfield Solutions (CHS) introduced himself and provided background of the work of the wholly owned subsidiary. The services provided by CHS to the Trust at both sites include medical engineering/medical devices, admin and general office services and materials management. The services provided specifically at Huddersfield Royal Infirmary (HRI) include procurement, estate management, transport, equipment loan store (Elland), portering, cleaning, catering and retail (shop, café bar and restaurant) and longer term projects, for example, CHS commissioned the contractors to start work on the new Emergency Department at HRI.

AG explained the CHS Board is a small group which comprises of:

- Alastair Graham, CHS Chair
- Stuart Sugarman, Managing Director for CHS
- Stuart Baron, Finance Director for CHS
- Mark Adderley, Non-Executive Director
- Shahida Iqbal, Associate Non-Executive Director

AG explained Mark Adderley has been on the CHS Board for three years and his term has just expired. AG presented the paper with a recommendation from the CHS Board of Directors to re-appoint Mark Adderley for a further three year term. AG explained he has worked with Mark for the full three year period and can thoroughly recommend Mark Adderley who is an

experienced Non-Executive Director with experience of executive Boards in the NHS and has a strong human resources management and organisational development background.

AG confirmed Mark has attended every Board meeting over the three year period and his appraisal was better than satisfactory.

AG confirmed he is stepping down at the end of May 2022 with a recruitment process underway and subject to an extra-ordinary Council of Governors meeting next week, a new CHS Chair will be in place. For reasons of continuity, AG recommended the Nominations and Remuneration Committee re-appoint Mark Adderley for a second term, explaining Mark is eligible to serve a further three year term of office and has indicated that he would like to do so.

Stuart Sugarman, Managing Director for CHS agreed Mark is an excellent Non-Executive Director who is supportive and challenging and is an active member of the CHS Board.

The Chair echoed the comments from AG and added Mark's interest, enthusiasm and skills he has brought has enhanced CHS and the recommendation has the Chair's full support.

The governors in attendance were in full agreement of the recommendation to re-appoint Mark Adderley as the CHS Non-Executive Director for a further three year term.

The Chair shared with the Committee that CHS recently made a very generous donation of £300k to the charitable funds.

POST MEETING NOTE: *Isaac Dziya, Public Elected Governor joined the meeting at 1:10 pm and confirmed he had read the papers and the re-appointment of Mark Adderley for a further three year term had his full support.*

OUTCOME: The Nominations and Remuneration Committee (CoG) **APPROVED** the re-appointment of Mark Adderley as the Non-Executive Director for CHS for a further three year term from 1 April 2022 – 31 March 2025.

11/22 ANY OTHER BUSINESS

It was noted an extra-ordinary Council of Governors meeting is taking place on Wednesday 13 April 2022 at 1:30 pm to approve the proposal from the Non-Executive Director interview panels on behalf of the Nominations and Remuneration Committee.

12/22 FEEDBACK FROM MEETING / ITEMS TO BE ESCALATED

The meeting closed at approximately 1:10 pm.

14. Update from Chair and Chair Designate

- Update on Executive Appointments

Presented by Philip Lewer

GOVERNANCE

15. Chair's Appraisal Process

To Note

Presented by Richard Hopkin

16. Update from Lead Governor, Stephen Baines

To Note

17. Membership Strategy Update

To Note

Presented by Andrea McCourt

Date of Meeting:	Thursday 21 April 2022
Meeting:	Council of Governors
Title of report:	Membership Strategy: Update on Year 2 Action Plan
Author:	Andrea McCourt, Company Secretary Vanessa Henderson, Membership and Engagement Manager
Purpose of the Report	
This report presents a progress update as at 21 April 2022 against the year 2 action plan of the Membership and Engagement Strategy 2020-2023.	
Key Points to Note	
<p>The Council of Governors agreed a three year Membership Strategy at its meeting on 23 January 2020 and confirmed actions for the first year of the strategy.</p> <p>The three goals in the Membership Strategy are:</p> <ol style="list-style-type: none"> 1. A membership community that is active and engaged, is representative of our local communities and increases year on year 2. Regular, meaningful, two-way engagement between Trust staff, governors, our members and members of the public 3. Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our future plans <p>An update on the actions that colleagues in the Membership Office have undertaken to achieve the goals are given in the enclosed paper.</p>	
Recommendation	
The Council of Governors is asked to NOTE the update on progress against the Year 2 action plan of the Membership and Engagement Strategy and propose any further suggestions to achieve the goals of the strategy.	

Report on progress against actions from the Membership and Engagement Strategy for Year 2 – 2021/22

Actions	Progress
<p>Produce a recruitment and engagement plan</p> <p>Analyse membership and recruit members with focus on under-represented groups</p>	<p>We have established a Membership and Engagement Working Group (MEWG), which will co-create activities with the Membership Office to achieve the goals in the Membership and Engagement Strategy, including all recruitment and engagement activities, monitoring performance against the goals in the strategy and reporting to the Council of Governors on progress.</p> <p>The MEWG met for the first time in March 2022 and a full action plan is being developed to progress recruitment and engagement activities.</p> <p>We have established links with a variety of organisations in an effort to increase awareness of membership and recruit members from areas where we are under-represented and we have issued promotional flyers regularly.</p> <p>We have been unable to undertake any direct recruitment activities during the year due to the Covid-19 pandemic.</p>
<p>Promote governors widely and increase opportunities for governors to contact members and vice versa</p>	<p>Our members' newsletter, Foundation News, is now sent out to members with an e-mail from the governor/s elected to members' constituencies.</p> <p>Feedback is that members have appreciated the direct communication from their elected governors.</p> <p>New members now receive their welcome letter from the elected governor/s for their constituency.</p> <p>The "contact your governor" inbox for members to contact governors is widely publicised in communications with members and on our website.</p>

Actions	Progress
<p>Give governors opportunities and skills to seek out views on changes</p>	<p>Opportunities: Programme of engagement events being developed by the MEWG with full schedule of events due for completion by 30-Jun-22.</p> <p>This will include governors becoming involved in Healthwatch events once face-to-face events are reinstated.</p> <p>The Director for Healthwatch Calderdale is a member of the MEWG which will be very helpful in terms of joint engagement events.</p> <p>Skills: Training on Public and Member Engagement for public and staff governors has been commissioned from NHS Providers.</p> <p>Session to be delivered on 23-May-22.</p>
<p>Give governors opportunities to feed back to members/public information about strategic proposals made by the trust board</p> <p>Increase opportunities for members to express views on service changes and comment on forward plans</p>	<p>We have developed plans to send e-mails to members from elected governor/s (public and staff) three times per year with updates on service changes, Board decisions, forward plans and improvements etc.</p> <p>Members will be asked to give feedback to the Trust on the information contained in the updates.</p> <p>First e-mail to be sent out in April 2022.</p>
<p>Introduce series of member events</p>	<p>We undertook an electronic survey of members during the year, in order to establish how and when members want us to engage with them.</p> <p>Members told us that they are interested in attending member events and suggested a variety of possible topics. However the majority of members said they would only want to attend face-to-face events (as opposed to virtual events).</p> <p>As face-to-face events are not possible presently due to the pandemic, this work will</p>

Actions	Progress
	<p>remain on the MEWG's action plan going forward.</p>
<p>Increase opportunities for members to be involved in service changes</p>	<p>We have introduced a “getting involved” section in our members’ newsletter, Foundation News, which offers members opportunities to get involved in activities such as user panel interviews, Observe and Act exercises, Impact Assessment Panels and surveys.</p> <p>Members are regularly involved in user panels and Observe and Act exercises.</p> <p>A small cohort of public members has been invited to attend meetings of the MEWG to give their views on membership activities from a member’s perspective.</p> <p>Two of these members attended the first meeting of the MEWG and have since indicated that they appreciated being involved in this way.</p>

18. Constitutional Changes regarding Associate Non-Executive Director

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 21 April 2022
Meeting:	Council of Governors
Title of report:	Changes to the Trust Constitution regarding Associate Non-Executive Directors
Author:	Andrea McCourt, Company Secretary
Purpose of the Report	
This paper presents the Constitution Changes for the Council of Governors approval to incorporate the role of Associate Non-Executive Directors.	
Key Points to Note	
<p>Constitution</p> <p>The Trust Constitution needs to incorporate the role of Associate Non-Executive Directors and the Council of Governors is requested to approve the additions highlighted (in red font) in Appendix L2, detailing this at the following sections:</p> <ul style="list-style-type: none"> - Section 24 - Board of Directors composition - addition of 24.7 - Section 25 - Appointment and removal of Chair, Deputy Chair and other Non-Executive Directors - Section 27 - Board of Directors - tenure of Non-Executive Directors 	
Recommendation	
The Council of Governors is asked to APPROVE the proposed changes to the Trust Constitution - addition to sections 24, 25 and 27 of the Constitution relating to Associate Non-Executive Directors.	

**Extract from the Trust Constitution - Proposed Additions regarding
Associate Non-Executive Director**

24. Board of Directors – composition

- 24.1 The Trust is to have a Board of Directors. It is to consist of executive and non-executive directors.
- 24.2 The Board of Directors is to comprise:
- 24.2.1 a non-executive Chair;
 - 24.2.2 up to 6 other non-executive directors;
 - 24.2.3 up to 6 executive directors.
- 24.3 One of the executive directors shall be the Chief Executive who shall be the Accounting Officer.
- 24.4 One of the executive directors shall be the finance director.
- 24.5 One of the executive directors is to be a registered medical practitioner.
- 24.6 One of the executive directors is to be a registered nurse or a registered midwife.
- 24.7 **The Board may appoint associate non-executive directors to provide additional advice and expertise to the Board or its Committees. These are non-voting appointments.**

25. Board of Directors – appointment and removal of the Chair, Deputy Chair and other non-executive directors, including associate non-executive directors

- 25.1 The Council of Governors shall appoint a Chair of the Trust.
- 25.2 The Board of Directors will appoint one non-executive director to be Deputy Chair of the Trust. This individual may, through agreement with the Chair, take on the role of Senior Independent Non-Executive Director (SID).
- 25.3 The Chair and Deputy Chair will be the Chair and Deputy Chair of both the Council of Governors and the Board of Directors.
- 25.4 To be eligible for appointment as a non-executive director **or associate non-executive director** of the Trust the candidate must demonstrate a commitment to the Trust and the communities it serves and live within reasonable travelling distance.

- 25.5 The Council of Governors at a general meeting shall appoint or remove the Chair of the Trust and the other non-executive directors **and associate non-executive directors**.
- 25.6 Non-Executive Directors **and Associate Non-Executive Directors** are to be appointed by the Council of Governors using the following procedure:
- 25.6.1 The Board of Directors will work with the external organisations recognised as expert in non-executive appointments to identify the skills and experience required
- 25.6.2 Appropriate candidates will be identified by the Board of Directors who meet the skills and experience required
- 25.6.3 A sub-committee of the Council of Governors (not exceeding four persons) including the Chair, will interview a short list of candidates and recommend a candidate for appointment by the Council of Governors.
- 25.7 Removal of the Chair or other non-executive director shall require the approval of three-quarters of the Council of Governors.
- 25.8 The Board of Directors shall appoint one non-executive director to be the Deputy Chair of the Trust.

27. Board of Directors – tenure of Non-Executive Directors **and Associate Non-Executive Directors**

- a. The Chair and the Non-Executive Directors are to be appointed for a period of three years.
- b. The Chair and the Non-Executive Directors will serve for a maximum of two terms.
- c. In exceptional circumstances a Non-Executive Director (including the Chair) may serve longer than six years (two three-year terms). Any subsequent appointment will be subject to annual re-appointment. Reviews will take into account the need to progressively refresh the Board whilst ensuring its stability. Provisions regarding the independence of the Non-Executive Director will be strictly observed.
- d. **The tenure of Associate Non-Executive Directors will be determined on a case by case basis and will be no longer than that stipulated at 27b above.**

19. COMPANY SECRETARY REPORT

a. Governor Elections 2022

b. Review Council of Governors

Attendance Register for the Annual
Report and Accounts 2021/22

c. Date of the 2022 Annual General
Meeting

d. Review Council of Governors

Declarations of Interest Register

e. Receive Register of Council of
Governors

To Approve

Presented by Andrea McCourt

Date of Meeting:	Thursday 21 April 2022
Meeting:	Council of Governors
Title of report:	Company Secretary's Report – Governance
Author:	Andrea McCourt, Company Secretary
Purpose of the Report	
This report brings together the following items for receipt, noting and approval by the Council of Governors in April 2022.	
Key Points to Note	
<p>a) Governor Elections 2022</p> <p>At its meeting on 27 January 2022, the Council of Governors, in light of national guidance, agreed that governor elections would not be held in 2022 releasing capacity to manage the Covid-19 pandemic. It was also agreed to continue the current lead governor arrangement for 2022, with Stephen Baines continuing as lead governor for the year. All governors whose tenure was coming to an end were asked and agreed to continue for a further year. These governors were:</p> <p>Public Governors Veronica Woollin, North Kirklees Stephen Baines, Skircoat and Lower Calder Valley John Gledhill, Lindley and the Valleys</p> <p>Staff Governors Sally Robertshaw, Allied Healthcare Professionals/HCS/Pharmacists</p> <p>The Council of Governors is asked to NOTE the update on the 2022 Governor Elections and governors who have had their term extended for a further year.</p> <p>b) Review Council of Governors Attendance Register for the Annual Report and Accounts 2021/22</p> <p>The Council of Governors' are asked to check the record of attendance at Council of Governor meetings and advise of any discrepancies before 30 April 2022, following which they will be published in the Annual Report in June 2022. This is detailed at Appendix M2.</p> <p>c) Date of the 2022 Annual General Meeting</p> <p>The Council of Governors is advised that the joint Board of Directors/Council of Governors' Annual General Meeting will be held virtually by Microsoft teams. A proposed date is being discussed by the Chair and Chief Executive and an update will be provided at the meeting. It is anticipated the Annual General Meeting will be held before the end of July 2022. The event will take place virtually from 5:00 pm - 6:30 pm.</p>	

d) Review of Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register is attached at Appendix M3 for review. All governors must ensure they have submitted an annual declaration of interest. Any changes to current declarations are to be notified to Amber Fox, Corporate Governance Manager by 30 April 2022, including request form to submit a declaration. A link to the Council of Governors Declarations of Interest Register is included in the 2021/22 Annual Report.

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

e) Receive Register of Council of Governors

The current Register of Council of Governors as of 31 March 2022 is attached at Appendix M4 for information.

The Council of Governors is asked to **RECEIVE** and **NOTE** the Register of Council of Governors as of 31 March 2022.

Recommendation

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

- Council of Governors Attendance Register for the Annual Report and Accounts 2021/22
- Council of Governors Declarations of Interest Register

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

- Update on the 2022 Governor Elections and governors who have had their term extended for a further year
- Update provided on the 2022 Annual General Meeting
- Register of Council of Governors as of 31 March 2022

Attendance	✓	Apologies	✗	Not elected/in post	
				Did not attend	

COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS ATTENDANCE AT COUNCIL OF GOVERNOR MEETINGS – 1 APRIL 2021 – 31 MARCH 2022

MEETING DATES		22.04.21	15.07.21	28.07.21 AGM	21.10.21	26.10.21 (Extra-ordinary)	14.12.21 (Extra-ordinary)	27.01.22	14.03.22	TOTAL
1 – Calder & Ryburn Valleys	Jude Goddard (until 28.07.21)	✗	✗							0/3
	Peter Bamber (from 28.07.21)				✓	✓	✓	✗	✓	4/5
	Gina Choy (from 28.07.21)				✓	✓	✓	✓	✓	5/5
2 – Huddersfield Central	Sheila Taylor (until 28.07.21)	✓	✓	✓						3/3
	Christine Mills	✓	✓	✓	✓	✓	✓	✓	✓	8/8
	Robert Markless (from 28.07.21)				✓	✗	✓	✓	✗	3/5
3 – South Huddersfield	Isaac Dziya (from 28.07.21)					✓	✗	✓		2/5
	Chris Owen									0/3
4 – North Kirklees	Veronica Woollin	✗	✗	✓	✓	✓	✗	✓	✓	5/8
	VACANT SEAT									
5 – Skircoat & Lower Calder Valley	Stephen Baines	✓	✓	✓	✓	✓	✓	✓	✓	8/8
	Brian Richardson (until 28.07.21)	✗	✗	✗						0/3
	Nicola Whitworth (from 28.07.21)				✓		✗	✗	✗	1/5
6 – East Halifax & Bradford	Annette Bell (until 28.07.21)	✗	✓	✓						2/3
	Peter Bell (from 28.07.21)				✗	✗	✗			0/5
7 – North and Central Halifax	Lynn Moore (until 28.07.21)	✓	✗	✓						2/3

	Alison Schofield	✓	✓		✓	✓	x	✓	x	5/8		
	Chris Matejak (from 28.07.21)								x	0/5		
8 - Lindley & The Valleys	John Gledhill	✓	✓	✓		x	✓	✓	x	5/8		
	Brian Moore (from 28.07.21)				✓	✓	✓	✓	✓	5/5		
9 – Staff – Drs/Dentists	Sandeep Goyal (from 28.07.21)									0/5		
10 – Staff - AHPs/HCS/Pharmacists	Sally Robertshaw	x			✓	✓	✓		✓	4/8		
11 – Staff – Management / Admin	Linzi Jane Smith (until 28.07.21)	✓	✓	✓						3/3		
	Emma Kovaleski (from 28.07.21)					✓	x	✓	✓	3/5		
12 – Ancillary	Jo Kitchen (from 28.07.21)				x			x		0/5		
13 – Staff – Nurses / Midwives	Liam Stout (from 28.07.21)				✓	✓	x	✓	x	3/5		
	Jason Sykes (from 28.07.21)				✓				x	1/5		
Stakeholder Governors (Appointed)	University of Huddersfield	Prof Joanne Garside	✓	✓		✓	✓	x	✓	✓	6/8	
	Calderdale Metropolitan Council	Cllr Megan Swift	x	✓		✓			x	✓	3/8	
	Calderdale and Huddersfield Solutions Ltd.	Robert Dadzie	✓	✓		x	x	x			2/6	
	Kirklees Metropolitan Council	Cllr Lesley Warner	✓	✓		✓	x	✓	✓		5/8	
	Healthwatch Kirklees / Calderdale	Helen Hunter	x	x		✓	✓	x				2/6
		Karen Huntley							✓	x		1/2
	Locala	Chris Reeve	x	x		x	x		x		0/8	
	South West Yorkshire Partnership NHS Foundation Trust	Salma Yasmeen	✓	✓	✓	x	✓	x	x		4/8	

DIRECTORS / NON-EXECUTIVE DIRECTORS	22.04.21	15.07.21	28.07.21 AGM	21.10.21	26.10.21 (Extra-ordinary)	14.12.21 (Extra-ordinary)	27.01.22	14.03.21	TOTAL
Philip Lewer (Chair)	✓	x	✓	✓	✓	✓	✓	✓	7
Alastair Graham, Non-Executive Director	Not allocated	✓	x	Not allocated	Not allocated	✓	Not allocated	Not allocated	2
Andy Nelson, Non-Executive Director	✓	Not allocated	✓	Not allocated	Not allocated	✓	✓	Not allocated	4
Andrea McCourt, Company Secretary	✓	✓	✓	✓	✓	✓	✓	✓	8
Karen Heaton, Non-Executive Director	Not allocated	✓ (Acting Chair)	x	Not allocated	✓	✓	✓	Not allocated	4
Richard Hopkin, Non-Executive Director	Not allocated	Not allocated	✓	✓	Not allocated	✓	Not allocated	Not allocated	3
Denise Sterling, Non-Executive Director	✓	Not allocated	✓	Not allocated	✓	✓	Not allocated	Not allocated	4
Peter Wilkinson, Non-Executive Director	Not allocated	Not allocated	✓	✓	Not allocated	x	Not allocated	Not allocated	2
David Birkenhead, Medical Director	Not allocated	Not allocated	✓	Not allocated	Not allocated	Not allocated	Not allocated	Not allocated	1
Gary Boothby, Director of Finance	✓	x	✓	x	Not allocated	Not allocated	✓	Not allocated	3
Helen Barker, Chief Operating Officer	x	x	✓	Deputy	Deputy				1
Jo Fawcus, Chief Operating Officer (from 11.21)						Not allocated	Deputy	Not allocated	0
Ellen Armistead, Director of Nursing	Not allocated	Not allocated	✓	✓	Not allocated	Not allocated	x	Not allocated	2
Owen Williams, Chief Executive	✓	x	✓	✓	Not allocated				3
Brendan Brown, Chief Executive (from 04.01.22)							✓	✓	2
Suzanne Dunkley, Director of Workforce and OD	Not allocated	Not allocated	✓	Not allocated	✓	Not allocated	Not allocated	✓	3
Stuart Sugarman, Managing Director, CHS	Not allocated	Not allocated	✓	Not allocated	Not allocated	Not allocated	✓	Not allocated	2

**DECLARATION OF INTERESTS REGISTER – COUNCIL OF GOVERNORS
AS AT 31 MARCH 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	-	-	-	-	-	-
25.08.21	Chris MATEJAK	Public Elected - North and Central Halifax	-	-	-	-	-	-

DATE OF SIGNED FORM	NAME	COUNCIL OF GOVERNORS STATUS	DIRECTORSHIP	OWNERSHIP	CONTROLLING SHAREHOLDING	AUTHORITY IN A CHARITY /BODY	VOLUNTARY OR OTHER CONTRACTING FOR NHS SERVICES	OTHER EMPLOYMENT (PAID OR NON-PAID) & MEMBER OF PROFESSIONAL ORGAN'S
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15.03.21	Christine MILLS	Public Elected - Huddersfield Central	-	-	-	-	-	-
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

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

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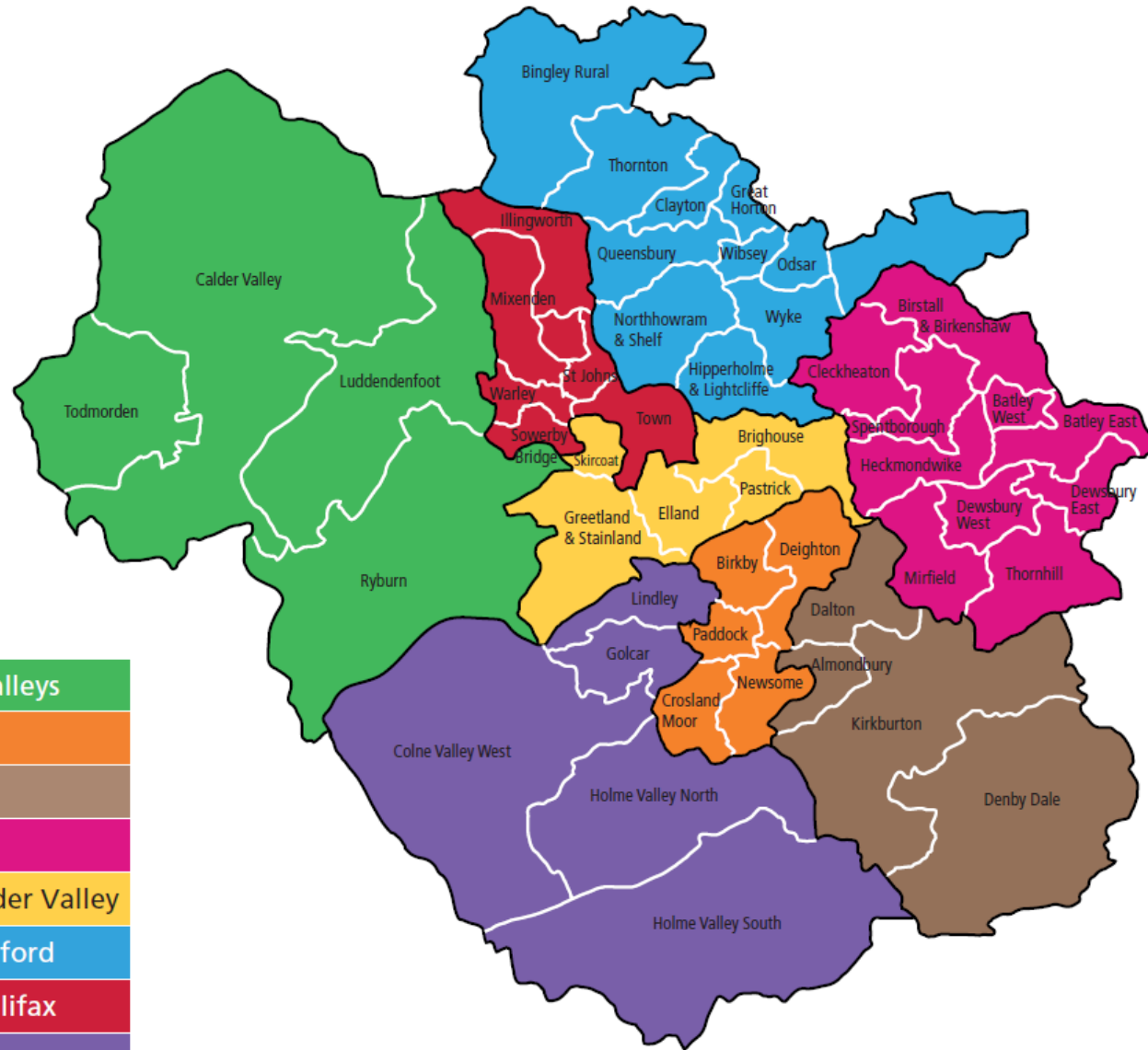
APPOINTED GOVERNORS - STAKEHOLDERS								
	Abdirahman DUAALE	Calderdale & Huddersfield Solutions Ltd.						
11.3.21	Joanne GARSIDE	University of Huddersfield	Strategic Director of the Health and Wellbeing Academy at the University of Huddersfield	-	-	-	-	Registered with the Nursing and Midwifery Council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

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

**COUNCIL OF GOVERNORS REGISTER
AS AT 31 MARCH 2022**

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

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
STAFF – ELECTED				
9 - Drs/Dentists	Sandeep Goyal	27.07.21	3 years	2024
10 - AHPs/HCS/ Pharmacists	Sally Robertshaw	17.7.19	3 years	2022
11 - Mgmt/Admin/ Clerical	Emma Kovaleski	27.07.21	3 years	2024
12 – Ancillary	Jo Kitchen	27.07.21	3 years	2024
13 – Nurses/Midwives	Liam Stout	27.07.21	3 years	2024
13 – Nurses/Midwives	Jason Sykes	27.07.21	3 years	2024
APPOINTED GOVERNORS				
University of Huddersfield	Prof Joanne Garside	01.01.21	3 years	2024
Calderdale Metropolitan Council	Cllr Megan Swift	3.10.17 Extended 1 year 2 years	3 years 1 year 2 years	2020 2021 2023
Calderdale Huddersfield Solutions Ltd (CHS)	Abdirahman Duaale	31.03.22	3 years	2025
Kirklees Metropolitan Council	Cllr Lesley Warner	14.6.19	3 years	2022
Healthwatch Kirklees and Healthwatch Calderdale	Karen Huntley	20.12.21	3 years	2024
Locala	Chris Reeve	21.11.17 21.11.20	3 years 3 years	2020 2023
South West Yorkshire Partnership NHS FT	Salma Yasmeen	18.10.17 18.10.20	3 years 3 years	2020 2023



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

20. RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

- a. Quality Committee held 05.01.22 &
21.02.22
- b. Workforce Committee held 15.02.22
- c. Charitable Funds Committee held
08.02.22
- d. Audit and Risk Committee held on
25.01.22
- e. Finance & Performance Committee
held on 06.01.22 & 31.01.22

For Information

QUALITY COMMITTEE

Wednesday, 5 January 2022

STANDING ITEMS

01/22 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Gina Choy (GC)	Public Elected Governor
Lisa Cook (LC)	Head of Risk and Compliance
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Jo Fawcus (JF)	Chief Operational Officer
Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee
Jo Kitchen (JK)	Staff Elected Governor
Elisabeth Street (ES)	Clinical Director of Pharmacy
Lucy Walker (LW)	Quality Manager, NHS Calderdale / Greater Huddersfield / North Kirklees CCGs
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Anita Hill (AH)	Medication Safety Officer (item 07/22)
Nimra Rizwan (NR)	Student Nurse on Placement (observing)

02/22 APOLOGIES

Dr David Birkenhead (DB)	Medical Director
Enzani Nyatoro (EN)	Interim Associate Director of Quality and Safety
Dr Cornelle Parker (CP)	Deputy Medical Director
Lindsay Rudge (LR)	Deputy Director of Nursing

03/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

04/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday 6 December 2021 were approved as a correct record. The action log can be found at the end of these minutes.

05/22 MATTERS ARISING

Getting It Right First Time (GIRFT) Update

ACTION: To be deferred to the next meeting

SAFE

06/22 Q3 INFECTION PREVENTION AND CONTROL REPORT

A copy of the quarter 3 report was available at appendix D.

Due to the report being submitted late, the Chair proposed that the Committee read the paper and direct any questions to Dr David Birkenhead and herself for clarification.

07/22 Q3 MEDICAL GASES GROUP REPORT

Anita Hill presented the quarter 3 medical gases group report at appendix E, updating the Quality Committee on the current medical gas position, progress with previous recommendations to improve compliance with required standards, and to highlight any new areas of concerns or risks and actions being taken to resolve and mitigate.

With regard to the Nitrous Oxide medical gas pipeline testing, and the Service Level Agreement (SLA) with Bradford, the Chair asked if there were any concerns or risks. **ES** stated that the Huddersfield Pharmacy Specials (HPS) team have offered to negotiate with Bradford or another NHS provider to carry out the testing until the SLAs are finalised.

In relation to the development of a new Acute Respiratory Unit, **KH** asked for any progress with the business case. **ES** stated that it was signed off by the Commercial Investment and Strategy Committee in November 2021 but can gather further detail from Julian Chadha (General Manager, Service Planning) if required.

Regarding the safety questions as part of the Healthcare Safety Investigation Branch report, **KH** asked what action is being taken to reduce the risk of the inability to notice alarms of continuous positive airway pressure (CPAP) / bilevel positive airway pressure (BiPAP) patients in a side room. **AH** stated that risk was escalated for any mitigations, in addition to what is currently being done, however, a follow-up meeting with the matron has not yet taken place. It is known that regular checks are made on patients, and cohorting plans are put in place, dependent on the type of patient and how they are positioned in the rooms. The risk is being managed with the staffing resources available.

ES enquired as to whether the recommendations from the Healthcare Safety Investigation Branch reports will be followed up in the same way as the patient safety alerts. **LC** confirmed that they will form part of the Central Alert System (CAS) Policy.

OUTCOME: **AH** was thanked for the comprehensive report, and no further questions were raised by the Quality Committee.

08/22 HIGH LEVEL RISK REGISTER

Lisa Cook presented the high level risk register for December 2021 at appendix F.

It was noted that the high level risk register was reviewed at the Risk Group in December 2021. The Group are reviewing the terms of reference to focus more on mitigating actions and measurable outcomes linked to risks, to reflect more accurately on the scores of risks.

There were no new risks onto the high level risk register since the last report to the Quality Committee in October 2021; one risk was removed; one risk had an increased score and one risk had a reduced score.

- Removed - Risk 7557: Meeting Royal College of Paediatrics and Child Health (RCPCH) guidelines in the emergency department. This risk was reduced to a 12.
- Increased - Risk 7615: Not meeting the four hour emergency care standard.
- Reduced - Risk 7930: Ophthalmology delayed treatment for glaucoma resulting in an increased risk of sight loss (COVID-19 risk)

The Chair mentioned that a number of risks had not been updated since July 2021 and asked why this was. **LC** stated that this was also raised at the Risk Group, and the risk management team have contacted relevant individuals about their risks, and now have a workplan for those which require a review. This is linked to a bigger piece of ongoing work with clinical leads and divisions around measurable outcomes, to ensure that mitigations are working and improving. The narrative of some risks suggest an improving position; however, this is not always

reflected in the risk score. The Chair also suggested that if a risk has been reviewed but not changed, that this should be reflected with a statement.

A copy of the full risk register was available at appendix F2.

OUTCOME: **LC** was thanked for the report and there were no further questions from the Quality Committee.

CARING

09/22 CLINICAL OUTCOMES GROUP REPORT

A copy of the draft minutes from the December 2021 Clinical Outcomes Group was available at appendix G.

The Chair asked that any queries are forwarded to Dr David Birkenhead for clarification.

The Chair queried about the item linked to the section on the Falls Collaborative, and whether any contact has been made with peer Trusts who may have a Falls Team, to ascertain whether their outcomes or performance with falls is better than that of CHFT. It was stated that it would be useful to explore the pros and cons of different ways of working, and it was suggested that this is linked into the next scheduled update from the Falls Collaborative into the Quality Committee in March 2022.

10/22 CHILDREN'S EXPERIENCE

Ellen Armistead provided a verbal update on the CQC-commissioned inpatient children's experience report. The survey, published in November 2021, had around a 22% response rate from parents and families of inpatient children.

CHFT received early notification of the survey scores, which range from 'much better', 'better', 'somewhat better', 'much worse', 'worse', 'somewhat worse', or 'the same', and CHFT were informed of a result of 'worse' than other trusts. When the information was reviewed, it became apparent that the Trust scored poorly in relation to access to play areas, play specialists and food, however, the reasons for this were COVID-related, in that CHFT have strict rules and a stringent approach to infection prevention control in playrooms and to catering.

With regard to one of the areas where CHFT scored 'better', 'somewhat better' or 'much better', this will be taken back into the division for an improvement plan to be developed on the experience of inpatient children and their parents. This update will be submitted into the Quality Committee on a quarterly basis.

GC asked if there was a timeline for when the improvement plan will be put forward. **EA** reported that the division have been asked to have their plan submitted by the end of January 2022 and will be on the March 2022 Quality Committee agenda.

OUTCOME: **EA** was thanked for the verbal update.

RESPONSIVE

11/22 QUALITY REPORT

Ellen Armistead presented the Quality Report at appendix H, providing key points from the detailed report on Care Quality Commission, dementia screening, experience, participation and equalities, legal services, incidents, medicine safety, maternity services, and bi-monthly updates from the quality account priorities and the focused quality priorities.

KH mentioned dementia screening and the importance of improving compliance. It was requested that the dementia team is invited back to the Quality Committee to provide an update.

In terms of the legal services' backlog in relation to inquests, the Chair asked if there were any peer trust comparison figures. **EA** stated that the backlog was a national issue.

With regard to the maternity report, and the work being done on the number of midwives required for the continuity of carer model, the Chair asked what the CHFT gap was in terms of recruiting. **EA** stated that a discussion has taken place with the Local Maternity System, who are all in the same position with huge gaps, if continuity of carer is implemented in the way expected. If the funding was made available, the likelihood of recruiting the number of midwives expected is slim. **EA** also stated that there is a shift in opinion to starting to look at the equivalent of the trainee nurse associate in maternity services, to try to boost the workforce, and that chief nurses across the West Yorkshire Association of Acute Trusts, are in agreement to strongly support the antenatal and the postnatal continuity of carer model in order to achieve the required target. It was also noted that once the labour element of continuity of carer is added, that challenges arise. **EA** reported that the Head of Midwifery and the division are in the process of compiling an action plan which will define in more detail the gaps and what the risk mitigations may be.

In relation to quality priorities, **EA** stated that the key performance indicators will be simplified for the divisions to enable them to focus on their improvement plans.

OUTCOME: **EA** was thanked for the update.

12/22 INTEGRATED PERFORMANCE REPORT

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

Trust performance for November 2021 was 62% which was a further deterioration from the October position, with the key change being in the finance domain which is now red. The safe domain remains green. The caring domain remains amber with two of the five Friends and Family Test areas green (Inpatients and Community) but maintaining performance in complaints is still a challenge. Dementia screening has fallen in month, following three months of improvement and at 35%, is still some way short of target. The effective domain remains green, although the Summary Hospital-level Mortality Indicator (SHMI) remains above 100 and fractured neck of femur access is around 57% in month and year to date. The responsive domain is the most volatile during this period of operational challenge and is still amber with no real change in performance in month. Stroke indicators alongside the underperformance in the main planned access indicators and emergency department are the main challenges. Workforce remains amber with short-term non-COVID sickness at its highest rate in over 12 months. Return to Work Interviews are at lowest rate since January 2021. Finance domain is now red following deterioration in a number of indicators in month.

JF reported that the Emergency Care Standard in November 2021 was 76.8%, which was a slight improvement on the October 2021 position. Currently, the number of patients through the emergency department decreased in December 2021, however, challenges are now being seen as in January 2021 across access to primary care, due to 24% of GP practices in the Calderdale and Kirklees region closed, or providing services from other practices, owing to Omicron and staffing shortages. The main problem in December 2021 was around flow and capacity and access to beds, which will always remain.

With regard to the urgent care footprint, good experiences for patients are being maintained with a focus on ambulance handovers, given the staffing challenges across the system. The urgent care team have done exceptionally well across the Christmas and New Year period in maintaining handover standards for patients.

At the time of the report, finance was reporting a £1.6 million deficit year to date. With the increase in COVID patients, this will present another challenge around finance, and divisions are working on cost improvement plans through to the end of this financial year and next year.

JE reported on workforce and the single biggest challenge of sickness absence, with a significant increase beyond the 4% target. Sickness is monitored daily and the impact on ability to deliver safe staffing and services. Cases continue to be managed on an individual basis, with return to work interviews at their lowest rate due to pressures. The approach has been amended to ensure that activities are filled, and support is being provided for colleagues with any longer-term underlying issues they may require, to ensure they can attend work regularly.

JF reported that since Christmas Eve, there has been a dramatic increase in the number of COVID patients in the hospitals. There were 22 on Christmas Eve, and now at 107 today, with four in the intensive care unit (ICU). As Omicron spreads through to the older population, it is not known if this, or the return to school, will have an impact. Recovery programmes around electives are being maintained, however, it is not known how long this will be sustained if the surge and staffing deficits continue to rise.

In terms of bed management, the Chair asked how many additional beds have been opened. **JF** reported that over the weekend, there was a rise in the number of admissions, however, discharges traditionally decrease at weekends and bank holidays. The decision was made to open up the cardiac angiography area at Calderdale, which provided 11 extra beds, however, there were also 11 blocked beds on the Calderdale site due to COVID contact. The HRI site was more of a challenge, due to three wards being shut due to Norovirus. The discharge lounge at HRI was opened as a bedded area, and the birth centre, which is attached to the discharge lounge, was also opened as a bedded area for inpatients, placing further strain on staffing. A decision was also made to use the ambulatory area at Calderdale as an inpatient area and relocate the entire ambulatory same-day emergency care service across to the HRI site. Unfortunately, this needed to take place, due to the need of some patients' access to treatment for a 24-hour period. Those escalation areas have tried to be closed over the last few days; however, it has been difficult, and will be attempted for the coming weekend.

In relation to staffing, **GC** stated that whilst there is a finite number of staff, it was asked how the areas which are being opened will be staffed, and what impact it will have on colleagues who are already at full capacity. **JF** stated that at some point, consideration will need to be given on what elective work is stopped, and how staff are utilised, for example, what activities can clinical nurse specialists stop to support wards. **EA** stated that additional areas are not opened lightly, and that very stringent staffing oversight and scrutiny takes place. It was stated that the message around discharging needs to be pushed, as well as working with system partners to get delayed transfers of care lists reduced.

The Chair asked about the successful pilot of the High Intensity User (HIU) service as part of the 'you said, we did' section of the report, and queried whether the service will continue, and how likely it would be funded. **EA** stated that there is a new full time role to coordinate services for this group of patients.

OUTCOME: **EA** and **JF** were thanked for the updates and the Quality Committee noted the report.

POST MEETING REVIEW

13/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- the comprehensive Medical Gases report and good progress made on the medical gases agenda

- an update on the Children's experience and the development of an improvement plan which will be monitored through the Quality Committee.
- an update on the integrated performance report and that the finance domain is now in the red, and the work being done with the escalating COVID position
- an update on the Quality Report and the improving position of patient safety alerts, and the closing of a long-outstanding alert
- Work which is being done to support divisions on reporting of their quality priorities

14/22 REVIEW OF MEETING

- Good management of the meeting where the order of the agenda frequently changed

15/22 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

16/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at Appendix J for information.

NEXT MEETING

Monday, 21 February 2022

3:00 – 4:30 pm

Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON WEDNESDAY, 5 JANUARY 2022

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
CURRENT ACTIONS				
08.11.21 (203/21)	GIRFT	Dr Cornelle Parker	It was noted that the outcomes of the process for CHFT were missing from the report, for example, the quality improvements, the efficiency improvements that have been a result of the investments and the work carried out. CP stated that a selection of the quality improvement benefits gained from those action plans can be provided. Action: That an update is provided in January 2022 on the outcomes of the process. Update Jan 2022: To be deferred to the next meeting.	See agenda item 21/22
11.10.21 (221/21)	Trust PSQB Report - Central Alert System (CAS) process	Head of Risk and Compliance / Assistant Director of Quality and Safety	The process around the Central Alert System (CAS) alerts is currently being reviewed by the Risk management team. An update on progress was asked to be provided at the next meeting. Action: That an update on the CAS process is provided at the next meeting. Update Jan 2022: LC reported that the draft Policy is still being revised, and input from the permanent Assistant Director of Quality and Safety (start date to be confirmed) would be required. A formal update on the alert process will be submitted to the next meeting.	See agenda item 22/22
CLOSED ACTION				
11.10.21 (221/21)	Trust PSQB Report - Community	TBC	In terms of the community responses, it was stated that it would be useful for the Quality Committee to have an update and context on the new urgent responsive model that Community are rolling out and implementing. Action: For the new Community model to be an agenda item at a future meeting. Update Jan 2022: Item now added to the Quality Committee workplan and item to followed up as to when will be brought to the meeting.	CLOSED January 2022

QUALITY COMMITTEE

Monday, 21 February 2022

STANDING ITEMS

17/22 WELCOME AND INTRODUCTIONS

Present

Karen Heaton (KH)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Gina Choy (GC)	Public Elected Governor
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Nicola Seanor (NS)	Associate Non-Executive Director
Kim Smith (KS)	Assistant Director for Quality and Safety
Elisabeth Street (ES)	Clinical Director of Pharmacy
Laura Bailey (LB)	Governance Support Administrator (Facilitating)

In attendance

Carol Gregson (CG)	Corporate Matron (item 24/22)
Alison Edwards (AE)	Safeguarding Lead (item 25/22)
Philip Lewer (PL)	Chairman (observing)
Meinir Smith (MS)	Quality Manager, Kirklees and Calderdale CCG (observing)
Shajenur Rahman (SR)	Risk Manager (for Lisa Cook)
Debbie Winder (DW)	Head of Quality at Kirklees and Calderdale CCG (observing)

18/22 APOLOGIES

Michelle Augustine (MA)	Governance Administrator
Dr David Birkenhead (DB)	Medical Director
Lisa Cook (LC)	Head of Risk and Compliance
Jo Fawcus (JF)	Chief Operational Officer
Jo Kitchen (JK)	Staff Elected Governor
Dr Cornelle Parker (CP)	Deputy Medical Director
Lindsay Rudge (LR)	Deputy Director of Nursing
Denise Sterling (DS)	Non-Executive Director
Lucy Walker (LW)	Quality Manager for CCGs

19/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

20/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Wednesday; 5 January 2022 were approved as a correct record. The action log can be found at the end of these minutes.

21/22 MATTER ARISING: GETTING IT RIGHT FIRST TIME (GIRFT) UPDATE

The Chair highlighted the report circulated at appendix C and asked for any comments from the Committee.

EA noted discussion at the Efficient use of Resources Group regarding the financial benefits of Getting It Right First Time and asked that feedback is relayed to CP of a potential request from that Group in relation to inefficiencies.

KH noted that within the report, several reviews which were due in December and January from the medical division, will be expected to be reported on in the subsequent report.

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

22/22 MATTER ARISING: CENTRAL ALERT SYSTEM (CAS) PROCESS UPDATE

Kim Smith presented the update at appendix D, regarding a revised process on safety alerts coming into the organisation, disseminated, and acted upon. Attention was brought to the validation section of the flowchart where a further process has been added to ensure evidence is available regarding compliance. A further piece of work regarding audit will also take place to ensure ongoing monitoring and implementation going forward. **KS** noted that since this process was implemented, some safety alerts have been closed before their deadline.

EA noted the importance of the process and requested that this is monitored by the Quality Committee. Thanks were conveyed to those involved in the work, and the anticipated performance as a result.

PL reiterated **EAs** comments and felt assured with the new process.

OUTCOME: The Quality Committee noted the thorough update.

AD HOC REPORTS

23/22 UPDATE ON SERIOUS INCIDENTS' POSITION AND PROCESS

Shajenur Rahman presented the serious incident report at appendix E1, which provided an update on the current position on serious incidents, associated investigations and action plans.

The incident management policy (see item 30/22) has been reviewed and taken through the Risk group for approval, with an added serious incident investigation flow chart.

It was noted that during a Clinical Commissioning Group meeting last month, it was acknowledged that CHFT, compared to other Trusts, are in a better place in terms of submitting reports in a timely manner and allocating serious incidents to investigators.

EA mentioned the issue around the deteriorating patients and asked for a formal report into Quality Committee in April 2022.

ACTION: Report to be requested for Quality Committee in April 2022.

In terms of investigators for serious incidents, **EA** also commented that this has been quite a challenge, and a proposal on whether the process for allocating investigators remains as it is currently, or whether the process needs to be amended needs to be agreed. A conclusion for this will be followed-up outside of this meeting. In relation to assurance around the allocation of investigators, **KS** stated that as part of the investigation training, colleagues make a commitment to carry out a number of investigations throughout the year, and going forward, the training will be revised to support a 'buddy system', to ensure there is a real commitment to investigating leads regarding serious incidents.

KH provided an update from **DS**, who stated that following discussions with **LC**, this update to the Committee was welcomed, and is a much improved position, and anticipates the update on the outcomes from the extra focus on sharing learning.

SR also highlighted the Serious Incident terms of reference at appendix E2, which has been through various stages, and now at the Quality Committee for approval.

In terms of progressing investigation planning and training, **DW** stated that the new Patient Safety Incident Response Framework (PSIRF) will make a significant impact to the management of serious incidents. **DW** also asked whether the Clinical Commissioning Groups could attend the CHFT serious incident panel, to which **EA** agreed that an invitation to the meeting will be extended for attendance.

KS noted that the duties within the terms of reference have been strengthened around the assurance process for immediate actions and mitigating risks when an incident takes place,

and that the new direction on action plans has also been strengthened, ensuring they are smart actions which identify themes and trends. It was also noted that the serious incident panel has a responsibility to oversee complex cases and organisation-wide learning.

ES requested attendance to the serious incident panel as a representative for any incidents which are drug-related, or control drug related, which was agreed.

JE queried the size of the membership and asked whether the panel is able carry out its extensive duties in the scheduled two hours. **EA** stated that the panel has never had an issue with attendance, as the meeting is prioritised, and occasionally extended as necessary, to facilitate discussions. It was noted that the Chair of the panel needs to be amended on the terms of reference to state being either the Medical Director, Deputy Medical Director, Director of Nursing or Deputy Director of Nursing.

OUTCOME: The Quality Committee noted the report, and were in support of the terms of reference, with the proviso that changes to the membership are made.

24/22 NATIONAL STANDARDS FOR CLEANING REPORT

Carol Gregson was in attendance to present the above report at appendix F.

The National Standards of Cleaning 2021 replace the National Specifications for Cleanliness in the NHS 2007. The standards have always been part of the Trust; however, the main responsibilities are now with cleaning services.

The report highlights the responsibility between cleaning services, nursing colleagues and other clinical and non-clinical colleagues, on the requirements to comply to the standards. A group has been set up to support the implementation, however, the main impact on the organisation is that healthcare professionals will require training, the process for which has already begun. It was also noted that frequent audits will be taking place, with ratings viewable by the public. The standards are mandated to be completed by May 2022 and are currently on schedule for completion.

KH provided an update from **DS** who asked if the new standards have identified any areas of concern, or a difference in star ratings for different sites. **CG** stated that nothing has been identified as yet, however, high-risk areas have been visited and categorised to receive more frequent audits.

EA asked if there was an element of service-user feedback into the process about people's perception of cleanliness. **CG** stated that this is not included, and **EA** asked if anything could be done internally to ask patients or visitors what they thought of the standard of cleanliness. **CG** agreed to take this back to the working group for discussion.

JE mentioned the training and a discussion which took place at the Executive Board about potentially reducing the elements of essential safety training that colleagues are asked to undertake. **JE** asked if the training would be one-off or regular mandatory training. **CG** stated that training will be a short one-off training session.

OUTCOME: The Committee noted the report and requested an update in the future on the star ratings for each area, and any concerns.

SAFE

25/22 SAFEGUARDING COMMITTEE REPORT

Alison Edwards was in attendance to present the above report at appendix G, which provides assurance on key performance activity in relation to safeguarding children and adults, making reference to Prevent; Safeguarding response during the pandemic; Hidden Harms; Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) / Liberty Protection

Safeguards (LPS); Training; Safeguarding Supervision; Adult Safeguarding; Children's Safeguarding; Mental Health; Children Looked After and Care Leavers Calderdale and Maternity Safeguarding.

KH provided an update from **DS** who commented on the positive report which provides solid assurance to the Committee that safeguarding is appropriately addressed. **DS** asked if there have been any challenges to consistently accessing timely mental health services; and whether the updated service level agreement (SLA) with SWYFT increased capacity. **AE** was not aware that the SLA has increased capacity.

GC mentioned the challenges with training compliance, which will have a direct effect on patient care, and asked if there has been any progress on how training will be addressed. **AE** stated that colleagues now need to be supported with the understanding of online training, with a more targeted approach for colleagues. It is intended to canvas colleagues on what would work for them, rather than presenting a training package where colleagues have to attend. Moving forward, a more individualised package will be considered to increase the quality of training.

KS commented on the learning and training gaps and stated that a review of this has started from a quality and safety view, with an approach to blended learning and different ways of engaging colleagues, with some 'how to' guides which will be available on the intranet, as well as 'take five' posters, and some face-to-face learning around incident reporting, risk management and DATIX. A report will be submitted to the Committee in a few months' time once further work has taken place, to provide assurance on what blended learning will look like.

PL commented on the number of vacancies during the period of the report and asked if this is now up to date. **AE** stated that staffing is now up to date, with the exception of a confirmed start date for a colleague in the children looked after team. **PL** also conveyed thanks to the safeguarding team on progress and improvements made, especially through the pandemic.

OUTCOME: The Committee noted the report, which will also be submitted to the March Board of Directors meeting.

26/22 Q3 TRUST PATIENT SAFETY AND QUALITY BOARD (PSQB) REPORT

Kim Smith presented the report at appendix H, which summarised work undertaken in the Trust Patient Safety and Quality Board meeting during October through to December 2021.

KS noted that divisions continue to report on a monthly basis, with some amendments made to the reporting template, asking divisions to address any outstanding concerns and next steps.

Within the report, there were some issues around training with medical devices, with a slight decrease in compliance in September 2021, however, as mentioned previously, these will be addressed through the blended learning approach.

In relation to items for escalation to Quality Committee, there were some concerns at the time regarding the reporting of quality priorities from divisions, which have now been addressed. The reporting infrastructure for quality priorities has now been reviewed, and within the updated risk management strategy, there is a new governance framework from January 2022, which clearly identifies the new reporting requirements. For the 2022/2023 financial year for quality priorities, Committees are now in place with a revised template.

In relation to clarity on the patient safety specialist, national guidance is still being awaited, and an update will be provided at a future meeting.

KS also mentioned a report on quality indicators for external contracts, and a possible framework for implementation. This came about as a result of reviewing systems and

processes for service level agreements for external contractors and was also part of some work from a serious incident. The proposal is to develop quality indicators for service level agreements with providers, which gives a consistent approach and assurance from providers that they are carrying out expected processes.

Following discussions with the procurement and contracting team, it is noted that some contracts carry out expected processes, but not in a consistent manner, therefore, assurance is not available from all providers. The Committee is asked to support the proposed framework and following further detail about what the indicators will look like, a further report will be brought to the Committee at a later date for assurance.

KH provided an update from **DS** who asked if there were any other issues that the Committee needed to be aware of in terms of medical devices training; and whether the patient safety specialist role would be a member of the Trust PSQB meeting. **KS** stated that divisions are updating their risk registers in terms of assurance for medical device training, therefore an update cannot be provided at this time, however, an update will be provided in the next report; and that the patient safety specialist role would sit on the Trust Patient Safety and Quality Board.

OUTCOME: The Committee noted the report and were in support of and approved with progress for the implementation of indicators for external contracts.

EFFECTIVE

27/22 Q3 LEARNING FROM DEATH REPORT

David Birkenhead presented the report at appendix I, highlighting the key points from the paper, which has an improving position in terms of the number of deaths reviewed.

There are particular challenges at the moment with particularly high rates of deaths amongst acute medicine, respiratory and elderly medicine patients, as expected with COVID and winter, however, work will continue towards improving that compliance through quarter 4.

The Medical Examiner role is also now involved in this process and scrutinises all deaths and flags any areas of concern when identified through case note reviews.

In relation to work on Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR), focus is being placed on alert conditions to ensure these are alerted in the metrics. A large number of patient deaths are being reviewed, and the learning is being disseminated from those.

KH provided an update from **DS** who asked that an update on how aligning the Structured Judgement Review (SJR) themes have impacted on improvement projects, is incorporated into the next report.

OUTCOME: The Committee noted the report.

RESPONSIVE

28/22 QUALITY REPORT

Kim Smith presented the Quality Report at appendix J, providing key points from the detailed report.

Attention was made to the decline in dementia screening, which has been added to the risk register, with the ability to identify some action plans and an explicit process for oversight and scrutiny. Some actions have already been completed to address this, with some educational processes in place for medical colleagues to support them to understand the importance of dementia screening and the impact this has on patient experience.

A review of the complaints team has taken place with an additional interim band 7 role now in place to provide additional oversight and scrutiny. A review of process has also taken place within legal services, with agreement with divisions to ensure they are aware of any new claims or inquests, and where colleagues have been requested to complete statements that they are supported. A review has also taken place with outstanding serious incidents and ensuring that actions have been completed on historic serious incidents.

There has been a reduction in compliance with the mandatory medicines management training, and a deep dive highlighted that not all colleagues who should be completing their training are registered to do so. This requires an urgent review, and the Quality Committee is being asked to provide oversight and scrutiny of this.

In relation to quality priorities, several indicators still have limited assurance, and work has begun on reviewing reporting arrangements and to ensure that divisions are supported in providing the underpinning evidence, which is key to the implementation of quality priorities.

GC had a question in relation to the Medication Safety and Compliance Group meetings and asked whether the difficulties in getting members to attend have been resolved. **ES** stated that this has not quite yet been resolved, however, colleagues who are new in post have been asked to attend, and to also have nominated deputies if they are unable to attend.

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

29/22 INTEGRATED PERFORMANCE REPORT

Ellen Armistead presented the integrated performance report at appendix K, highlighting key points.

The safe domain remains green, although there are still concerns regarding pressure ulcers and falls with serious harm, which may relate to the acuity of the patients over recent weeks and staffing pressures. In relation to complaints, a lot of work has been done to improve the quality of responses, with external support assisting the backlog. There was an increase in complaints in relation to visiting, and following discussion at an Executive Directors meeting, this needs to be addressed, due to the difficulty of separating patients from their family and loved ones. The Responsive domain has been the most volatile, which relates to the increase in the number of patients recently through the emergency department. The workforce domain remains amber, and short-term sickness has been at its highest rate, with a decrease now being seen. There is an extremely challenging financial position going into next year, with an efficient and effective use of resources group set up, with a full day out in a few weeks to look at some of those work streams in order to get back on track financially, and not have any unintended consequences around quality as a result.

PL commented on the SWOT analysis section of the report, which is very useful.

GC had a question on workforce domain and the number of leavers and asked if exit interviews are taking place to understand why colleagues are leaving. **JE** stated that there is no exit interview rate regime, which may be seen in other organisations, however, as seen as we come out of the pandemic, people are making decisions about whether they continue working in the NHS, and work continues with colleagues on whether anything can be done to retain them.

Over the last few years, there has been comparatively low turnover within the Trust, which has increased marginally over the last year. The conclusion is that people are deciding to bring forward their leaving date due to their experience over the last two years. **KH** stated that the Workforce Committee has had deep dives into this area, and also the nursing side of recruitment, which has been really positive, in particular with the international recruitment program which has been really successful in bringing nearly 70 new starters into the workforce. The Workforce Committee is continuing to monitor the leavers. **JE** stated that

engagement is made with colleagues immediately of their intention to leave to try to retain colleagues in the workplace.

OUTCOME: EA was thanked for the update and the Quality Committee noted the report, which has improved and is positive under the circumstances.

ITEMS TO RECEIVE AND NOTE

30/22 INCIDENT MANAGEMENT GROUP POLICY

Kim Smith presented the revised incident management policy at appendix L for approval by the Quality Committee.

Points to note were that the levels of harm guidance have been moved to the appendix for ease of reference, and an update has been made to roles and responsibilities.

OUTCOME: The Committee approved the revised policy.

31/22 DUTY OF CANDOUR POLICY

Kim Smith presented the revised duty of candour policy at appendix M for approval by the Quality Committee.

Points to note were that the Policy has been updated to reflect the CQC guidance which was published in March 2021, and also an update made to roles and responsibilities.

OUTCOME: The Committee approved the revised policy.

32/22 CANCER BOARD MINUTES

A copy of the cancer board minutes was available at appendix N for information.

OUTCOME: The Committee received and noted the minutes.

33/22 MEDICINES MANAGEMENT COMMITTEE MINUTES

A copy of the medicines management committee minutes was available at appendix O for information.

OUTCOME: The Committee received and noted the minutes.

34/22 ANY OTHER BUSINESS

There was no other business.

35/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- The safeguarding report, which will also be submitted to the Board
- Positive assurance through a number of very detailed reports, which give the Committee assurance
- Approval of the incident management group policy
- Approval of the duty of candour policy

36/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix P for information.

POST MEETING REVIEW

37/22 REVIEW OF MEETING

The following comments were noted:

- *“It was a very positive meeting and well chaired”*
- *“The meeting is starting to fall into a rhythm, with good triangulation and discussion on areas which are not doing well, and some positive assurance as well”*
- *“The meeting feels more in control, with more discussion and focus on certain topics, rather than trying to get a lot done in a very short period of time. Also, considering the past two years, progress being made is remarkable”*

NEXT MEETING

Monday, 21 March 2022

3:00 – 4:30 pm

Microsoft Teams

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

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
UPCOMING ACTIONS				
21.02.22 (23/22)	Update on Serious Incidents Position	Risk Team	A formal report on the issue of deteriorating patients was asked into Quality Committee for April 2022. ACTION: Report to be requested for Quality Committee in April 2022.	DUE Wed 20 April 2022
CLOSED ACTION				
08.11.21 (203/21)	GIRFT	Dr Cornelle Parker	It was noted that the outcomes of the process for CHFT were missing from the report, for example, the quality improvements, the efficiency improvements that have been a result of the investments and the work carried out. CP stated that a selection of the quality improvement benefits gained from those action plans can be provided. Action: That an update is provided in January 2022 on the outcomes of the process. Update Jan 2022: To be deferred to the next meeting. Update Feb 2022: See item 21/22	CLOSED 21 February 2022
11.10.21 (221/21)	Trust PSQB Report - Central Alert System (CAS) process	Head of Risk and Compliance / Assistant Director of Quality and Safety	The process around the Central Alert System (CAS) alerts is currently being reviewed by the Risk management team. An update on progress was asked to be provided at the next meeting. Action: That an update on the CAS process is provided at the next meeting. Update Jan 2022: LC reported that the draft Policy is still being revised, and input from the permanent Assistant Director of Quality and Safety (start date to be confirmed) would be required. A formal update on the alert process will be submitted to the next meeting. Update Feb 2022: See item 22/22	CLOSED 21 February 2022

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE

**Held on Tuesday 15 February 2022, 3.00pm – 5.00pm
VIA TEAMS**

PRESENT:

Ellen Armistead	(EA)	Chief Nurse
Peter Bamber	(PB)	Governor
David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Karen Heaton	(KH)	Non-Executive Director (Chair)
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Andrea McCourt	(AM)	Company Secretary
Helen Senior	(HS)	Staff Side Chair

IN ATTENDANCE:

Anna Basford	(AB)	Director of Transformation and Partnerships (for item 09/22)
Leigh-Anne Hardwick	(LAH)	HR Business Partner (for item 08/22)
Nikki Hosty	(NH)	Assistant Director of HR (for item 12/22)
Lindsay Rudge	(LR)	Deputy Chief Nurse (for item 11/22)

01/22 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting.

02/22 APOLOGIES FOR ABSENCE

Denise Sterling, Non-Executive Director

03/22 DECLARATION OF INTERESTS

There were no declarations of interest.

04/22 MINUTES OF MEETING HELD ON 6 DECEMBER 2022

The minutes of the Workforce Committee held on 6 December 2021 were approved as a correct record.

05/22 ACTION LOG – December 2021

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

06/22 MATTERS ARISING

Deep Dive Admin & Clerical Turnover

MB presented the turnover position during January 2020 to December 2021 for all substantive admin and clerical staff. The key points to note were:-

- Rolling turnover increased from 7.85% in January 2021 to 10.31% in December 2021.
- In 2021, 120 colleagues left the Trust compared to 80 colleagues the previous year.
- In month turnover peaked in July 2021 with January, February and June 2021 also seeing higher rates of turnover

- In the 21-25 age group the top 3 reasons for leaving were promotion, end of fixed term contract and better reward package
- In the 56-65 age group the top 3 reasons were retirement, work life balance and leaving due to adult dependants
- Reasons for leaving are not attributed to any specific departments/areas
- Leavers were from a wide range of departments/areas across the Trust
- In 2020, 23 colleagues retired with 5 returning to an admin role at the Trust
- In 2021, 41 colleagues retired with 10 returning to an admin role at the Trust

HS has a view the work life balance reason is around flexibility of hours. SD felt the position was predicted particularly the levels of retirement and added there is an incidence of colleagues choosing employment that is closer to home or offers flexibility to work from home. SD added that all trusts are seeing the same kind of change and CHFT is not an outlier. SD expects the retirement numbers will continue to grow as will colleagues who wish to continue to work from home or travel less. KH noted that succession planning work has recommenced.

EA asked if there are any trends on destination for better terms and conditions. MB will examine the data and report to the Committee.

ACTION: Provide an analysis of leaver destination (MB)
Provide a six-month update on Admin and Clerical turnover (MB)

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

07/22

QUALITY AND PERFORMANCE REPORT (WORKFORCE) – JANUARY 2022

MB presented the report.

Summary

Performance on workforce metrics is now amber and the Workforce domain remains at 60.9% in December 2021. This has remained in the amber position for a sixth month. 5 of the 15 current metrics that make up the Workforce domain score are not achieving target – ‘Return to Work interviews recorded’, short Term Sickness Absence rate (rolling 12 months) and ‘Sickness Absence Rate (rolling 12 month)’ and ‘Long term sickness absence rate (rolling 12 month)’, and Data Security Awareness EST compliance. Medical appraisals are currently not included in the overall Domain score due to the current Covid-19 pandemic, and Non-medical are not included as the appraisal season is extended to March 2022.

Workforce – December 2021

The Staff in Post remained the same, which, is due, in part to 36.90 FTE leavers in December 2021. FTE in the Establishment figure decreased by 0.53, along with student nurses leaving.

Turnover increased to 7.94% for the rolling 12-month period January 2021 to December 2021. This is a slight increase on the figure of 7.91% for November 2021.

Sickness absence – December 2021

The in-month sickness absence increased to 6.35% in December 2021. The rolling 12 month rate also increased marginally for the twenty seventh consecutive time in 37 months, to 5.121%. Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 28.51% of sickness absence in December 2021, decreasing from 31.69% in November 2021.

The RTW completion rate decreased to 51.79% in December, down from 63.76% in November 2021. This is the fifth consecutive month under 65% and the first below 60% and is below target.

Essential Safety Training – December 2021

Performance has decreased in 7 of the core suite of essential safety training. With 9 out of 10 above the 90% target however only 1 achieving the 95% 'stretch' target. Data security awareness target has been amended to fall in line with national guidelines and is now 95%. Overall compliance increased to 93.28% and is the first increase following 5 months of consecutive decreases. It is however no longer above the stretch target of 95.00%.

Workforce Spend – December 2021

Agency spend decreased to £0.66M, whilst bank spend decreased by £0.07M to £3.37M.

Recruitment – December 2021

4 of the 5 recruitment metrics reported (Shortlisting to interview, Vacancy approval to advert placement, Interview to conditional offer, and Pre employment to unconditional offer) decreased in December 2021. The time for Unconditional offer to Acceptance in December 2021 improved and was just over 1 day.

KH noted the further increase in sickness absence and hopes to see improvement in short-term absence in the coming months. KH highlighted the drop in RTW interview rates. JE gave assurance that the operational HR team maintain focus on this matter with deep dives enabling direct action.

KH asked what action was being taken to address data security awareness training. JE advised there is strong focus on both core and role specific essential training across the Trust and work is progressing with subject matter experts to better understand the position. The Committee noted that CHFT compliance targets are higher than other Trusts.

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

08/22

VACANCY DEEP DIVE (QUARTER 3)

LAH presented the Vacancy Deep Dive.

Workforce planning for 2022-2023 has recently been announced with submission dates for draft plans due in March 2022 and final submissions during April 2022.

Medical and Dental

January 2022 figures show a year-on-year net increase of staff in post (67 new starters against 23 leavers). As at December 2021 there were 22 consultant vacancies. Four substantive posts are being appointed in addition to 6 locum appointments. Recruitment challenges are seen in Stroke medicine despite repeat adverts. Workforce models are under review to maximise opportunity to appoint to gaps. The roll out of new specialty and associate specialist (SAS) contracts and the introduction of the Specialist role provided flexibility to look at how medical posts can be filled where Consultants are not available. In January 2022 3 new Specialist posts were offered within Anaesthetics.

Nursing and Midwifery

Rolling adverts are out for medicine and surgical staff nurses, return to practice nurse; and nursing associates. Our 2021 target of 70 international recruitment (IR) nurses is nearing completion. IR continues into Q4 of 2022 with a successful bid to secure a further 80 nurses. Targeted recruitment for respiratory continues in Medicine as we move to an Acute Respiratory Care Unit model for long covid patients. Midwifery remains a national challenge. Discussions are underway regarding IR recruitment in paediatrics.

Support to Clinical Staff

Nursing Associate recruitment activity will commence in Q4 for a planned cohort of 20 to commence training in Q1 and a further cohort planned for later in 2022. The Medical Division

continue to review the staffing in Cardio-Respiratory and have progressed a training structure to 'grow our' own physiologists. Phlebotomy team structure is being recruited to in order to enhance leadership and support team development and dynamics. Healthcare assistant vacancies in outpatients are being reviewed to establish future need based on service demand.

Admin and Clerical

THIS continues to maintain some flexible workforce in order to flex up and down in line with customer consumption and contact changes. In order to do this low cost agency (at A4C rates) cover some substantive positions that will show as vacancies even though they are not. THIS has a number of posts aligned to customer contracts (external funding) that are out to advert with limited success in a competitive market.

Allied Health Professionals

Over recruitment to Radiographer roles continues in line with attrition. Advanced Practitioner roles are in place at Band 4 to support development into Radiographer training which should help close the vacancy gap over time as monies are used differently to support a grow your own model. There has been some recent success with overseas recruitment into Radiographer roles with our first appointment starting this month.

Vacancy shortages were noted particularly in stroke medicine. KH was aware there had been a cautious approach to managing vacancies in terms of the mandatory vaccinations work and asked if this had impacted on the situation. SD confirmed that some vacancies have been released whilst some are being looked at in terms of different models of working and also CIP targets. The position is monitored by the weekly vacancy control panel.

KH thanked LAH for a comprehensive report and looks forward to seeing further progress in filling vacancies.

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

09/22

BUSINESS BETTER THAN USUAL (BBTU)

AB presented the report to update on progress made against the twelve themes of BBTU since the last update in September 2021.

This report highlights that of the 12 themes:

- 0 are rated red
- 5 are rated amber
- 6 are rated green
- 1 has been fully completed

In January 2022 Audit Yorkshire reviewed the BBTU programme and their report concluded that there was a high level of assurance regarding the processes that have been put in place to ensure that positive learning from the pandemic is being embedded within the Trust. The Trust Board agreed in February that going forward it was now appropriate for the BBTU programme of work to transition and in future be sustained/ embedded in the Trust's main annual planning and longer-term strategic planning processes. This will integrate and ensure learning from the pandemic is not a stand-alone initiative and is an integral part of the Trust's drivers for strategic planning and transformation.

KH agreed this was a streamlined and sensible approach and thanked AB for the progress reports.

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

10/22 **BOARD ASSURANCE FRAMEWORK
RISK 10A/19 – MEDICAL STAFFING**

DB presented the deep dive into the medical staffing risk. Recruitment and retention presented a positive picture noting 67 new starters against 23 leavers. Medical vacancy rate remains low at 3.3% however there had been significant pressures due to high service demand and sickness absence rates. Recruitment challenges exist in stroke medicine, radiology, haematology and emergency medicine. Of particular concern is the small sub-specialist Neurology service which is soon to lose 2 consultants (one retiree and one resignation). There are several national Neurology vacancies with very few trainees in the pipeline. DB reported the introduction of the specialist role, the CESR programme and alternative workforce models have been successful in maximising opportunities to fill gaps in many specialties. The deep dive provided a comprehensive update on progress of key workstreams. The risk score has been reviewed and given the impact of managing the current phase of the pandemic the current score has been increased to 16.

KH believed the thorough report provided assurance and thanked DB. DB thanked Sree Tumula and Pauline North for compiling the report and their continued support.

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

11/22 **NURSING AND MIDWIFERY SAFER STAFFING REPORT**

LR presented a report that provided an overview for Nursing and Midwifery staffing capacity and compliance within the Trust in line with the National Institute for Excellence (NICE) Safe Staffing, National Quality Board (NQB) and the NHS Improvement Workforce Safeguards guidance. This is supported by an overview of staffing availability over the reporting period and progress with assessing acuity and dependency of patients on ward areas. This data collection has been used to inform the Nursing and Midwifery establishment reviews for 2021-2022. The report provided an overview and measures being taken to address risk in nursing and midwifery staffing. The key points to note were:-

- The current reality, in the context of the ongoing pandemic response and the recovery agenda.
- The Nursing and Midwifery workforce recruitment and retention strategy which in its proactive and innovative approach is having a positive impact on the vacancy position
- The continued focused leadership to support this agenda
- The actual and planned CHPPD position, in particular the gap in the Registered Nurse (RN) staffing group.
- The impact upon patient experience and the quality agenda if the Trust fails to provide safe staffing numbers across all clinical areas.
- CHFT compliance against the Appraisal of the *Winter 2021 preparedness: Nursing and midwifery safer staffing* (NHS Nov 2021). (compliance against 3 out of the 4 domains providing assurance that the approaches within CHFT are reflective of the recommended processes to safer nursing and midwifery staffing
- The summarised identified next steps

SD highlighted the amazing work leading to the reduction in qualified nurse vacancies. In terms of the Leadership Development Programme, SD asked if this is now the opportunity to involve the matron cohort in a review of the nursing model. LR agreed and added that key themes identified against the competency self-assessments will also give a view of what needs to be built in along with input from aspiring band 6 and 7 colleagues to develop a bespoke development offer.

JE noted the paper referenced NHSE/I workforce safeguards and asked if other staff groups are to be captured, for example doctors and AHPs. LR confirmed that work is progressing with the Associate Medical Director and Assistant Director of Therapies for total oversight.

KH also praised the recruitment success. KH asked if there were any specific actions to mitigate the skill mix red flags. LR explained that deployment is discussed in operational tactical meetings and wherever possible colleagues are deployed to a like for like ward, i.e. a 'ward buddy' approach. EA acknowledged the number of on-day swaps are a concern and this is now KPI monitored via the nursing roster. JE advised that staff side colleagues have been attending staffing meetings and this has provided an insight into current staffing availability and the approach adopted by the Trust. EA stated that following a walkabout this morning a ward sister had flagged issues around skill mix that highlighted the need for further work on the OD wrap around for senior staff supporting junior staff.

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

12/22 **STAFF SURVEY RESULTS / ACTION PLAN**

NH advised the results are embargoed until early March and presented on screen only the high-level results.

NH confirmed the overarching response will be to work with local teams to improve colleague experience in the organisation. KH was pleased to see the results recognised the wellbeing work. SD advised that during the walkarounds colleagues often say how much they value the wellbeing hour. EA agreed improving staff experience has to be key priority coming out of the pandemic.

PB expressed concern that some clinical colleagues accrue their wellbeing hour translating into a whole day off and asked how this can be addressed. SD advised the original intention was for colleagues to have regular decompression time. The second intention was to give back some autonomy. SD stated there are great examples of what works best for teams confirming the wellbeing hour will continue and added the Executive team are to re-visit the original intention without taking away the flexible and autonomy of teams and managers.

Highlight results will be presented to the March Board of Directors.

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

13/22 **MANDATORY COVID VACCINATIONS**

JE advised the government consultation announced on 31 January 2022 to remove the Regulations requiring mandatory health and social care worker Covid vaccination closes on 16 February 2022. JE confirmed to the Committee associated activity across the Trust has been suspended. KH felt the approach adopted was exactly right and praised the Workforce and OD team on their handling of a difficult and sensitive piece of work.

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

14/22 **UPDATE FROM EDUCATION COMMITTEE (EC)**

JE provided an update on the first formal meeting of the EC which took place on 3 February 2022. The terms of reference were agreed and the principles of the EC were established. The EC identified 12 priority work areas and agreed to rank the top 6 for focus over the next 12 months. The next meeting is scheduled for 30 March 2022. KH thanked JE for the update and looks forward to receiving details of the 6 priorities.

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

15/22 **WORKFORCE COMMITTEE WORKPLAN**

The workplan was received and reviewed.

16/22 **ANY OTHER BUSINESS**

No other business was discussed.

17/22 **EVALUATION OF MEETING**

KH felt the presentations highlighted a lot of good work.

18/22 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

Vacany Deep Dive
BAF
Nursing and Midwifery Safer Staffing

19/22 **DATE AND TIME OF NEXT MEETING:**

Hot House: 16 March, 2pm-4pm
Committee Meeting: 12 April 2022, 3pm – 5pm

DRAFT



**Minutes of the Charitable Funds Committee meeting held on
Tuesday 8 February 2022, 10.30am – 12.00am
via Microsoft Teams**

PRESENT

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

IN ATTENDANCE

Emma Kovalski (EK)	Fundraising Manager/Ops Sub Committee Rep
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Emily Overend (EO)	Marketing & Comms Assistant
Emma-Leigh Quinn (EQ)	Fundraising & Engagement Coordinator
Christopher Button (CB)	Lead Cancer Nurse

1. DECLARATION OF INDEPENDENCE

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

2. APOLOGIES FOR ABSENCE

Apologies were received from Ellen Armistead, Peter Wilkinson, John Gledhill, Jo Kitchen, Zoe Quarmby and Lyn Walsh.

3. WELCOME AND INTRODUCTION TO NEW MEMBERS OF CHFT CHARITY TEAM

A welcome was given to EO and EQ who introduced themselves to the Committee.

4. MINUTES OF MEETING HELD ON 22 NOVEMBER 2021

The minutes of the meeting held on 22 November 2021 were approved as an accurate record but with two slight amendments These amended minutes were emailed to Amber Fox to take to the next BOD.

5. ACTION LOG AND MATTERS ARISING

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

CH mentioned PW's comments re action 24.05.21-7 that he'd had some conversations and that he would put an item on the agenda in the coming months.

6. RISK REGISTER - REVIEW

EK presented the Risk Register and its contents were NOTED. This is a live document which is reviewed at each meeting and then updated if necessary. EK had made the recommended changes to the risks as requested by RH at the last meeting and also downgraded a risk.

7. Q3 INCOME & EXPENDITURE SUMMARY and KPI UPDATE

EK gave a comprehensive overview of Q3 activities and its contents were NOTED.

8. FUNDRAISING PLANS for 22/23

EK gave an overview and asked that the Committee approve the request for £23,340 for future fundraising campaign costs. GB assured the Committee that he had challenged the numbers and he was confident that this level of investment will generate the proposed level of return. The Committee approved the Fundraising Plans for 22/23 and also the fundraising campaign costs of £23,340.

9. RESERVES POLICY - REVIEW

GB presented the Reserves Policy for its annual review. It had been updated with the position at December 2021. RH commented about the current high level of reserves and EK mentioned that she would be looking at this over the next two years and at how we successfully reduce this amount. DB suggested asking again for bids against both the General Purpose and A Ormerod funds, the former having an impact on our level of reserves. This would also generate interest in the Charity and fresh ideas around how to use these funds. EK agreed to discuss with GB/DB/RH and bring a paper to either the May or August meeting.

The Committee approved the Reserves Policy.

ACTION: EK/GB to bring a paper re our level of reserves and how to reduce them to a future meeting. – **08.02.22 – 1.**

10. PREHABILITATION CANCER SERVICE AMENDED PROPOSAL

CB presented this amended bid to support one year's funding for two staff members in this service.

The Committee was satisfied that all questions had been answered and was now happy to approve funding for one year for two staff members.

ACTION: CH to set up approval and liaise with CB re the next steps– **08.02.22 – 2.**

11. GENERAL PURPOSE FUNDING BIDS

EK presented three bids.

Bid 1 Hydration stations – the Committee had questions around how these stations would operate (washing of bottles, infection control, etc.). DB had concerns about this proposal. His preference is for water coolers where each

person is responsible for their own water. GB offered to speak to EA as this was known to be a concern amongst nursing colleagues.

ACTION: GB/DB/EA will discuss and make a decision outside of this meeting.
– **08.02.22 – 3.**

Bid 2 – Stimulator and screen to enhance current Espion equipment – Neurophysiology - £27.5k

Bid 3 – Electro-myography machine with integrated ultrasound capability – Neurophysiology - £45k

It was agreed that the Committee tentatively would be happy to approve both these bids subject to ongoing revenue costs being picked up by the division, measurable KPIs to be attached to Bid 3, and CMG approval.

ACTION: GB will discuss with C Roberts how to take this forward and bring an update back to the next meeting – **08.02.22 – 4.**

12. MINUTES OF STAFF LOTTERY COMMITTEE MEETING 14 DEC 2021

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

13. ANY OTHER BUSINESS

GB discussed a request from C Button for £83k to support the Bereavement Support Service for one year. After discussion, the Committee agreed to support this request with the proviso that the Business Case Approvals Group approves it at their meeting next week, subject to it understanding the recurrent issues; after one year it is either revenue funded or the service ceases. The Charity is not responsible for decisions made at that point.

ACTION: GB to inform us of BCAG decision and whether the approval is to be set up for £83k for 12 months - **08.02.22 – 5**

DATE AND TIME OF NEXT MEETING:

Wednesday, 11 May 2022, 10.30 – 12am, via Microsoft Teams

Draft Minutes of the Audit and Risk Committee Meeting held on Tuesday 25 January 2022 commencing at 10:00 am via Microsoft Teams

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Gary Boothby	Director of Finance
Helen Higgs	Head of Internal Audit, Audit Yorkshire
Shaun Fleming	Local Counter Fraud Specialist, Audit Yorkshire
Jim Rea	Managing Director, Digital Health
Isaac Dziya	Public Elected Governor
Clare Partridge	External Audit Partner, KPMG
Ric Lee	Engagement Director, KPMG
Leanne Sobratee	Internal Audit Manager, Audit Yorkshire
Amber Fox	Corporate Governance Manager (minutes)
Liam Stout	Staff Elected Governor
Lindsay Rudge	Deputy Chief Nurse (for item 05/22)
Kim Smith	Assistant Director of Quality and Safety
Lisa Cook	Head of Risk and Compliance (for item 05/22)
Richard Hill	Head of Health and Safety (for item 07/22)
Nicola Seanor	Associate Non-Executive Director (observer)
Saj Rahman	Risk Manager (for item 05/22)

01/22 APOLOGIES FOR ABSENCE

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

Apologies were received from Richard Hopkin, Philip Lewer and Kirsty Archer.

02/22 DECLARATIONS OF INTEREST

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

03/22 MINUTES OF THE MEETING HELD ON 12 OCTOBER 2021

The minutes of the meeting held on 12 October 2021 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 12 October 2021.

04/22 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updated accordingly. Only one action remains ongoing regarding the internal audit follow up report and the Director of Finance will keep the Committee updated on progress.

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

05/22 RISK MANAGEMENT STRATEGY AND POLICY

The Deputy Chief Nurse introduced the Assistant Director of Quality and Safety, Head of Risk and Compliance and Risk Manager who were in attendance.

Kim Smith, the Assistant Director of Quality and Safety explained with the new Risk team in place they are looking at some of the systems and process underpinning this policy and therefore there may be future changes. She introduced the refreshed and updated version of the Risk Management Strategy and Policy. A summary of the updates is included on the front sheet and the changes include:

- More user friendly to easily embed across the organisation
- Linked to patient safety and the quality agenda
- Section 7 (page 8) – the outcomes of risk assessment is more explicit to provide some additional guidance
- Section 11 includes some additional proposals working as an organisation across the West Yorkshire and Harrogate Integrated Care System to address risk management issues and identify patient safety needs
- Section 12 describes the risk management systems and how they could be embedded across the organisation, the perception of this is complicated; therefore, more clarity and guidance is given to provide more assistance
- Additional guidance on roles and responsibilities included

The Head of Health and Safety corrected his role in the policy under roles and responsibilities which should change from 'Health and Safety Advisor' to 'Head of Health and Safety'.

The Chair:

- Noted the Document Summary table should state the author of the policy and chair of the Risk Group is the 'Assistant Director of Quality and Safety'
- highlighted a correction on page 14 'The Assistant Director of Quality and Safety will support and **be working with the..**'.
- asked if the key risk management roles can be referenced in the paragraph describing the responsibilities of the Assistant Director of Quality and Safety
- suggested a change to the wording on page 21 from 'an effective communication is' to 'effective communications are'.

The Company Secretary confirmed the timescale for these changes to be made, noting the updated Risk Management Strategy and Policy will be recommended from this Committee for approval at the Board of Directors on 3 March 2022. She asked that final comments are sent to the Head of Risk and Compliance by mid-February to meet the deadline for Board papers, with the final changes highlighted in red in the version for the Board.

Action: Committee members to share any final changes to the Risk Management Strategy and Policy with the Assistant Director of Quality and Safety by mid-February; the final version will be approved by the Chair of this Committee.

Action: Assistant Director of Quality and Safety to submit the final Risk Management Strategy and Policy with changes highlighted in red to the Chair and Company Secretary by Friday 18 February who will take it for Board approval.

The Chair asked that a member of the Risk team attends the Audit and Risk Committee meetings on a future basis.

Action: Deputy Chief Nurse to nominate a member of the Risk team to attend future Audit and Risk Committee meetings.

The Chair explained the risk management deep dive was deferred from this meeting due to operational pressures and will be rescheduled later in the year. The suggestion was that this is rescheduled to either the April or June 2022 Committee meeting.

OUTCOME: The Committee **APPROVED** the updated Risk Management Strategy and Policy subject to the changes noted above and any final comments being sent to the Assistant Director of Quality and Safety.

06/22 REVIEW OF BOARD ASSURANCE FRAMEWORK

The Company Secretary presented the third and final update of the Board Assurance Framework for this financial year. An update on the estates risk 9/19 is outstanding and is being sought.

There was one new risk proposed to the Committee for addition to the Board Assurance Framework (BAF), risk 01/22 regarding vaccination as a condition of deployment (VCOD) and the potential for workforce reduction due to the requirement for mandatory vaccination for frontline staff. With this additional risk there are 23 risks on the BAF.

The Company Secretary explained the reduction in risk score for the health inequalities risk (07/20), which had been rated at 16 since it was added to the BAF in 2020 and for the first time is being reduced to a risk score of 12, reflecting progress made, details of which were shared at the Board meeting on 13 January 2022. The Company Secretary explained the capital funding risk (14/19) has also reduced to a rating of 12 following receipt of additional funding.

The Committee noted the Health and Safety risk update, BAF reference 16/19 which it has oversight of. The Chair challenged whether any further actions are required relating to the health and safety risk to meet the target score.

The Chair challenged how well the BAF risks map to the actions, stating some are stronger than others. The Chair suggested working with the Company Secretary on the actions on the Board Assurance Framework before the BAF is presented to the March Board meeting.

Action: Chair and Company Secretary to meet to discuss actions on the Board Assurance Framework.

OUTCOME: The Committee **APPROVED** the addition of the new risk to the Board Assurance Framework (VCOD) and **APPROVED** the updated Board Assurance Framework as at 18 January 2022, noting the movement in risk scores and areas of risk exposure.

07/22 REVIEW OF SUB-COMMITTEE TERMS OF REFERENCE

Health and Safety Committee Terms of Reference

Richard Hill, the Head of Health and Safety presented the updated Health and Safety Committee terms of reference for approval. The key updates were:

- Huddersfield Pharmacy Specials (HPS) and the Health Informatics Service (THIS) have been added into the Committee
- The membership has been reviewed and an updated membership list provided
- Additional sub-committees have been included such as the HPS Health and Safety meeting and the COSHH (Control of Substances Hazardous to Health) Task and Finish Group

The Director of Finance asked if the Medical Gases Group feeds into this forum. The Head of Health and Safety responded that the Medical Gases Group does not feed into the Health and Safety Committee as it is clinical and only non-clinical risks feed into the Committee. The Director of Finance suggested a discussion with the Head of Health and Safety due to the risk having both clinical and non-clinical aspects, i.e. clinical risks (ensuring the correct pipes are used) and non-clinical risks (the pipes supply and estates risk). The Director of Finance confirmed the risks have recently been discussed and updated.

Action: Director of Finance and Head of Health and Safety to discuss the reporting of the Medical Gases Group.

The Chair asked about attendance levels at the Health and Safety Committee. The Head of Health and Safety confirmed there is good attendance following the refresh, providing a wider voice for the Committee across the estate.

OUTCOME: The Committee **APPROVED** the updated Health and Safety Committee Terms of Reference subject to a discussion taking place regarding the reporting of the Medical Gases Group.

08/22 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments

The Director of Finance presented a report summarising the losses and special payments for quarter 3 2021/22. The key points to note were:

- Compared to the average quarterly value of losses and special payments in 2020/21 there is a 106% increase at Q3 2021/22, this increase is driven by the write off of bad debt in Quarter 2 this year relating to overseas visitors
- IT losses described on page 2 of the report relate to a laptop stolen from staff property, and a further laptop and phone reported stolen. The Committee were assured that these were encrypted so there was no loss of patient sensitive data

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

2. Review of Waiving of Standard Orders

The Director of Finance presented the quarter report showing a total of seven waivers during this quarter period, totalling £204,181.

The Director of Finance informed the Committee the report includes a single source for a locum doctor which is unusual and was raised as a purchase order for agency staff, rather than via the usual route. The procurement team picked this up as per the policy; however, agency staff would not usually require a waiving of standing orders.

The Director of Finance highlighted a payment to Cadesic Ltd of £49,500 which relates to extremely specialist expertise for which market is limited. This was a company recommended to the Trust by KPMG.

DS asked if agency staffing is a one off for this report and unlikely to be seen in future reports. The Director of Finance clarified this is a one off in terms of this report; however, this is not a one off in terms of the expenditure. There are a significant number of agency doctors with significant sums for agency spend. The Agency Review Group has recently been re-established and membership includes the Interim Chief Nurse, Medical Director, Director of Finance, Director of Workforce and Organisational Development and the Chief

Operating Officer. The purpose of this group is to review high cost agency colleagues and agency colleagues who have been with the Trust the longest.

The Director of Finance added that agency spend was roughly £23m a few years ago which has been reduced over recent years; however, the same level of control has not been the same over the last two years. The review of expenditure will be monitored at the Agency Review Group.

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

09/22 REVIEW TEMPORARY ADDENDUM FOR STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION

The Director of Finance proposed the withdrawal of the temporary addendum for the standing financial instructions and scheme of delegation that had been put in place at the onset of the Covid-19 pandemic. He explained the proposal is to move to business as usual and revert to the original standing financial instructions and scheme of delegation authorisation.

This would remove the authority through Gold (formerly Incident Management Team) as the number of requests for this expenditure has decreased.

OUTCOME: The Committee **APPROVED** the removal of the Covid-19 Emergency Temporary Addendum to the Standing Financial Instructions and Scheme of Delegation with immediate effect and the reversion to normal governance procedures.

10/22 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 Q3 2021/22.

A total of 109 recommendations were completed which equates to 66% of the total number of recommendations which had been open during the period. A total of 44 recommendations remain overdue comprising of 26 recommendations which are overdue where a revised date has not been agreed and 18 where a revised target date has been agreed. Twelve recommendations are currently open which have not yet passed their due date.

A benchmarking exercise on recommendation tracking has recently been completed and was included at Appendix 1.

The Internal Audit Manager reported there are still challenges around three audits: Consultant Study Leave, Consultant Job Plans and Delegated Consent. The Chair confirmed he spoke with the Medical Director in relation to these audits who provided a response.

DS stated the target date of some of the overdue recommendations was October 2019, for example, the study leave process for consultants, and asked what more can be done to get some of these completed.

The Assistant Director of Quality and Safety stated she would like to have a review of all the recommendations within the remit of the Quality Directorate and agreed to provide an update to the meeting following this review.

Action: Assistant Director of Quality and Safety to review the internal audit follow up report recommendations and provide an update to the next Committee, particularly in relation to the Quality directorate and the complaints process.

The Director of Finance reported they are starting to look at the study leave and job planning process which links in with efficiency. He added that the Internal Audit Manager attended the Executive Board this month and the Chief Executive is sighted on this and has agreed to meet with the Director of Finance to understand where progress can be made. He added these are genuine challenges that need to be resolved. The Chair asked to be part of this conversation with the Chief Executive.

Action: Director of Finance, Chief Executive and Chair to meet to discuss the overdue recommendations and how to resolve them

In relation to overdue recommendations for THIS, the Managing Director for Digital Health stated that all had been closed except the one relating to ISO Standards.

The Director of Finance highlighted the benchmarking report shows the Trust in a reasonable position compared with others. The Chair noted the Trust is in a better position compared to 2021, though there is still more to do. The Internal Audit Manager confirmed benchmarking will take place again this year.

2. Internal Audit Progress Report

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

- 3 'high assurance' reports
- 5 'significant assurance' reports
- 1 'limited assurance' report

The remaining seven reports are included in the review room papers for information.

The limited assurance report relates to clinical waste. The Trust reverted to a business as usual approach to waste management in February 2021 but has found that there has been reluctance from some staff to adopt the business as usual processes and as such a limited assurance opinion has been provided.

The Internal Audit Manager stated that completion of the 2021/22 plan is behind where they anticipated at this stage in the financial year. In recent weeks there have been difficulties in progressing audits as a result of operational pressures from the Omicron Covid-19 variant. Furthermore, it is also noted that some audits are taking longer to complete than would ordinarily be expected and this is something that is being experienced across all clients.

All 'must do' audits have been identified and completion of these will be prioritised in the coming weeks and months. The Internal Audit Manager confirmed they are still on track to deliver the plan; however, it will be challenging.

The Chair confirmed that the Committee are comfortable with the proposed changes to the plan.

The Chair highlighted an error in the key performance indicators which shows the target for the percentage of management responses received within 15 working days as being achieved. **Action: Internal Audit Manager to correct the KPIs in the report.**

The Chair asked what the confidence level is with completing the must do audits and if the Trust are forecast to achieve the whole plan. The Internal Audit Manager confirmed the 'must dos' include the Board Assurance Framework where a meeting is taking place with the Company Secretary next week, the Financial Transactions audit is underway and the Data Protection Toolkit has an audit scheduled in March 2022. She re-assured the Committee that dates are in the diary for all the must-do audits and there are no concerns.

The Internal Audit Manager further explained that they are trying to deliver all of the plan and the concerns are on the ward based audits e.g., pressure ulcers. She explained a meeting took place with the Director of Nursing last week who preferred not to undertake these audits if it meant going on the wards. Virtual audits are being considered in the first instance to undertake these audits in a different way.

The Director of Finance re-assured the Committee the Internal Audit Manager and the Finance team jointly agree any changes made to the plan. He highlighted the challenges with Trust capacity to meet with Audit Yorkshire due to the Covid-19 pandemic which is affecting the ability to undertake these audits, rather than capacity of Audit Yorkshire. He explained this is happening with other clients and is not unique to the Trust. The Internal Audit Manager and the Head of Internal Audit offered their support.

The Chair provided assurance as Chair of the Green Planning Committee that Nigel Murphy, Waste Management Officer, is aware of the clinical waste recommendations and is on top of these actions. He highlighted there was no management response on the incorrect use of waste streams and asked if Internal Audit are following up on this. The Internal Audit Manager confirmed Nigel Murphy is following up on this action with senior nursing staff at their meetings.

OUTCOME: The Committee **APPROVED** the Internal Audit Follow Up Report and Progress Report and **RECEIVED** the significant and high assurance reports and the Insight reports for September, October, November and December 2021.

11/22 LOCAL COUNTER FRAUD PROGRESS REPORT

Local Counter Fraud Progress Report

Shaun Fleming, Local Counter Fraud Specialist presented the Local Counter Fraud progress report. The key points to note were:

- Counter fraud newsletters continue to be released, the newsletter for December has been circulated and the January 2022 issue has been distributed this morning
- Fraud prevention masterclasses continue into next year which focus on different topics covering high fraud risks. 35 members of staff have attended or booked on courses to date
- Update on the National Fraud Initiative
- National benchmarking taking place across clients to review types of fraud
- Counter Fraud Authority has published their annual Strategic Intelligence Assessment and the link to view the full report is included in the paper
- Completed the fraud prevention guidance impact assessment – no issues.
- Counter fraud champions network – trying to set up a network locally of all counter fraud champions and each organisation needs a champion. At present

- there is no clear guidance from Counter Fraud Authority on this role, a meeting with the Counter Fraud Authority is taking place on 26 January 2022
- The Counter Fraud Plan is progressing well and expected to complete as planned by the end of March 2022.

The Chair highlighted it is good to see the masterclasses still running with reasonable attendance from the Trust and asked how this compares with other Trusts.

The Local Counter Fraud Specialist responded there is slow progress and they have asked the Trust to keep encouraging staff to attend these masterclasses which are held online for an hour.

The Chair clarified if no further investigations are required then could we see a small budget underspend compared to planned days. The Local Counter Fraud Specialist confirmed this could well happen.

OUTCOME: The Committee **RECEIVED** the Local Counter Fraud Progress Report and Counter Fraud newsletter for December 2021.

12/22 EXTERNAL AUDIT

1. External Audit Plan for 2021/22

The External Audit Partner, KPMG introduced Ric Lee, Engagement Director who is responsible for the Trust audit. Ric Lee presented the External Audit Plan for 2021/22. The key points highlighted were:

- Lots of Covid-19 funding in the system and it is important to understand the funding available in the region for West Yorkshire and Harrogate as there is a different picture in different regions
- Approaching a £500m turnover mark from an audit perspective (Quality Review scope) which is under review of the Financial Reporting Council. This would trigger an increased level of audit response from KPMG, such as a second partner review
- Summary plan on a page is detailed on page 4 which shows a relatively stable risk assessment position as it currently stands
- Page 5 includes detail on materiality, with a proposal to increase the materiality for the Trust compared to prior years due to an increase in revenue from the previous year and a change in the way in which income is received via block contracts
- Value of revenue anticipated to go through statements based on audited accounts are more recurrent than anticipated
- Included a position for the subsidiary audits for CHS (page 17)
- Detail regarding the Covid implications is included in the report, noting the audit has been delivered for two years remotely
- Valuation of land and buildings highlighted on page 11 continues to be a risk area
- Page 15 details the implementation of IFRS16 has been delayed but from 1 April 2022 the Trust will be required to implement the standard in totality and disclose an impact assessment in this year's accounts. KPMG will look at any softer assumptions that have been applied in terms of reaching this assessment
- Page 18 includes an audit cycle and timetable which is consistent with previous years. There is a separate planning conversation taking place around the audit of CHS.
- Value for money is detailed on pages 20 and 21, arrangements are unchanged and will be brought back in due course
- Page 24 details the audit team. Salma Younis and Jenny and Hibbered continue to be core members of the team who provide continuity of knowledge of CHFT which should ensure the audit runs smoothly

- KPMG confirmed there is nothing to report from an independent risk assessment perspective.

The Director of Finance confirmed detailed conversations have taken place with KPMG and the finance team who are happy with the plan. The Chair noted that RH had informed him that he was happy with the plan which is similar to last year.

The Company Secretary asked when the Trust might see the Foundation Trust reporting guidance this year as it has not been issued yet this year and is expected imminently. The External Audit Partner, KPMG confirmed that the guidance is late due to the Department of Health group accounts not yet being signed.

OUTCOME: The Committee **APPROVED** the External Audit Plan for 2021/22.

2. Benchmarking Q3 2021-22 Report

The External Audit Partner, KPMG presented the Q2 benchmarking report for information. She highlighted two key points, the percentage of recurrent vs non-recurrent efficiencies shows quite a high number of non-recurrent efficiencies compared to others and the Trust agency spend is on the low side when compared to others.

The Chair stated it was surprising to see that some other Trusts have significantly more capital spend than CHFT. The External Audit Partner, KPMG stated this is linked to the availability of capital, whereas the forecast at CHFT is higher than plans.

The Director of Finance responded with detail on the capital programme in relation to the timings of the reconfiguration programme and explained it is reliant upon external regulatory approval. He added the Trust will be spending more capital in 2022/23 for the multi-storey car park and HRI developments. At the end of Q2 the Trust has spent £4.3m against a forecast of £6.6m. The Director of Finance explained the Trust is expecting to spend the full capital budget for this financial year.

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

13/22 COMPANY SECRETARY'S BUSINESS

1. Agree Annual Report and Accounts Timetable 2021/22

The Company Secretary presented a draft 2021/22 annual report and accounts timetable, which, in the absence of national guidance, is based on the timetable from previous years and discussions with the finance team. The timetable will be confirmed once the Foundation Trust annual reporting manual for 2021/22 is issued by NHS England / Improvement.

The Annual Governance Statement will be presented at the Audit and Risk Committee meeting on 26 April 2022 for initial consultation and review.

The Company Secretary confirmed the quality accounts are not part of the annual report and there is therefore no requirement for audit of quality indicators by external audit.

The Company Secretary will be seeking delegation of authority from the Board to the Audit and Risk Committee for approval of the 2021/22 annual report and accounts.

The Assistant Director of Quality and Safety stated the Trust will continue to produce the 2021/22 Quality Account. The Chair confirmed a Quality report is received at every Board meeting.

In terms of the annual report and accounts timetable the Chair asked if the extra-ordinary meeting, scheduled for 15 June 2022, could be brought forward to the end of the previous week or moved to early the following week to accommodate attendance of all members.

Action: External Audit to feedback on the dates for the extra-ordinary meeting to sign off the Annual Report and Accounts to the Company Secretary who will consider revision to the proposed 15 June 2022 Committee meeting date

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

2. Review Audit and Risk Committee Meeting Dates for 2022

The Company Secretary confirmed the meeting dates for 2022 are outlined in the paper and the extra-ordinary meeting in June 2022 will be confirmed in due course.

OUTCOME: The Committee **NOTED** the Committee meeting dates for 2022, noting the extra-ordinary meeting in June 2022 to sign off the Annual Report and Accounts will be confirmed in due course.

3. Self-Assessment of Committee Effectiveness

The Company Secretary presented the self-assessment template which will be circulated as a word document for completion by all members and attendees of the Committee by 11 February 2022. The feedback will be reviewed with the Chair and a report and action plan will be brought back to the next meeting on 26 April 2022.

OUTCOME: The Committee **NOTED** the timescale for completion of the Audit and Risk Committee self-assessment for 2021/22 and return this to the Corporate Governance Manager by Friday 11 February 2022.

4. Audit and Risk Committee Workplan 2022

The Company Secretary presented the Committee workplan for 2022.

The Chair confirmed the risk management deep dive will be scheduled for the next meeting on 26 April 2022 and the data quality deep dive will be deferred to the extra-ordinary meeting in June 2022.

OUTCOME: The Committee **APPROVED** the Audit and Risk Committee workplan for 2022 subject to the deep dive schedule confirmed above.

14/22 POLICY ON POLICIES

The Company Secretary presented the updated policy on policies which is a framework for developing policies for staff and covers all policies in the Trust.

This policy previously went straight to Executive Board; however, the Company Secretary feels this Committee is the most appropriate for ratification of this policy. The policy will then go to Executive Board for final approval.

The changes to the policy were highlighted in red and are summarised below:

- Updated quality impact assessment process
- Updated governance structure
- Confirmation strategies go to the Board separately and are not included in this policy
- Further clarity when decommissioning policies to notify the Executive Board
- Policy approval position for urgent policies.

The Chair asked if the sustainability consideration for Board papers should be incorporated into all policies. The Company Secretary agreed to have a conversation with the Managing Director for CHS who was leading on the sustainability training and confirmed that she would make additions to the policy regarding sustainability as appropriate.

The Director of Finance explained the Integrated Care System Capital and Estates Forum have developed sustainability assessment paperwork which has been shared for adoption by all Trusts by the end of March 2022.

Action: Company Secretary to discuss sustainability training with the Managing Director for CHS

Action: Director of Finance to share the sustainability assessment paperwork from the ICS with the Managing Director for CHS, Company Secretary and Chair

OUTCOME: The Committee **APPROVED** the Policy on Policies and **NOTED** that a sustainability consideration may be added later once training has taken place.

15/22 SUMMARY REPORTS

A summary report of work undertaken since October 2021 was provided for the following Audit and Risk sub-committees and these were made available in the review room:

- Risk Group – no questions were raised.
- Information Governance and Records Strategy Group – no questions were raised.
- Health and Safety Committee – no questions were raised.
- Data Quality Board – The Chair highlighted an issue regarding incorrect data causing an impact on the clinical coding team who need to make more corrections. The Managing Director for Digital Health confirmed the team are starting to focus on this more holistically and this was particularly in relation to a new cohort of junior doctors.
- CQC and Compliance Group – no questions were raised.

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

16/22 ANY OTHER BUSINESS

The Director of Finance updated the Committee on an issue in relation to TUPE of staff following the award of a tender where some colleagues were displaced. He explained they are close to reaching a settlement in relation to a potential pay out which should come to a future meeting as a discretionary payment. A decision will need to be made before year end and will be approved by the Chair outside of the Committee. This will then be shared with the Committee at the 26 April 2022 meeting.

17/22 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- **Assurance** – third update on the Board Assurance Framework was approved, the refresh of the Risk Management Strategy and Policy and updated Health and Safety terms of reference were approved, the External Audit Plan was noted and agreed.
- **Awareness** – 44 Internal Audit Recommendations that remain overdue.

The Chair offered to meet with the governors attending the Committee to explain how the Committee works.

18/22 DATE AND TIME OF THE NEXT MEETING

Tuesday 26 April 2022
10:00 – 12:15 pm
Microsoft Teams

19/22 REVIEW OF MEETING

The meeting closed at approximately 11:33 am.

**Minutes of the Finance & Performance Committee held on
Thursday 06 January 2022, 10.00am – 12.00pm
Via Microsoft Teams**

PRESENT

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

IN ATTENDANCE

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

ITEM

001/22

WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting. Welcome to Ben Assifuah who was attending as an observer.

002/22

APOLOGIES FOR ABSENCE

Apologies were received from Peter Wilkinson and Ellen Armistead.

003/22

DECLARATIONS OF INTEREST

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

004/22

MINUTES OF THE MEETING HELD 29 NOVEMBER 2021

The Minutes of the meeting held 29 November 2021 were APPROVED as an accurate record once the spelling of Brendan Brown was corrected.

005/22

MATTERS ARISING

All matters covered under Action Log.

006/22

ACTION LOG

The Action Log was reviewed as follows:

149/20 – Stroke Deep Dive: An update is to be provided at the February or March meetings. PK and JF to lead.

131/21 – Neck of Femur Performance: Update scheduled for the next meeting 31st January 2022.

179/21 - Colleague Availability Deep Dive: RH has spoken to Suzanne Dunkley and an update is planned for the January or February meeting. A decision needs to be made as to how often the deep dive will be brought to this meeting as workforce detail is covered within the IPR. To be agreed outside of meeting and added to workplan.
ACTION: RH / SD / RLS

180/21 – IPR: A review of the performance accountability framework is taking place as part of WEB. The review is to be brought to the next meeting following presentation at WEB.
ACTION: - PK

185/21 – STOP Metrics: These will now be reviewed through the newly re-started Oversight Committee. The new Chief Executive is also reviewing how and what information is reported.

FINANCE & PERFORMANCE

007/22

MONTH 8, FINANCE REPORT (INCLUDING HIGH LEVEL RISKS & EFFICIENCY PERFORMANCE)

The Executive Director of Finance highlighted the key points reported at Month 8. The report focussed on Month 8 rather than the full year. Month 8 is slightly behind plan in month due to not delivering the £6.7m of efficiencies that are required for H2. £3.9m of opportunities were identified against the £6.7m but currently only £3.3m is forecast to be delivered.

Still forecasting that the plan will be delivered this year. Other opportunities have been explored. Bids have been submitted for external funding for Elective Recovery Funding to allow the Trust to continue delivering care as we are currently. For example, funding is required to support the enhanced pay scheme, without which the elective activity would have to stop. A further £700,000 opportunity where funding is being received where the spend was already in our forecast, and discussions have been completed with Bradford around vascular funding. The Trust is closer to agreement with Mid Yorkshire on funding for the non-surgical oncology work where services have been provided by CHFT.

Confidence now that the year-end position can be delivered but it is not being done through spend reduction and is made up of non-recurrent income challenges rather than recurrent savings which provides a challenge for the next Financial year.

Capital and Cash – Capital is currently behind plan by around £2.4m. The most material area where this is a gap or slippage is in relation to the wireless network. We now have confidence that we will deliver the business as usual capital plan by year end and the normal year end process has commenced or marking schemes and chasing up schemes to make sure they deliver and the capital is not lost.

After this report was written, the Trust was notified that the HRI full business case has been successful. A formal letter is expected soon. Linked to that business case and

the CRH outline business case, there is a requirement for a letter of support from Commissioners and the ICS. There is a gap overall in terms of funding for the whole reconfiguration or around £21m. This is made up of £15m in relation to the Calderdale Multi-Storey car park, and £6m in other pressures that have arisen around the CRH and HRI developments. NHSE/I required assurance from the ICS that they would underwrite the £21m. This assurance has been given. This will impact the year end report and forecast. By year end an overspend pressure will be shown against this program. This is following an agreement to use the capital slippage within the ICS.

The Committee **RECEIVED** and **NOTED** the Month 8 finance report and **APPROVED** the high-level risks.

008/22

2022/23 FINANCIAL PLANNING UPDATE

The Deputy Director of Finance gave a presentation following the National 22/23 Priorities and Operational Planning Guidance which was released on the 24th December 2021. The guidance is split into different sections. Priorities and Operational Planning Guidance and then separately draft Financial Planning Guidance which is split into revenue and capital. More technical guidance and detail is expected later, and the position will evolve as this arrives.

Within the covering letter that came with the guidance the deadline for submissions is given as April with a draft submission in March. A lot of the Financial regimen now sits with the Integrated Care Board (ICB) who are the statutory body. There is now a draft internal plan in place. There is lots of detailed work to be done most notably around elective recovery plans. The intention is that the plan would come to Finance and Performance on the 4th April for April submission, but the Trust Board meeting isn't until May. Nearer the time discussion needs to take place around whether the draft plan is approved at Board in March and then this committee have the final approval.

There are ten national priorities and Financial Improvement Trajectories (FIT) are being replaced by System Convergence Adjustment, which aims to bring all funding for organisations within the ICS back to what they call a targeted level. This is at system level not trust level.

Elective Recovery funding will be allocated to ICB's on a fair shares basis who will share with the individual organisations. More detail is required around how this will work.

There will be no further support for loss of income e.g. car parking, so there will be an expectation that the trust can revert back to pre-pandemic levels of other income outside of clinical income. The level of support received this year for loss of funding was around the £1m.

New for this year is that the Trust will have to sign contracts with the CCG's for the year. CCG's will not exist after the first part of the year and will be absorbed into the ICB and contracts will transfer across. The contracts are expected to work on a Aligned Payment Incentive (API) approach which CHFT has been operating under previously. Overall allocations have been uplifted by 3.8%, this is made up of an inflationary growth uplift offset by an efficiency requirement. Efficiency expectation of 1.1%.

Covid funding for the ICB is to be reduced by 57%.

If deliver more than planned elective activity opportunity to receive more income at 70% of tariff.

However, if underdeliver against activity plans 50% of tariff will be deducted from the contract value.

More detail required around Independent Sector work.

Very high-level piece of work shows an opening financial challenge of £39m for CHFT.

Capital and Cash –Capital guidance has also been received. There are fewer changes to this guidance. A review was undertaken by Kings Fund on capital funding and the

system envelopes methodology has been informed by this review. The King's Fund has suggested a multi-year capital envelope to allow trusts to plan ahead.

IFRS will be implemented from the 1st April 2022 which is a change to the way leases are accounted for.

Cash balance of £36m to start the new year. Accruals will start to impact on this. Should have some cash security due to Aligned Payment Incentive contracts but must deliver the efficiencies required in order to maintain the cash position.

009/22

EFFECTIVE USE OF RESOURCES GROUP

The ERG process has been in place since November 2021 and progress has been limited on 2021/22 opportunities. Work is now commencing on opportunities for 2022/23.

The Executive Director of Finance provided two papers in the pack.

The first paper covers the position as per the last meeting in 2021 and the second one looks at the approach to be taken in 2022/23.

As of 22.12.21 only £1.8m of savings have been actioned against the agreed in year target of £6.7m. Winter pressures and Omicron are creating reluctance to reduce expenditure further.

The 2nd presentation proposes an approach to the 22/23 efficiency challenge and effectively proposes a return to a portfolio approach that has been successful in past years when it was used by the Turnaround Executive.

A workshop is to be held in January and a small working group are meeting on 7th January 2022 to agree the workshop approach and attendees. Running alongside this, data is being gathered from a variety of sources to identify variation and potential opportunities. Intention is to look at a longer term approach.

The Committee **RECEIVED** and **NOTED** the report from the Effective and Efficient Use of Resources Group.

010/22

BAF RISKS

BAF Risks are the risks that Finance and Performance are the oversight committee for and are generally not fast moving, long term risks. The risks have been reviewed by lead directors GB and JF and will be fed into the Audit and Risk committee. This will be the year end position for the Board meeting in March. Changes are shown in red on the papers. There has not been much change in Finance related risks other than a reference to the Effective Resources Group. Performance risks have been reviewed in detail and now reflect Omicron.

ACTION: Risk 14/19 referring to capital needs the narrative updating and the score to be reduced from 16 to 12 in view of the recent confirmation of funding for HRI and the multi storey car park at CRH. Agree to leave risk on the register with the expectation that the score will rise again.

The Committee **RECEIVED** and **NOTED** the BAF risks report.

010/22

INTEGRATED PERFORMANCE REVIEW – NOVEMBER 2021

The Assistant Director of Performance reported the Trust's overall performance score for November 2021 was 62%, following on from an October position of 64%. The key change on the report is that Finance is now red.

Safe domain remains Green.

Caring domain remains amber with two of the five FFT being Green, Inpatients and Community, but performance in Complaints is still a challenge. Dementia screening has fallen in month following three months of improvement and is still short of target at 35%

Effective domain remains green. Stroke and fracture neck of femur indicators are both struggling to reach target. Both will be going back to WEB with actions to improve those areas.

Responsive domain is still Amber. Pressures around ED. Cancer managed to maintain, but ongoing recovery indicators around waits are still a pressure.

Workforce domain remains Amber with short term non-Covid sickness at its highest level in over 12 months. This was before the current Omicron wave hit so the numbers are expected to change for the next report. Return to work interviews are at their lowest level since January.

Finance domain is now red following a deterioration in several indicators in month.

Drop in performance over the last three months for the Organisation as a whole. STOP metrics covered under action log.

Currently experiencing operational difficulties around urgent care.

The Committee **NOTED** and **RECEIVED** the Integrated Performance report for November 2021.

010/22

RECOVERY UPDATE

The Assistant Director of Performance presented a recovery update as follows:

As we came into the Christmas period no real changes. P2's and 104 week waiting list are the current priority.

P2's – This is where the focus is for the next few months. Slightly above trajectory but moving in the right direction.

P3's – There is a slight increase as expected, these may be affected by Covid pressures over the coming weeks.

Appointment Slot Issues (ASI's) over 22 weeks, have reduced.

Elective update – Endoscopy, should be seeing 99% within six weeks and there are a couple of areas where this is not occurring. The target was to achieve this by November which was almost there, but there are a couple of areas in Neurophysiology, particularly ECHO, where the trajectory and plan has had to be extended until February and March. ECHO is still heavily reliant on bank staff. The substantive team are doing extra weekend shifts but still struggling to keep up. The outsourcing company that was being used have removed their full-time member of staff for the whole of January and

they have not yet provided a replacement. Therefore, the trajectory may need to change again.

Trying to reduce the number of 52 week waits by the end of March and there is some reduction to date.

Currently have 39,000 patients who are waiting on average over 20 weeks.

104 weeks – The main specialities with significant numbers on this list are, ENT, Maxillofacial and Trauma and Orthopaedics.

The trajectories were created before Christmas and before the current wave of Covid. The teams are working hard to try and maintain these.

The Committee **NOTED** and **RECEIVED** the Recovery update for November 2021.

13/22

DRAFT MINUTES FROM SUB-COMMITTEES

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

- Commercial Investment and Strategy Committee 25th November 2021 (2 part meeting)
- Capital Management Group – 14th December 2021
- THIS Executive Board – 22nd December 2021
- CHFT / SPC Quarterly Meeting – 16th December 2021
- Urgent and Emergency Care Board – 12th October 2021

The Commercial Investment and Strategy Committee is now replaced with the monthly Business Case Approvals Group which has tighter governance and post project reviews.

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

14/22

WORKPLAN - 2021/22

Workplan for 2021/22 was noted with no amendments.
A workplan for 2022/23 is required.

15/22

MATTERS TO CASCADE TO BOARD

Key points to be covered to Chair's Highlights Report to Board.

16/22

REVIEW OF MEETING

No specific review carried out.

17/22

DATE AND TIME OF NEXT MEETING:

Monday 31st January, 11:00 – 13:00, Microsoft Teams

**Minutes of the Finance & Performance Committee held on
Thursday 31 January 2022, 11.00am – 13.00pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Gary Boothby	Executive Director of Finance
Anna Basford	Director for Transformation and Partnerships
Philip Lewer	Trust Chair
Peter Keogh	Assistant Director of Performance

IN ATTENDANCE

Kirsty Archer	Deputy Director of Finance
Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Robert Markless	Public Elected Governor
Brian Moore	Public Elected Governor
Stuart Baron	Associate Director of Finance - CHS
Isaac Dziya	Public Elected Governor
Suzanne Dunkley	Director of Workforce and Organisational Development (For Colleague Deep Dive section only)

ITEM

017/22 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

018/22 APOLOGIES FOR ABSENCE

Apologies were received from Jim Rea, Jo Fawcus, Peter Wilkinson

019/22 DECLARATIONS OF INTEREST

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

020/22 MINUTES OF THE MEETING HELD 6 JANUARY 2022

The Minutes of the meeting held 06 January 2022 were APPROVED as an accurate record.

021/22 MATTERS ARISING

All matters covered under Action Log.

022/22 ACTION LOG

The Action Log was reviewed as follows:

149/20 – Stroke Deep Dive: An update is to be provided at the 28th February meeting PK and JF to lead.

131/21 – Neck of Femur Performance: Update scheduled for the next meeting 28th February 2022.

FINANCE & PERFORMANCE

023/22 MONTH 9, FINANCE REPORT (INCLUDING HIGH LEVEL RISKS & EFFICIENCY PERFORMANCE)

The Executive Director of Finance highlighted the key points reported at Month 9. Year to date the Trust is reporting a £2.09m deficit, a £0.15m favourable variance from plan. As discussed at the last meeting the risk rating has been reduced to 12 from 16. Whilst the Trust has submitted a balanced plan for the year and has delivered a break-even position in the first half of the year (H1), the financial position remains challenging. H2 includes a significant efficiency requirement of £6.7m, with only £3.9m identified of which £3.3m is currently forecast to deliver. This is mitigated non recurrently as previously discussed.

There is not expected to be any further progress on CIP as the focus is now on 2022/23. In total the full year effect of this year's CIP into 2022/23 is only around £1.6m. which provides a challenge for next year.

Also, as predicted at the last meeting, there is now a forecasted overspend on capital. This has been agreed with both the ICS and the NHSEI.

An update was given on the ICS following a meeting on Friday 28th January which was too late to be added to this report. The ICS is now forecasting a £25m surplus this year which is expected to improve. Within the ICS, CHFT is the only provider that had a challenge to deliver the breakeven position this year. A short presentation was given which illustrates this with several local Trusts now forecasting a surplus position even on a prudent basis. In reality there is an expectation that the total ICS surplus may be nearer £43m. The ICS is a very healthy position while CHFT is still looking for ICS support to secure the year end forecast.

Why is CHFT an outlier when it comes to hitting the breakeven position? KA has prepared a piece of work which analyses CHFT compared with other acute providers in the region comparing 2019/20 to this year. Our expenditure growth is one of the lowest in WYAAT, but our income has grown significantly lower than across the rest of WYAAT by an average of £10m. This is very high-level analysis due to the challenges of comparing the last 2 years due to the ever changing finance regime. Therefore, the significant difference is the income and possibly how the top up funding is distributed. Discussions are taking place with the ICS to see if the funding can be distributed differently.

In month 9 the spend on pay enhancements was £750k and is expected to be a similar figure in January due to high levels of absence. A proposal has been discussed at the directors' meeting that looks to step away from the pay enhancement system and revert to the system that was in place in July 2021. Qualified nurses were always receiving an enhancement due to the number of vacancies at qualified nursing levels. This would again be the case with an enhancement of 20%. The proposal will go to the Weekly Executive Board this week with an expectation to withdraw by the 1st of April subject to no further waves of Covid. A further piece of work being discussed by the group is to have an off the

shelf model ready to put in place when pre-identified trigger points are reached. This will prevent the need to develop something at pace in future.

The Council of Governors are receiving finance training on the 24th March.

There has been an increase in aged debt of £900k month on month. Christmas appears to have a bearing on payments in December and this year has followed a similar trend to previous years. The increase in debt is felt to be in low risk areas as it sits with the local NHS organisations. At the cash committee meeting on the 25th January, the account managers were aware of the position and already working on resolving the aged debt.

CHFT successfully met the better payment practice code of paying 95% of suppliers within 30 days in month which NHSI are continuing to scrutinise.

The Committee **RECEIVED** and **NOTED** the Month 9 finance report and **APPROVED** the high-level risks.

024/22 EFFECTIVE USE OF RESOURCES GROUP

GB included a presentation in the pack which covers the proposed approach to annual planning and efficiency savings in 2022 and beyond. It has been agreed that the Trust will set itself a £30m efficiency target for 22/23.

There are still a lot of unknowns as the full planning guidance has not yet been issued, but it is deemed important that we have a target in place, so we can begin to develop the architecture around that. There will be a return to a matrix methodology. Having spoken to divisional teams several areas have been identified as portfolios, which the executive team will take accountability for. Working with the clinical teams, opportunities within these portfolios will be identified, and a plan put in place to deliver those. A lot of work has been done on the matrix to ensure that the accountability and ownership sits with the right colleagues. Transformation needs to be clinically driven.

A timeout has been planned for March to involve over a hundred CHFT colleagues where the hope is to develop these schemes in more detail.

This work needs to be aligned with the longer-term plans and the ten-year strategy and consider the significant opportunities that come through the broader transformation plans around reconfiguration, digital optimisation and sustainability. The intention is to move the business better than usual learning into the effective use of resources program for clarity.

The Committee **RECEIVED** and **NOTED** the report from the Effective Use of Resources Group.

025/22 CAPITAL PROFILE

The Associate Director of Finance presented a paper covering the allocation of capital. This is the first time that the NHS has been given three years capital budget at once which allows for longer term planning. The purpose of the paper is to give a high-level overview of the 5-year capital plan and available resource, based on a scoping exercise completed by the Capital Management Group. Currently there is demand for capital resource in excess of available resource which will require prioritisation.

Section 3 shows the external funding available of £228m. This includes the reconfiguration, the multi-storey car park at CRH and the external cladding at HRI.

An exercise was carried out with the Clinical teams and the divisional finance leads where they were asked to identify capital projects if there were no restrictions around money. This resulted in the 'wish list' which came to a total of £154m.

The table shows what the potential capital spend looks like. The divisionally led plan would have to work within the lower resource available which would be £12m per annum over the next few years. Prioritisation of projects will be required.

The cladding project at HRI has been deferred until after reconfiguration. The current Portland stone cladding had shown some movement but a remedial measure has been found to secure it to the building. The new overcladding solution cannot be added until the Trust has the capacity to close three wards at once for a period of 2 years so the plan now is for this to happen 2026/27. It was confirmed that there was no fire safety risk attached to this.

There are number of pre-commitments against the £12m available resource which are shown in section 5 of the paper. In addition to the prior commitment there are funding timing differences to manage over the period. The ICS have provided the Capital Departmental Expenditure Limits (CDEL) for the Multi-Storey Car Park (MSCP) at £15m and the cost pressure on the Reconfiguration (£6.2m) however the funding available for this is capped at £5m in any one year. The Trust have been asked to manage this timing difference through use of its own internal resource. This timing difference is currently forecast as a £4.1m additional resource in 2022/23 offset by a £4.1m reduction in 2023/24. This phasing will therefore create c.£16m capital available in 2022/23 and £7.8m in 2023/24.

Prioritisation of capital needs will continue to be managed through the capital planning days which are planned for the 9th and 10th February. The intention is then to have a secondary planning day in September 2022 to bring forward the priorities for 2023/24. There would then be a third day in January / February 2023 for residual spending in 2023/24. This is outlined in section 6 of the paper.

Support from the ICS is good news but there are caveats attached to the timing of the funding. The paper is a recommendation as to how CHFT deals with those timings.

ACTION: GB/SB Outcomes from the capital planning day to be presented at this committee once they have received board approval.

The Committee **NOTED** the demand on the capital plan, the available resource, the prioritisation approach and the funding timing difference with the ICS resource.

026/22 INTEGRATED PERFORMANCE REVIEW – DECEMBER 2021

The Assistant Director of Performance reported the Trust's overall performance score for December 2021 was 66.4%, which is an improvement from a November position of 62% and the most improved position we have had since August 2021. The key change on the report is that Finance is now amber from red last month.

There are improvements in some of the key indicators around complaints, friends and family tests and cancer.

Safe domain remains green, although there were some increases around pressure ulcers and falls with serious harm. These will continue to be monitored closely.

Caring domain remains amber, complaints improved to amber in terms of our response times, though an increase in complaints is expected around patients being able to be accompanied to appointments and waiting lists which are still an issue.

Effective domain remains green. Fractured neck of femur continues to be an issue and a paper is due at the next Committee meeting. Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality indicator (SHMI) have both deteriorated in month. There has been a refresh of the last three months within both. HSMR is still below 100 but is heading in the wrong direction at 95. SHMI is currently 105. The expected number of deaths has been lowered. These are being looked at in more detail, including a planned external review.

Responsive domain is still amber. Waiting time issues and recovery make this one of the more challenging areas. Three out of four stroke indicators deteriorated in month. There remains underperformance in the main planned access indicators, most notably Diagnostics, and ED. Deterioration was also noted within ECHO and neurophysiology. With ECHO the issues have been around Covid sickness and the private provider for ECHO has not delivered activity as expected. There were originally 800 hours commissioned per month in reality, we were only getting 200 hours. The provider was also unable to provide the service for a month. A different process has now been put into place and we are currently training 6 people internally. ED had a particularly difficult December. Despite all of these challenges, compared to local trusts in West Yorkshire, CHFT is still the best performing with ED, Cancer and diagnostics and we are well ahead of the overall England average position.

Workforce remains amber, sickness in general is at its highest rate in over twelve months and return to work interviews are at their lowest level since December.

Finance domain is now amber.

ACTION: PK To provide CHFT comparisons against the national benchmark on the top 4 or 5 indicators.

The Committee **NOTED** and **RECEIVED** the Integrated Performance report for December 2021.

027/22 RECOVERY UPDATE

The Assistant Director of Performance presented a recovery update as follows:

P2's – A slight increase during December. This was due to Christmas and is not demonstrating a worrying increase. More P2's have been seen in the last few weeks so the numbers are getting back on track.

P3's – As expected these are away from the trajectory. This is expected until the first quarter of 2022/23 which will be two years on from the start of the Pandemic and there will be a reduction in the 104 week waits.

P4's – This shows that all available slots are being filled. If P2 and P3's are not available the slots are being filled with P4's.

Total Pathways - The guidance requested that the September levels were maintained, however there has actually been a reduction to less than 37,000.

Elective update – Endoscopy has reached the predicted target for the end of November. Neurophysiology and ECHO have increased.

Pre-pandemic our average wait times were just below 10 weeks. Now we are just over 20 weeks. With 36,000 patients currently waiting, it will take a considerable amount of time to reach pre-pandemic levels.

52 week waits – we are on track.

104 week waits – There has been a bit of an increase but each patient is being closely managed so there is confidence that the target for the end of March will be reached.

The Committee **NOTED** and **RECEIVED** the Recovery update for December 2021.

028/22 COLLEAGUE DEEP DIVE

The Director of Workforce and Organisational Development (WOD) gave a verbal update. We currently have the lowest rate of sickness seen for some time at 7.6%. The Trust has been working on average with an 8-9% absence rate, although it reached 10-11% at times. This means we have approximately 500 colleagues who are currently absent due to Covid, isolation or non-Covid absence. This does not include annual leave or study leave. WOD are also reporting on availability as well as absence. There is an availability strategy which is setting out some triggers as to when services may have to be stood down. This point has never been reached due to colleagues stepping up when needed.

In teams where colleagues are working from home their divisional absence tends to be lower. In terms of age, 61-65 year olds and 26-30 year olds have the highest absence. WOD are trialling new methods including a first-time attendance management service, where instead of calling their managers on the first day of sickness, colleagues will call into a centre who will ask a few questions and have a rigorous first day approach. Still continuing with the top 50 individuals or top 50 teams that don't seem to be getting on top of their absences.

WOD are also helping managers with the paperwork relating to absences where required. In line with the staff survey action plan there will be a more concentrated effort to ensure colleagues are receiving regular breaks and their wellbeing hours. So as part of the must do, WOD will be more formally monitoring if people are regular taking annual leave and having breaks (including the wellbeing hour) and will look at rosters to make sure there is sufficient downtime.

Return to work interviews have always been an issue so the WOD department are going to look at a couple of other trusts to see if there are ideas that can be adapted for CHFT.

029/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Capital Management Group – 13th January 2022
- THIS Executive Board – 22nd December 2021

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

030/22 WORKPLAN - 2021/22

Workplan for 2021/22 was noted with no amendments.

A workplan for 2022/23 is required.

031/22 MATTERS TO CASCADE TO BOARD

Key points to be covered in Chair's Highlights Report to Board.

032/22 REVIEW OF MEETING

No specific review carried out.

DATE AND TIME OF NEXT MEETING:

Monday 28th February 2022, 12:00 – 14:00, MS Teams

DRAFT

21. INFORMATION TO RECEIVE

- a. Council of Governors Workplan 2022
- b. Council of Governors Calendar 2022

For Information

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

	27 Jan 2022	21 Apr 2022	14 July 2022	July 2022 AGM	20 Oct 2022	COMMENTS
Chair's Report	✓	✓	✓		✓	
Lead Governor Update	✓	✓	✓	✓ (Annual update)	✓	
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register		✓ Receive Register	✓ Receive updated Register of CoG with new governors	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - - Audit & Risk Committee - Finance & Performance Committee - Quality Committee - Workforce Committee - Nomination & Remuneration Committee - Charitable Funds Committee - Organ Donation Committee	✓ Receive update – as appropriate	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update – as appropriate	<u>Private meetings:</u> • Feedback from Divisional Reference Group (DRG) meetings • Feedback from private Board meetings • Feedback from questions
Finance Summary Report	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive and approve Annual Accounts	✓ Receive an update from DOF	
Integrated Performance Report (Quality)	✓ Receive an update from COO	✓ Receive an update from COO	✓ Receive an update from COO		✓ Receive an update from COO	
Quality Report	✓	✓ Including confirmation of new 22/23 QA detail	✓ including quarterly update 3 QA priorities 22/23		✓ including quarterly update 3 QA priorities 22/23	

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

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

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

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

Bank Holidays 2022

Friday 15 April 2022 (Good Friday)

Monday 18 April 2022 (Easter Monday)

Monday 2 May 2022

Thursday 2 June 2022

Friday 3 June 2022 (Platinum Jubilee)

Monday 29 August 2022

**DIVISIONAL REFERENCE GROUPS AND ESTATES & FACILITIES
SERVICE GROUP MEETINGS 2022**

GROUP	DATE & TIME	GOVERNORS
Medical Divisional Reference Group	Friday 11 February 2022 1:00 – 2:30 pm	Peter Bell John Gledhill Jo Kitchen Chris Matejak Alison Schofield Liam Stout Nicola Whitworth
	Tuesday 14 June 2022 2:00 – 3:30 pm	
	Monday 7 November 2022 2:00 – 3:30 pm	
Families and Specialist Services Divisional Reference Group	Tuesday 15 February 2022 11:00 am – 12:30 pm	Peter Bamber Peter Bell Gina Choy Robert Markless Sally Robertshaw Veronica Woollin
	Tuesday 14 June 2022 11:00 am – 12:30 pm	
	Tuesday 8 November 2022 10:30 am – 12 noon	
Community Healthcare Divisional Reference Group	Friday 18 February 2022 10:30 am – 12 noon	Stephen Baines Gina Choy Emma Kovaleski Robert Markless Alison Schofield
	Friday 10 June 2022 10:30 am – 12 noon	
	Friday 11 November 2022 10:00 – 11:30 am	
Surgical and Anaesthetics Divisional Reference Group	Friday 18 February 2022 1:30 – 3:00 pm	Stephen Baines Peter bell Sandeep Goyal Christine Mills Brian Moore Jason Sykes
	Tuesday 28 June 2022 1:00 – 2:30 pm	
	Monday 14 November 2022 2:00 – 3:30 pm	
Estates and Facilities Services Group	Tuesday 8 February 2022 11:00 am – 12:30 pm	Peter Bamber Isaac Dziya John Gledhill Brian Moore Nicola Whitworth
	Monday 13 June 2022 10:30 am – 12 noon	
	Wednesday 16 November 2022 1:00 – 2:30 pm	

22. Any Other Business

To Note

23. DATE AND TIME OF NEXT MEETING:

Date: Thursday 14 July 2022

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

Venue: Microsoft Teams

To Note

Presented by Philip Lewer