








Council of Governors






Schedule	Thursday 26 January 2023, 14:00 — 16:00 GMT
Venue	Microsoft Teams
Organiser	Deborah Melia
















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15:59 18. DATE AND TIME OF NEXT MEETING: 128
Date: Thursday 20 April 2023
Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)
Venue: Microsoft Teams
To Note - Presented by Helen Hirst

1. Welcome and Introductions:

Rob Aitchison – Deputy Chief Executive.

To Note

Presented by Helen Hirst

2. Apologies for absence: Brendan Brown, Nicola Seanor, Liam Stout, Cllr Lesley Warner, Andy Nelson, Christopher Reeve, Karen Huntley

To Note

Presented by Helen Hirst

3. Declaration of Interests

To Note

4. Minutes of the last meeting held on 20 October 2022

To Approve

Presented by Helen Hirst

DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 2:00 PM ON THURSDAY 20 OCTOBER 2022 VIA MICROSOFT TEAMS

PRESENT:

Helen Hirst Chair

PUBLIC ELECTED GOVERNORS

Christine Mills	Public Elected - Huddersfield Central
Gina Choy (GC)	Public Elected - Calder and Ryburn Valleys
Peter Bamber	Public Elected - Calder and Ryburn Valleys
Brian Moore (BM)	Public Elected – Lindley and the Valleys
John Gledhill	Public Elected – Lindley and the Valleys
Robert Markless (RM)	Public Elected - Huddersfield Central
Nicola Whitworth	Public Elected - Skircoat and Lower Calder Valley

STAFF ELECTED GOVERNORS

Liam Stout (LS)	Staff Elected – Nurses/Midwives
Jo Kitchen	Staff Elected – Ancillary
Emma Kovaleski (EK)	Staff Elected - Management/Admin/Clerical

APPOINTED GOVERNORS

Dr Sara Eastburn (SE)	University of Huddersfield
Cllr Lesley Warner (Cllr LW)	Kirklees Metropolitan Council
Abdirahman Duaale	Calderdale and Huddersfield Solutions Ltd.

IN ATTENDANCE:

Karen Heaton (KH)	Non-Executive Director
Nigel Broadbent (NB)	Non-Executive Director
Denise Sterling (DS)	Non-Executive Director
Tim Busby	Non-Executive Director
Brendan Brown	Chief Executive
Kirsty Archer	Acting Director of Finance
Jonathan Hammond	Interim Chief Operating Officer
Lindsay Rudge	Chief Nurse
Robert Birkett	Managing Director of Digital Health
Andrea McCourt	Company Secretary
Victoria Pickles	Director of Corporate Affairs
Sarah Mackenzie-Cooper	Equality and Diversity Manager, ICS
Deborah Melia	Corporate Governance Manager (<i>minutes</i>)
Vanessa Henderson	Membership and Engagement Manager

73/22 APOLOGIES FOR ABSENCE

Chris Reeve	Locala
Nicola Seanor	Associate Non-Executive Director
Anna Basford	Director of Transformation and Partnerships
Karen Huntley	Healthwatch
Salma Yasmeen	South West Yorkshire Partnership Foundation Trust

74/22 WELCOME & INTRODUCTIONS

The Chair welcomed governors and colleagues from the Trust and Board of Directors to the Council of Governors meeting.

75/22 DECLARATIONS OF INTEREST

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

76/22 MINUTES OF THE LAST MEETINGS HELD ON 14 JULY 2022 AND ANNUAL MEMBERS MEETING 29 SEPTEMBER 2022

The minutes of the previous meetings held on 14 July 2022 and Annual Members Meeting minutes held on 29 September 2022 were approved as a correct record.

OUTCOME: The minutes of the previous meetings held on 14 July and Annual Members Meeting minutes held on 28 September 2022 were **APPROVED** as a correct record.

77/22 MATTERS ARISING / ACTION LOG

The Chair provided an update on the action which relates to the Performance Update. The action was for the graphs indicating performance and recovery to include labels on the axes in future reports and this is now complete, although the current process for performance reporting is currently being reviewed.

The Chair confirmed that there were no matters arising.

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

78/22 CHAIR'S REPORT

Update from Chair

The Chair provided an update on the Board Development session which was held on 6 October 2022 and key areas discussed were:

- Review of the Trust's strategy and whether it reflects the current vision, behaviours and goals. Revisions and refinements to the strategy will now go into a process of wider engagement, including discussion at the Joint Council of Governors and Board of Directors Workshop on 15 November 2022.
- Governance and our decision-making arrangements, led by the Director of Corporate Affairs, which covered ways to improve our Committee structure, current strengths and work to improve and reform the Integrated Performance Report.
- Holding to account and the relationship between the Non-Executives and the Governors, which has resulted in an update to today's agenda which allows for the Chairs of the Committees to report on the work of Board Committees, which will allow visible ownership of the agenda and work
- Governors to bring insights to the Board from their constituents.
- The need for planning future workshops and development sessions.

KH commented it was a good, productive, positive day, with the Board and the Executive team working together. DS also agreed and thought the day brought productive discussions and sharing of ideas.

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

Update from Governors

GC representing Calder and Ryburn Valleys provided feedback from her constituents regarding issues they have accessing services at the hospital, specifically transport. The issue tends to be getting to the hospital from the Upper Calder Valley where the local transport services is limited. It was acknowledged that there is a sustainable Travel Plan on the Trust website. GC also shared that she had received feedback from the Practitioners that patients are not attending clinic appointments due to these issues. GC asked the Council of Governors to see whether this is an issue affecting constituents in other areas of Halifax and Huddersfield.

The Chair commented that this is a good example, and it is important that we have a formal record of issues raised and then we can work on what action we will take.

Cllr LW agreed with GC that transport is also an issue in the Colne Valley area and highlighted the issue of maternity services and the closing of the birthing centres. Cllr LW acknowledges that this is a nationwide issue but felt it is important that this should be highlighted at this meeting.

The Chief Nurse responded to the issues regarding transport and will look at the number of complaints and concerns and look at both geographically and in content as what is being seen formally raised with us. The Chief Nurse also wanted to provide some assurance that the Trust is constantly reviewing and risk assessing our position.

The Chief Executive suggested that the transport issue is broader and not solely about public transport. He suggested the possibility of working with our voluntary sector colleagues. In response to the comment about the birth centre, the Chief Executive informed the Governors that discussions have progressed with maternity colleagues locally and, whilst the birth centres are closed for safety reasons the issues are national. The Chief Executive shared his views on maternity being an academic entry profession and the approach of developing our midwives academically over the lifespan of their career. The Chief Executive noted we provide a good maternity service locally, albeit this part of it is challenged.

Cllr LW commented on the size of the posters to raise awareness of membership and RM asked that if the member posters are to be redesigned the use the 'Hospital' rather than 'Trust' would be more understandable for the public. RM also provided feedback on the use of the local IT systems for appointments and particularly the use of mobile phones and new technology which is not accessible for a significant proportion of the population. The systems we use should be accessible for all. The Managing Director of THIS stated work is underway around the wider health inequalities piece and digital inclusion/exclusion and provided assurance that work is progressing. The Chief Executive agreed that this needs to be one of our priorities.

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

GOVERNANCE

79/22 Membership Strategy – Annual Progress Report

BM provided a verbal update on the Annual Progress Report of Membership Strategy which was included within the papers. Key Points to note:

- The Membership and Engagement Working Group have had three meetings to date.
- A poster has been designed and distributed to all GP surgeries/health centres in Calderdale and Huddersfield, to all governors and to public members on the Membership and Engagement Working Group. The Membership and Engagement Manager voiced that she is aware of the concerns about the poster size and will resize the posters and include the suggestion of the word 'Hospital' in replace of 'Trust'. The Membership and Engagement Manager also confirmed that the Trust has received interest from the current posters and wanted to provide assurance that the poster is reaching the public.
- Increase engagement of all governors.
- Work continues to work on collaboration with Healthwatch on engagement
- Governors have started to attend the events detailed within the report to engage with members of the public.
- New events in the pipeline

SE offered to support events at the University.

EK stated she is keen to collaborate on engagement events through our CHFT Charity. The Fundraising Coordinator is leading on this, and Danielle has been in touch.

BM asked Governors for ideas for engagement and to get in touch.

RM thanked the working group for their efforts, he suggested that local meetings for Governors with members within their own local geographic area would be a good idea moving forward and look at the possibility of other services and/ or voluntary groups where Governors could attend.

GC commented that having Trust members on the group provides helpful insight.

Cllr LW suggested use of a simple leaflet which could be handed out or provide when piggybacking on other meetings which provides information of the Trust and what we require of the public. BM agreed to feed this back to the Membership and Engagement Manager.

OUTCOME: The Council of Governors **NOTED** the progress made by the MEWG and the proposed future actions and the governors who do not currently sit on the Membership and Engagement Working Group are asked to **PROVIDE** feedback on the MEWG's activities and actions to date and make suggestions for any future engagement activities that the group could pursue to Brian Moore, Chair of the MEWG.

PERFORMANCE AND STRATEGY

80/22 Feedback from Finance and Performance Committee

The papers were submitted prior to the meeting. In the absence of Andy Nelson who Chairs this meeting, Nigel Broadbent provided a summary. The key points noted were:

- **Operational Update and Recovery Plans**
 - Recovery performance still largely on track with strong achievement on 78 and 104 week waiters and 52 week waiters compared with the external plan.
 - Review of Recovery Performance to take place against revised trajectories.
 - Productivity and Improvement Programme in place for theatres.
 - Business case regarding stroke pathway, stroke hub and community beds being reviewed for affordability.
- **Performance Update**
 - Action plans and deep dives in place to tackle areas where performance is not hitting target.
 - Integrated Performance Framework being refreshed to update for NHS performance and local performance metrics.
 - There were no further never events in August.
 - Second update of risks attributable to F&P Committee under the Board Assurance Framework, with no new risks identified
- **Finance Report**
 - Concerns re 2022/23 full year forecast which is still showing a £17.35m deficit for the year in line with the plan but with increasing risk on achievement of CIP efficiencies, funding of pay award, continuing covid costs and enhanced bank rates.

GC noted that the Neck of Femur, Dementia Screening and Complaints, all Deep Dive topics within a few Committees are still underperforming and asked what the next steps are. NB confirmed that all the actions have been implemented on time and a realistic time for review would potentially be six monthly.

The Chair commented that as some of these topics are going through multiple Committees it may be a suggestion to Director of Corporate Affairs to provide some case studies in order to look at how we managed these through our governance arrangements.

DS fed back as Chair of the Quality Committee regarding the Dementia Screening, noting that at the last Quality Committee meeting they supported the proposal that was to move the screening from medical to nursing staff from quarter 3 and 4. LS expressed concern in passing the responsibility from the medics to the nurses.

DS stated that work is progressing in terms of fracture of the neck of femur and an update will be provided at the next Quality Committee. The Chief Nurse added that a review is being conducted of the process of complaints and the PALS service with the Director of Corporate Affairs, with a trajectory is to work through the back log of complaints but also a forward-looking process around prevention of some of the concerns that turning into complaints. BM asked what the main reason for complaints is. The Chief Nurse responded that the top three are around communication, treatment and care and nutrition and hydration. These will be the three key areas which will be addressed going forward

The Acting Director of Finance added that the absence/delay of guidance nationally has led to some assumptions around financial projections which has then led to the reverse of decisions made locally.

OUTCOME: The Council of Governors **NOTED** the feedback from the Finance and Performance Committee.

81/22 Feedback from Quality Committee including update on 2022/23 Quality Priorities

The Quality Highlight Report was submitted prior to the meeting. DS updated on the key points which were:

- Report received on the national Patient Safety Incident Response Framework (PSIRF) which replaces the Serious Incident Framework. A task and finish group is to be established to ensure the PSIRF is implemented within 12 months from September 2022, with progress updates to Quality Committee.
- Internal Audit Follow up Report Complaints – confirmation provided that the action plan is on track for the recommendations to be fully implemented by the end of October 2022.
- Maternity Services Oversight report – a new confirm and challenge process has been introduced to review the Transformation plan with monthly overall progress review undertaken by the Chief Nurse. Areas of concerns identified will be escalated to Quality Committee for review. The service currently has three active cases with the Healthcare Safety Investigation Branch (HSIB) and information on the cases was provided in the report. The report from the Regional Maternity Team Assurance visit has been received and CHFT has been assessed to have met all the seven immediate essential actions recommended in the Ockenden report.
- BAF Risk 6/19 Compliance with Quality and Safety reviewed, and risk score reduced from 15 to 12 in July 2022

DS updated on the Quality Priorities and confirmed that work is ongoing. The three Quality priorities are:

- The Recognition of sepsis and administration of antibiotics within 60 minutes of the red flag. Data shows that there are no significant differences over the past two months in the increase of antibiotics being administered, but it should be noted that this has been linked to clinician and nursing staffing gaps, which has impacted the review and treatment times. Work is ongoing in terms of the recruitment process

- The reduction of the number of hospital acquired infections including Covid-19. From the report you will see a reduction in hospital onset Covid for August and September, however there is an increase in October which is trending nationally.
- Reducing waiting time for individuals attending the emergency department (ED) and attendances. Attendances are continuing to increase, and monitoring and reviews into this continue.

PB asked what will the new system which is replacing the current patient incident reporting system provide over and above the existing system. DS responded that the new approach will look at learning from themes and trends rather than only looking at an individual case. The Chief Nurse added that the granularity of investigations will not be lost but this will enable a broader view of trends. The Chair suggested that the Chief Nurse response to PB outside the meeting. The Chief Nurse agreed and noted there is a training session on quality planned for Governors which will cover this.

ACTION – The Chief Nurse to provide a detailed response to PB on the PSIRF changes in relation to incident reporting system and processes.

The Chief Executive assured PB that PSIRF is a new scheme nationally and as a Trust we will keep what's good about our investigation process, but what this new system will do will add to it.

GC commented as part of recent visit of the ED and the new pediatric area impressed with the works and felt it was a shining example of how despite all the difficulties, projects have still continued.

OUTCOME: The Council of Governors **NOTED** the Quality Committee update and update on the 2022/23 Quality Priorities.

82/22 WORKFORCE

The Workforce and Organisational Development Committee highlight report was circulated prior to the meeting. Due to unforeseen circumstances KH had to leave the meeting early and therefore no verbal update was provided.

The Chair asked that any questions regarding the highlight report should be submitted to the Company Secretary outside of the meeting.

OUTCOME: The Council of Governors **NOTED** the Workforce Committee update.

83/22 COMPANY SECRETARY'S REPORT

a. Allocation of Governors on Committees

The Company Secretary shared a document prior to the meeting highlighting the allocation of governors on Board Committees. There are some vacancies within some Committees and it is asked that if anyone is interested in filling these vacancies to contact the Council of Governors mailbox by 27 October 2022.

OUTCOME: The Council of Governors **NOTED** the update on the allocation of governors on Committees and request for further nominations.

b. Review Allocation of Governors observing Public Board of Director Meetings 2022/2023

The Company Secretary informed the Council of Governors that the Board of Directors meeting are moving back to face to face from November. There is a rota for Governors attending the Board meetings which is highlighted in the paper. If there are any issues with the dates allocated, please contact us. GC welcomed that the face-to-face meetings will be alternating on both sites and governor members being allocated based on their constituency areas.

OUTCOME: The Council of Governors **NOTED** the allocation of governors observing public Board of Director meetings.

c. Council of Governors Meeting Dates 2023

The Council of Governors noted the meeting dates for 2023.

OUTCOME: The Council of Governors **NOTED** the meeting dates for 2023.

d. Review Update Council of Governors Declarations of Interest Register

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

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

e. Receive Updated Register of Council of Governors

The current Council of Governors Register as of 13 October 2022 was shared.

OUTCOME: The Council of Governors **NOTED** the Council of Governors Register as of 13 October 2022.

84/22 RECEIPT OF MINUTES FROM SUB-COMMITTEES

The minutes of the following meetings were received:

- Quality Committee held on 20.06.22 & 18.07.22 & 17.08.22
- Workforce Committee held on 06.06.22
- Audit and Risk Committee held on 05.07.22 & 26.07.22
- Finance and Performance Committee held on 05.07.22 & 05.08.22

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

85/22 INFORMATION TO RECEIVE

a. Council of Governors Workplan 2022

The Council of Governor's Workplan for 2022 was circulated for information. The 2023 workplan was not shared and will be circulated after the meeting.

ACTION – Corporate Governance Manager to submit the 2023 Council of Governors Workplan 2023.

b. Council of Governors Calendar 2022 and 2023

The Council of Governor's calendar of meetings for 2022 and 2023 was circulated for information. This includes all governor meetings and workshops.

c. Divisional Reference Group Dates 2022 and 2023

The Divisional Reference Group dates for 2022 and 2023 were circulated for information. Brian Moore asked that the Governors check the Divisional Reference Group table as there have been some changes and updates.

OUTCOME: The Council of Governors **RECEIVED** the Council of Governors Workplan for 2022, the Council of Governors Calendars for 2022 and 2023 and the Divisional Reference Group meeting dates for the remainder of 2022 and 2023.

86/22 ANY OTHER BUSINESS

There was no other business.

87/22 DATE AND TIME OF NEXT MEETING

The Chair thanked all for attending the meeting and for their contribution and formally closed the meeting at approximately 15:47pm and invited governors to the next meeting.

Date: Thursday 23 January 2023

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

Venue: Microsoft Teams

DRAFT

5. Action Log and Matters Arising

To Note

Presented by Helen Hirst

ACTION LOG FOR COUNCIL OF GOVERNORS

APPENDIX B

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

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

6. Update from Chair

For Information

Presented by Helen Hirst

7. Charitable Funds Committee Update Report

To Note

Presented by Helen Hirst

CHAIR'S HIGHLIGHT REPORT to the Council of Governors

Committee Name:	Charitable Funds Committee
Committee Chair:	Helen Hirst
Date(s) of meeting:	23 November 2022
Date of meeting this report is to be presented:	26 January 2023
ACKNOWLEDGE	
<p>The Committee expressed thanks to Carol Harrison, the Funds Manager and the Finance Team for the preparation of the Annual Accounts.</p> <p>The work of Emma Kovaleski, Charity Manager on the year's achievements and plan for the future was recognised.</p>	
ASSURE	
<p>The Committee received assurance from the auditors, KPMG, who provided a clean audit opinion on the Annual Report and Accounts as reflected in the Management Letter.</p>	
AWARE	
<p>The Imagination Appeal fund has now closed.</p> <p>The Committee agreed to a period of refresh for the overall strategy and a review of the governance arrangements.</p>	

GOVERNANCE

8. Brief Update from Governors

To Note

Audit and Risk Committee Update

To Note

Presented by Nigel Broadbent

CHAIR'S HIGHLIGHT REPORT to the Board of Directors

Committee Name:	Audit and Risk Committee (ARC)
Committee Chair:	Nigel Broadbent, Non-Executive Director
Date(s) of meeting:	25 October 2022
Date of Board meeting this report is to be presented:	10 November 2022

ACKNOWLEDGE

- A deep dive on Information Governance was presented to the meeting including details of the current priorities in this area.

ASSURE

- The Emergency Preparedness Resilience & Response (EPRR) annual report, the EPRR Core Standards return and the Fire Safety report were all reviewed and agreed by the Committee. ARC asked for an update in six months time of progress towards meeting the Core Standards.
- The second update of the Board Assurance Framework (BAF) was recommended to the Board with increases in the risks on quality and safety standards (following the recent Internal Audit report), and transformation (given that approval to the reconfiguration business case had not been received yet). The health and safety risk has also been updated.
- The work plan for the Committee for the next 12 months is being updated and will be circulated prior to the next meeting.
- Internal Audit reports on quality governance and sickness absence which have limited assurance but are currently in draft form will be presented to the next meeting.

AWARE

- There are a number of outstanding recommendations from internal audit reports which are overdue and some which do not have revised target dates for completion. These need to be completed as soon as possible as they help inform the Internal Audit opinion on the organisation's framework of governance, risk management and control.
- The latest update on counter fraud was received by ARC and the need to continue to be vigilant for potential fraud and to undertake awareness training.
- ARC noted the current position on declarations of interest and the need for these to be completed.
- ARC was updated on the current position with the audit of the Trust's self-assessment on its financial sustainability. It was agreed that the final return would be circulated to ARC members for information and for approval if required.

ONE CULTURE OF CARE

- One Culture of Care considered as part of the annual reports on Emergency Preparedness Resilience & Response and Fire safety particularly in relation to protection of colleagues and personal emergency evacuation plans for staff.
- One Culture of Care also considered within the Board Assurance Framework in relation to the health and well-being of colleagues.

PERFORMANCE AND STRATEGY

9. Feedback from Transformation Programme Board - Verbal Update

To Note

Presented by Peter Wilkinson

10. Feedback on Areas of Work - Verbal Update

To Note

Presented by Tim Busby

11. 2023/2024 Annual Plan Update - Verbal Update

To Note

Presented by Gary Boothby

QUALITY

12. 2022/23 Quality Account Priorities

To Note

Presented by Denise Sterling

Quality Priorities



Recognition and timely treatment of Sepsis:

The sepsis collaborative has implemented multiple actions to improve overall concordance of antibiotic treatment through a multidisciplinary team approach. This includes focussed priority of timely patient assessment and treatment through improved communication networks, timely patient assessments, education and ensuring accurate data results.

- Blood cultures – compliance has not improved on last month, one reason being seen as a medical task. Agreed at sepsis collaborative that registered nurses who perform venepuncture should be training to take blood cultures.
- Antibiotics within 60 minutes – compliance remains poor for red flag sepsis. ED Consultant in process of sepsis write back audit to identify reasons for delays.
- Training – Face to face training and EPR continues. Compliance for December demonstrates 'RN's 72.6%, Medics 50% and AHP's 33.3%. However, data missing for those staff to self-declare training completed, further communication sent out.

Quality Priorities



Reduce the number of Hospital-acquired infections including COVID-19:

- All admissions are tested on arrival but no further testing is carried out unless symptoms occur. Compliance from 10th October to 31/12 is 37% of admissions tested. The data in KP+ needs exploring to ascertain if patients not required to be screened are included (previous positive /SDEC patients/ ED etc).
- Hospital Onset Covid-19 infection (HOCl) increases and decreases in line with that seen in the wider population. The Covid-19 control measures were changed in June 22 in line with national guidelines. The cessation of admission testing was reversed in October due to the rising numbers of cases.
- Outbreaks of HOCl are experienced predominantly in the elderly medicine wards at HRI. The open nature of some of the ward environments makes outbreak control more of a challenge.
- The number of C-Difficile infections is monitored nationally, reported via the UKSHA HCAI data capture system. Currently, there are 48 cases reported including 19 Community onset, healthcare associated cases. This is over the trajectory for the year.

Quality Priorities



Reduce waiting times for individuals attending the Emergency Department:

Data below is as of September 2022 due to operational pressures. Updated data will be provided to Quality Committee in February 2023

It should be noted that the Trust had a significant peak in attendance to A & E during December, with the highest attendance on December 9th with over 350 patients attending on site alone .

Aim 1 (Monitor 8 Hour Breaches):

- September 2022 -13,918 attendances in month
- 508 patients had length of stay (LoS) between 8-10 hours of which 340 patients were admitted
- No patients came to harm
- Further review of non-admitted patients to be completed

Aim 2 (Monitor 10 Hour Breaches):

- September 2022 – 13,918 attendances in month
- 245 patients had LoS between 10–12 hours of which 175 patients were admitted
- No patients came to harm and care needs met

Aim 3 (Monitor 12 Hour Breaches):

- September 2022 – 13,918 attendances in month
- 186 patients had LoS above 12 hours of which 51 patients were admitted
- 2 decision to admit (DTA) breaches (MH patients) waiting for MH bed
- No patient harms and care needs met
- 75.44% achieved Emergency Care Standard (ECS)

13. Proposed 2023/24 Quality Account
Priorities - Presented by Sharon Cundy,
Head of Quality and Safety

To Approve

Date of Meeting:	Thursday, 26th January 2023
Meeting:	Council of Governors
Title:	Proposed Quality Priorities for 2023/24
Author:	Kim Smith - Assistant Director for Quality and Safety
Sponsoring Director:	Lindsay Rudge – Chief Nurse David Birkenhead - Executive Medical Director
Previous Forums:	Weekly Quality Meeting
Actions Requested: To agree quality priorities for 2023/24	
Purpose of the Report	
<p>The purpose of this report is to present the suggested quality priorities for 2023/24 which will form part of the Quality Accounts. These priorities will ensure that we can demonstrate and strive to continually improve patient experience, safety, and clinical effectiveness in the key areas of improvement for CHFT.</p>	
Key Points to Note	
<p>The process for selecting the quality priorities has changed. This year we are asking the Council of Governors to select the 3 or 4 priorities that we will monitor and report back to you as Council of Governors across the year. The quality priorities will also be monitored as part of Quality Committee annual workplan.</p> <p>Attached in Appendix 1 are a table of the suggested quality priorities, including a rationale for each of these.</p>	
EQIA – Equality Impact Assessment	
<p>In undertaking the Equality Impact Assessment this ensures that the Trust is sited on all aspect of our care delivery and the impact this can have on the diverse patient group. This in turn demonstrates that as a Trust we are considering the needs of all in our care and ensures that services we provide do not have a disproportionate impact on individuals or groups that share a protected characteristic under the Equality Act 2010.</p> <p>This report considers the impact on all ‘protected’ groups under the Equality Act 2010 including parents/carers and/or socio-economic groups.</p> <p>It is not anticipated that the contents within this report will have a detrimental impact on any of the protected characteristics but seeks to give the assurances that as a Trust we are doing everything in our power to reduce risk and ensure high quality and safe care for all to include improvements for dementia screening for our patients aged 75 and over.</p> <p>The Equality Impact Assessment is an ongoing process, and every effort is made to ensure it is an integral part of service delivery and enable us to demonstrate that the Trust is offering a service that meets legislation, encourages equal access for all and reduces as many negative impacts identified as possible in terms of its overall delivery of high-quality care.</p> <p>In ensuring the above as a Trust we well be well placed to respond positively to external scrutiny from the Commission for Equality & Human Rights, the Care Quality Commission, and the Audit Commission.</p>	
Recommendations	
<p>The Board of Governors are asked to note the content of the report and select 3 or 4 quality priorities for 2023/24.</p>	

Appendix 1

Suggested List of Quality Priorities 2023 /2024

The process for selecting the quality priorities has changed. This year we are asking you **to select the 3 or 4 priorities** that we will monitor and report progress back to you as a Council of Governors across the year. To enable a discussion at the Council of Governor meeting, could you please select your **top 3** choices from any of the 7 options below, and return them to: Kim Smith, Assistant Director of Patient Safety and Quality - kim.smith@cht.nhs.uk by **5pm on Tuesday 24 January**. We will present a summary of your responses at the Council of Governor meeting, and we can discuss the key ones to take forward.

Safe/Effective	Effective/Responsive	Responsive/Well Led
<p>1.Care of the acutely ill patient: (Evidence obtained from incidents/complaints/ED Waits</p> <p>Focus: Timely recognition and response to deteriorating patient</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • To ensure patients who identify as deteriorating have a recorded NEWS2 score • To ensure patients are escalated within the agreed response timeframe • Reduce the likelihood of unplanned critical care admissions <p>Rationale: Linked to CQUIN CCG07 – Recording of NEWS2 score for unplanned critical care admissions (2023/24)</p>	<p>4. Personalisation of Care (Evidence obtained from complaints/audit)</p> <p>Focus: Carers Strategy/Johns Campaign roll out and impact</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • To improve better quality of care to patients from the moment of admission to hospital until discharge • To embed an open visiting culture • To involve the family/carer from admission to discharge to improve the whole patient experience <p>Rationale: Whilst in hospital a patient’s carer will have a beneficial impact on the patient’s experience, patients’ safety, clinical effectiveness, and outcomes including recovery within the home</p>	<p>7. Alternatives to Hospital Admission: (Evidence obtained from complaints/audit)</p> <p>Focus: Virtual Ward/ Rapid Response Team – numbers of patients referred</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • To enable patients to receive the care and treatment they need in their own home, safely and conveniently, rather than being in hospital • To prevent avoidable admissions to hospital, supporting early discharge out of hospital and increase the overall bed-base available for acute care • Rapid response team to ensure that patients receive the correct community care in a timely manner <p>Rationale: Linked to NHS England 2022/23 Planning Guidance</p>

<p>2. Nutrition and Hydration: (Evidence from incidents/complaints/audit)</p> <p>Focus: Audit of compliance with the Malnutrition Universal Screening Tool</p> <p>Outcomes:</p> <ul style="list-style-type: none"> Enhanced care pathway is fully implemented Ensure that 80% of patients eat, drink, and mobilise within 24hrs of surgery ending Ensure that nutritional and hydration needs are met with vulnerable patient groups <p>Rationale: Linked to CQUIN CCG02 – Supporting patients to eat, drink and mobilise after surgery</p>	<p>5. Patient Flow: (Evidence obtained from incidents/complaints)</p> <p>Focus: Reduce Length of Stay for medically optimised patients</p> <p>Outcomes:</p> <ul style="list-style-type: none"> Patients will be discharged safely and at the earliest opportunity Patients are less likely to deteriorate physically and mentally Beds will become free quicker for emergency care or planned operations. This will have a positive impact on acuity within the emergency department <p>Rationale: Linked to NHS Length of Stay Programme and the NHS Long Term Plan Linked to CQUIN CG05 – Identification and response to frailty in the emergency department</p>	
<p>3. Medicines: (Evidence from incidents/complaints/poor discharges)</p> <p>Focus: Improve medicines management on discharge – audit of timeliness and appropriate medicines on discharge</p> <p>Outcomes:</p> <ul style="list-style-type: none"> Patients will receive the correct medication and information on discharge to enable them to use their medication effectively Medicines reconciliation is completed for all patients discharged from hospital 	<p>6. Stroke: (Evidence from complaints/poor discharges)</p> <p>Focus: Improve performance across stroke pathway (Sentinel Stroke National Audit Programme (SSNAP) data scores)</p> <p>Outcomes:</p> <ul style="list-style-type: none"> Patients presenting with acute stroke will be treated as high priority medical emergency patients in line with emergency protocols 	

- Increase participation with patients in their decision making around their medicines for discharge

Rationale:

Linked to CQUIN CG06 – Timely communication of changes to medicines to community pharmacists via the discharge medicines service

- Patients to be admitted to the stroke unit to enable effective rehabilitation and assessment of ongoing care needs
- Thrombolysis will be given as required to all appropriate patients to enable better recovery

Rationale:

Linked to the Sentinel Stroke National Audit Programme to improve better outcomes

DRAFT

14. COMPANY SECRETARY REPORT

- a. Election Process and Membership Survey Results
- b. Divisional Reference Group and Estates and Facilities Services Group Meetings 2023
- c. Council of Governors Meeting Dates 2023
- d. Council of Governors Workplan 2023
- e. Receive Updated Register of Council of Governors

To Note

Presented by Andrea McCourt

Date of Meeting:	Thursday 26 January 2023										
Meeting:	Council of Governors										
Title of report:	Company Secretary's Report – Governance										
Author:	Andrea McCourt, Company Secretary										
Purpose of the Report											
This report brings together the following items for receipt, noting and response by the Council of Governors in January 2023.											
Key Points to Note											
<p>a) Governor Election Process 2023 Governor elections will be taking place in 2023 for both public and staff governors roles.</p> <p>As governors are aware, due to the number of governor vacancies we currently have, the decision has been taken to bring forward the elections, which usually run between April and June, with the results being announced at the Annual Members Meeting (previously AGM) in July.</p> <p>Bringing forward the elections will mean that we will have newly elected governors by the time of the Council of Governors meeting in April. Those governors will operate in shadow form whilst they undertake their induction until July when their election is formally announced at the Annual Members Meeting. Their first three year term will commence officially in July 2023.</p> <p>Any governor who is coming to the end of their first three year term is eligible to re-stand and if successfully re-elected their current terms will continue to run until July, when their second three year term will begin. The terms of any current governors not involved in the elections this year will not be affected.</p> <p>Election rules which Foundation Trusts must abide by for public and staff governor elections are detailed in Annexe 2 of the Trust Constitution. The election process is managed by an elections provider on behalf of the Trust, in line with the rules.</p> <p>Timetable The following timetable for the elections has been agreed with our elections provider:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #1a3d54; color: white;"> <th style="text-align: center;">Event</th> <th style="text-align: center;">Date 2023</th> </tr> </thead> <tbody> <tr> <td>Publication of Notice of Election</td> <td>Monday 6 February</td> </tr> <tr> <td>Deadline for Receipt of Nominations</td> <td>Wednesday 1 March</td> </tr> <tr> <td>Publication of Statement of Nominations</td> <td>Thursday 2 March</td> </tr> <tr> <td>Deadline for Candidate Withdrawals</td> <td>Monday 6 March</td> </tr> </tbody> </table>		Event	Date 2023	Publication of Notice of Election	Monday 6 February	Deadline for Receipt of Nominations	Wednesday 1 March	Publication of Statement of Nominations	Thursday 2 March	Deadline for Candidate Withdrawals	Monday 6 March
Event	Date 2023										
Publication of Notice of Election	Monday 6 February										
Deadline for Receipt of Nominations	Wednesday 1 March										
Publication of Statement of Nominations	Thursday 2 March										
Deadline for Candidate Withdrawals	Monday 6 March										

Notice of Poll/Issue of Ballot Packs	Thursday 16 March
Close of Poll	Wednesday 12 April
Declaration of Result	Thursday 13 April
Reporting of Result at Council of Governors meeting	Thursday 20 April
Announcement of Result at Annual Members Meeting	<i>Date TBC</i>

Vacancies

There are 11 governor vacancies in total, nine in the public constituencies and two in the staff groups, as follows:

Public Constituency	Vacancies	End of term/existing vacancy
South Huddersfield	1	Existing
North Kirklees	2	End of term 2 (Veronica Woollin)
		Existing
Skircoat and Lower Calder Valley	2	End of term 2 (Stephen Baines)
		Existing
East Halifax and Bradford	1	Existing
North and Central Halifax	2	Existing
Lindley and the Valleys	1	End of term 1 (John Gledhill) *

Staff Group	Vacancies	End of term/existing vacancy
Nurses/midwives	1	Existing
AHPs/Health Care Scientists/ Pharmacists	1	End of term (Sally Robertshaw) *

* *Coming to end of first 3-year term so eligible to re-stand for election*

Communications and Publicity

The Membership and Engagement Team has agreed a communications plan with the Communications Manager to encourage people to stand for election. The team will also make links with the Trust's widening participation lead to hopefully generating interest in the role from younger adults which are representative of the diversity within the population of the communities we serve.

Anyone who expresses an interest can contact the Membership Office for more details (membership@cht.nhs.uk or 01484 347342) or visit our website www.cht.nhs.uk

The communications plan includes a variety of activities such as:

Activity	Public/Staff
Articles in CHFT News (staff newsletter)	Staff
Regular screensavers	Staff

Promotion at Brendan Brown's weekly CHFT Live	Staff
Regular e-mails from Membership	Public & Staff
Promotion in Brendan Brown's weekly blog	Staff
Briefing sessions for those interested in the governor role hosted by Helen Hirst in February	Public & Staff
Press Release	Public
Announcements on the Trust's website	Public
Announcements on the Trust's intranet	Staff
Social media (Facebook and Twitter) posts	Public & Staff
Promotion through partner organisations	Public
Promotion at Trust meetings of relevant staff	Staff
Production of flyers	Staff
Production of briefing packs for potential governors	Public & Staff

Recommendation

Governors are asked to **NOTE** the arrangements for the elections in 2023, and to publicise the details as widely as possible in order to encourage nominations.

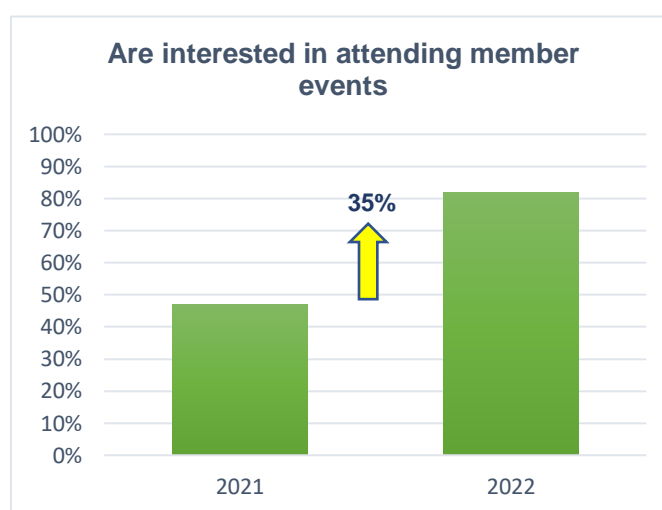
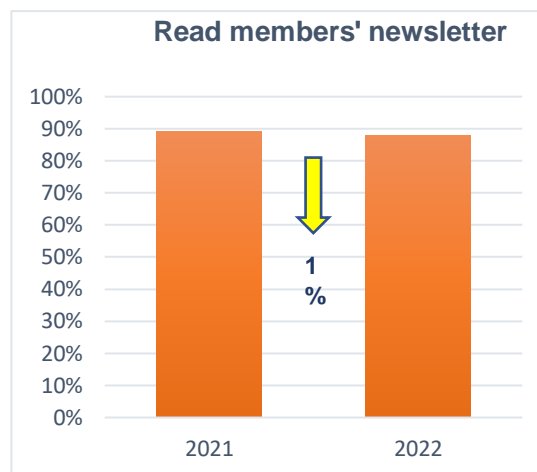
b) Membership Survey 2022 Engagement with CHFT and governors

In October 2022 the Membership and Engagement team carried out the annual on-line survey of CHFT's public members to establish their views on how CHFT and the publicly elected governors engage with them. The report below has been written by Vanessa Henderson, membership and Engagement Manager.

The survey was sent to all members with an e-mail address (1780) and we received 100 responses. This was significantly lower than the response rate in 2021 (212), possibly due to "survey fatigue". However, the responses we received included some constructive feedback and suggestions that will help us to improve our engagement activities.

Key findings

The following charts show the percentage of respondents who told us they feel they are kept up-to-date; read the members' newsletter; and are interested in attending member events compared with the previous year:



We asked members whether they were connected with any local groups that might be interested in having governors attend to engage with them, and we received a number of suggestions which we will be pursuing as part of our engagement activities in 2023.

We also asked members to tell us their reason for joining CHFT as a member, and the top five reasons are shown below:

Has an interest in what Trust is doing, developments, changes being made
Wants to support the Trust to provide best service to patients, influence decisions
Has vested interest in Trust and services (patient/carer/member of local community)
Is ex-member of staff and wants to keep in touch with Trust/hear what is happening
Wishes to contribute ideas, have a voice, understands the value of membership

Next Steps

The key findings were shared with the Membership Engagement Working Group at its meeting on 18 January 2023 and the group agreed some actions arising from them, as follows:

Investigate different methods for obtaining members' feedback in the future
Introduce a process for inviting staff leavers to become public members
Contact suggested groups to identify potential engagement opportunities
Build feedback from members into plans for face-to-face member events

These will be incorporated into the full action plan in the updated Membership and Engagement Strategy for 2023–2026, which will be presented to the Council of Governors meeting on 20 April 2023.

Recommendation

Governors are asked to **NOTE** the findings of the Membership Survey and next steps.

c) Divisional Reference Group and Estates and Facilities Services Group Meetings 2023

The Council of Governors declarations of interest register is attached at Appendix H3 for information.

The Council of Governors is asked to **NOTE** the Divisional Reference Group and Estates and Facilities Services Group Meeting dates.

d) Council of Governors Meeting Dates 2023

The current meeting dates for the Council of Governors for 2023 is enclosed at Appendix H4.

A review of the calendar of meetings will take place with governors at the workshop on 16 February 2023.

The Council of Governors is asked to **RECEIVE** and **NOTE** the Council of Governors meeting dates for 2023 and that further discussion regarding these is scheduled.

e) Council of Governors Workplan 2023

The Council of Governors workplan for 2023 is attached at Appendix H5 for information.

The Council of Governors is asked to **RECEIVE** and **NOTE** the Council of Governors workplan for 2023.

f) Register of Council of Governors

The register of the Council of Governors is attached at Appendix H6 for information.

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

Recommendation

The Council of Governors is asked to:

- a) **NOTE** the arrangements for the elections in 2023, and to publicise the details as widely as possible in order to encourage nominations.
- b) **NOTE** the findings of the Membership Survey and next steps.
- c) **NOTE** the Divisional Reference Group and Estates and Facilities Services Group Meeting dates.
- d) **RECEIVE** and **NOTE** the Council of Governors meeting dates for 2023 and that further discussion regarding these is scheduled.
- e) **RECEIVE** and **NOTE** the Council of Governors workplan for 2023.

f) **RECEIVE** and **NOTE** the register of the Council of Governors

Divisional Reference Group and Estates and Facilities Services Group Meetings 2023

Group	Date/Time	Governors
Medical Divisional Reference Group	<i>CANCELLED</i> Tuesday 7 February 1:00 pm – 2:30 pm	John Gledhill Peter Bell Jo Kitchen Liam Stout Brian Moore
	Thursday 1 June 1:00 pm – 2:30 pm	
	Wednesday 1 November 10:00 am – 11:30 am	
Families and Specialist Services Divisional Reference Group	<i>CANCELLED</i> Thursday 23 February 2:00 pm – 3:30 pm	Peter Bell Peter Bamber Gina Choy Robert Markless Veronica Woollin Stephen Baines
	Thursday 8 June 2:00 pm – 3:30 pm	
	Thursday 23 November 2:00 pm – 3:30 pm	
Community Healthcare Divisional Reference Group	<i>CANCELLED</i> Tuesday 28 February 2:00 pm – 3:30 pm	Stephen Baines Gina Choy Emma Kovaleski Robert Markless Veronica Woollin
	Thursday 15 June 2:00 pm – 3:30 pm	
	Tuesday 7 November 2:00 pm – 3:30 pm	
Surgical and Anaesthetics Divisional Reference Group	<i>CANCELLED</i> Monday 20 February 2:00 pm – 3:30 pm	Christine Mills Stephen Baines Peter Bell Sandeep Goyal Brian Moore Isaac Dziya
	Tuesday 6 June 2:00 pm – 3:30 pm	
	Monday 20 November 1:00 pm – 2:30 pm	
Estates and Facilities Services Group	<i>CANCELLED</i> Monday 27 February 2:00 pm – 3:30 pm	Brian Moore Peter Bamber Isaac Dziya John Gledhill Sally Robertshaw
	Wednesday 21 June 10:00 am – 11:30 am	
	Thursday 9 November 1:00 pm – 2:30 pm	

Council of Governors Meetings Dates - 2023

Date	Time	Location
Thursday 26 January 2023	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Microsoft Teams
Thursday 20 April 2023	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Microsoft Teams or alternate sites
Thursday 20 July 2023	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Medium Training Room, Learning Centre, Calderdale Royal Hospital
Thursday 19 October 2023	1:00 – 1:45 pm (Private) 2:00 – 4:0 pm (Public)	Microsoft Teams or alternate sites

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

Joint Council of Governors and Non-Executive Directors Informal Workshops

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

Joint Council of Governors and Board of Directors Workshops

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

Bank Holidays 2023

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

ANNUAL COUNCIL OF GOVERNORS BUSINESS CYCLE 2023

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

	26 Jan 2023	20 Apr 2023	20 July 2023	September 2022 AGM	19 Oct 2023	COMMENTS
STANDING AGENDA ITEMS						
Introduction and apologies	✓	✓	✓	✓	✓	
Declaration of Interests		✓ Receive updated Register of Declarations of Interest			✓ Receive updated Register of Declarations of Interest	
Minutes of previous meeting	✓	✓	✓		✓	Upload approved minutes to public website
Matters arising	✓	✓	✓		✓	
Chair’s Report	✓	✓	✓		✓	

	26 Jan 2023	20 Apr 2023	20 July 2023	September 2022 AGM	19 Oct 2023	COMMENTS
Update from Governors					✓	*Opportunity for Governors to feedback on their constituencies.
Register of Council of Governors and Review of Election Arrangements	✓ Review Register	✓ Review Register		✓ Receive Register	✓ Receive updated Register of CoG	Updates as required and amendments to website
Verbal Update from Board Sub-Committees: - - Audit and Risk Committee - Finance and Performance Committee - Quality Committee - Workforce Committee - Nomination and Remuneration Committee - Charitable Funds Committee - Organ Donation Committee	✓ Receive update – as appropriate	✓ Receive update – as appropriate	✓ Receive update – as appropriate		✓ Receive update from Non-Executive Director	<u>Private meetings:</u> <ul style="list-style-type: none"> • Feedback from Divisional Reference Group (DRG) meetings • Feedback from private Board meetings • Feedback from questions
Finance Summary Report	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive an update from DOF	✓ Receive and approve Annual Accounts	✓ Receive an update as part of Finance and Performance Report	
Integrated Performance Report (Quality)	✓ Receive an update from COO	✓ Receive an update from COO	✓ Receive an update from COO		✓ Receive an update as part of Finance and Performance Report	
Quality Account Priorities	✓	✓ Including confirmation of	✓ including quarterly update		✓ including quarterly update 3 QA priorities 22/23	

	26 Jan 2023	20 Apr 2023	20 July 2023	September 2022 AGM	19 Oct 2023	COMMENTS
		new 22/23 QA detail Year end 21/22 quality accounts - Q4	3 QA priorities 22/23			
Updated Council of Governors Calendar	✓ Receive	✓ Receive	✓ Receive		✓ Receive	
REGULAR ITEMS						
Election Process	✓ Agree proposed timetable for election	✓ Progress on elections report		✓ Ratify appointment of newly elected members		
Nominations and Remuneration of Chair and Non-Executive Directors	✓ Receive update on tenures (as required)	✓ Ratify decisions of Nom & Rem Committee Meeting	✓ Ratify decisions of Nom & Rem Committee Meeting		✓ Ratify decisions of Nom and Rem Committee Meeting	
Appointment of Chair		✓				
Strategic Plan & Quality Priorities	Receive update: <ul style="list-style-type: none"> Notes from BOD/COG Workshop Quality Accounts 	✓ Receive update on progress		✓ Receive updated plan and priorities	✓ Workshop	Review as required
ANNUAL ITEMS						
Annual Plan Submission	✓ Annual Plan Discussions	✓ Receive Annual Plan				Details of annual plan review and sign off to be planned once guidance for 2022/23 received – may

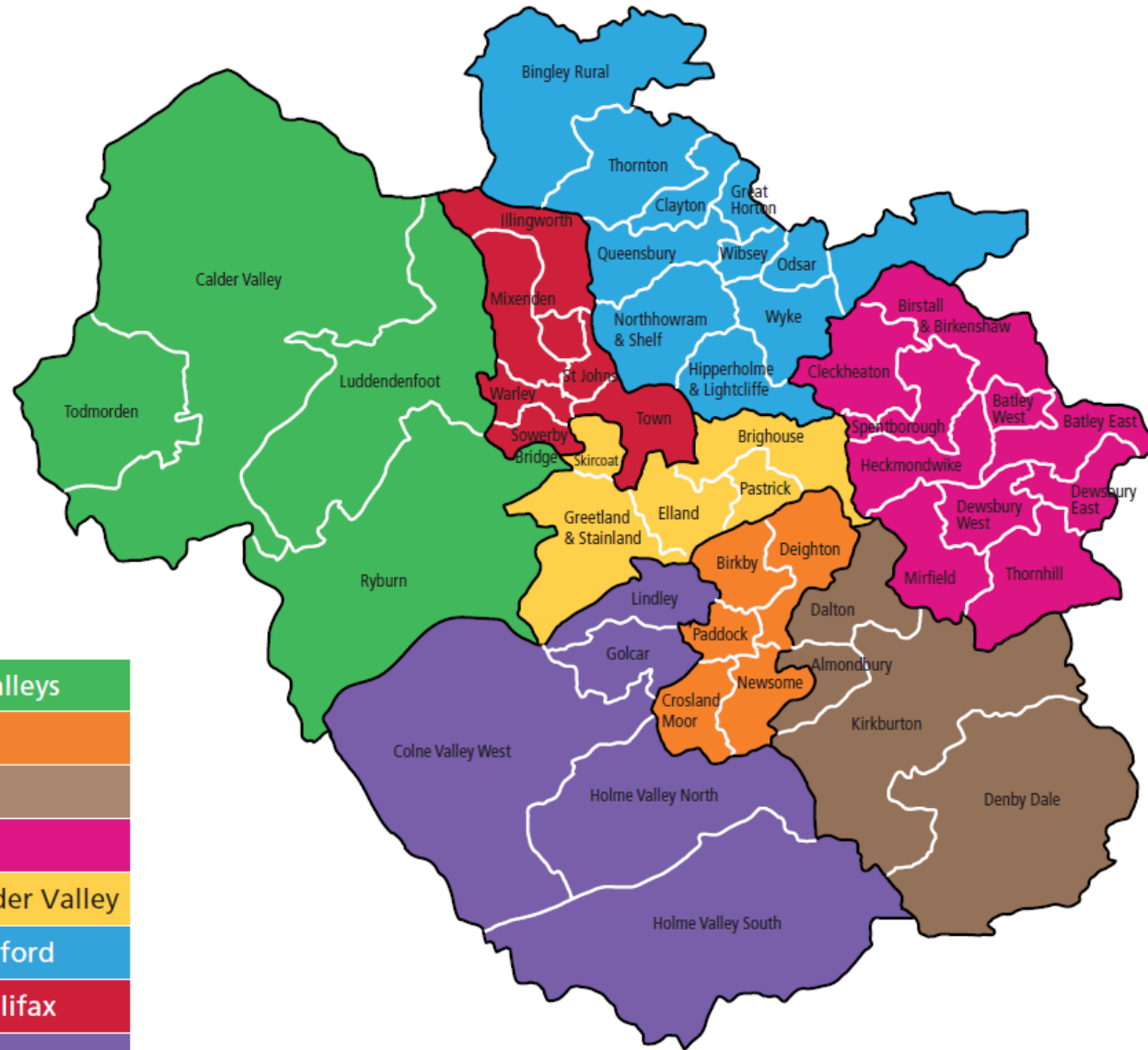
	26 Jan 2023	20 Apr 2023	20 July 2023	September 2022 AGM	19 Oct 2023	COMMENTS
						require extra-ordinary COG meeting or COG workshop)
Appointment of Lead Governor		✓ Paper to be presented to discuss election process		✓ Appointment confirmed		
Chair/Non-Executive Director Appraisal		✓ Approve Chair appraisal process	✓ 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	✓ meeting dates agreed		✓ Draft – meeting dates agreed		✓	
Council of Governors Sub Committees					✓ Review allocation of members on all Committees following elections NB – Chairs to be reviewed annually	
Council of Governors Self Appraisal of Effectiveness			✓		✓ Self-Appraisal feedback / outcome	✓ Self-Appraisal process to commence July / August 2022
Review Annual Council of Governors Meetings Workplan (this document)		✓ Review			✓ Review any amendments / additions	Review as required

	26 Jan 2023	20 Apr 2023	20 July 2023	September 2022 AGM	19 Oct 2023	COMMENTS
Review of Council of Governors Formal Meeting Attendance Register		✓ Receive register prior to insertion in Annual Report				
Quality Accounts	✓ Receive update on Quality Account Priorities		✓			Approval of local indicator for QA agreed at December COG Workshop
Review details of 2022/23 Annual Members Meeting		✓ Review April	✓			
ONE OFF ITEMS						
Review Tender arrangements for Administration of Election Service						As required
Appointment of Auditors						Re-tendering of external auditors to be reviewed in 3 years
Review progress with annual plan for Membership Strategy		✓			✓ Review	Review as required and no less than every 3 years
Review of Standing Orders – Council of Governors		✓ Review				Annually
Risk Register	✓	✓				

**COUNCIL OF GOVERNORS REGISTER
AS AT 4 JANUARY 2023**

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

CONSTITUENCY	NAME	DATE APPOINTED	TERM OF TENURE	ELECTION DUE
STAFF – ELECTED				
9 - Drs/Dentists	Sandeep Goyal	28.07.21	3 years	2024
10 - AHPs/HCS/ Pharmacists	Sally Robertshaw	17.7.19 Extended	3 years 1 year	2022 2023
11 - Mgmt/Admin/ Clerical	Emma Kovaleski	28.07.21	3 years	2024
12 – Ancillary	Jo Kitchen	28.07.21	3 years	2024
13 – Nurses/Midwives	Liam Stout	28.07.21	3 years	2024
13 – Nurses/Midwives	VACANT SEAT			
APPOINTED GOVERNORS				
University of Huddersfield	Dr Sara Eastburn	02.08.22	3 years	2025
Calderdale Metropolitan Council	Cllr Megan Swift	3.10.17 Extended 1 year 2 years	3 years 1 year 2 years	2020 2021 2023
Calderdale Huddersfield Solutions Ltd (CHS)	Abdirahman Duaale	31.03.22	3 years	2025
Kirklees Metropolitan Council	Cllr Lesley Warner	14.6.19	3 years	2022
Healthwatch Kirklees and Healthwatch Calderdale	Karen Huntley	20.12.21	3 years	2024
Locala	Chris Reeve	21.11.17 21.11.20	3 years 3 years	2020 2023
South West Yorkshire Partnership NHS FT	Salma Yasmeen	18.10.17 18.10.20	3 years 3 years	2020 2023



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

15. RECEIPT OF MINUTES FROM BOARD SUB COMMITTEES

a. Quality Committee held on 12.09.22,
24.10.22

b. Workforce Committee held on 11.10.22

c. Audit and Risk Committee held on
25.10.22

d. Finance and Performance Committee
held on 06.09.22, 07.10.22, 01.11.22

e. Charitable Funds Committee held on
23.11.22

To Note

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

**Held on Monday 11 October 2022, 3.00pm – 5.00pm
VIA TEAMS**

PRESENT:

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

IN ATTENDANCE:

Neeraj Bhasin	(NB)	Deputy Medical Director (observing)
Andrea Dauris	(AD)	Interim Deputy Director of Nursing (for items 97/22, 98/22, 99/22)
Jackie Robinson	(JR)	Assistant Director Human Resources (for item 102/22)

91/22 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting.

92/22 APOLOGIES FOR ABSENCE

Gary Boothby, Director of Finance
Denise Sterling, Non Executive Director

93/22 DECLARATION OF INTERESTS

There were no declarations of interest.

94/22 MINUTES OF MEETING HELD ON 16 AUGUST 2022

The minutes of the Workforce Committee held on 16 August 2022 were approved as a correct record.

95/22 ACTION LOG – OCTOBER 2022

There were no due or forward actions to note.

96/22 QUALITY AND PERFORMANCE REPORT (WORKFORCE) – SEPTEMBER 2022

MB presented the report.

Summary

Performance on workforce metrics is now amber and the Workforce domain has decreased to 67.3% in August 2022. This has remained in the amber position for fourteenth months. 7 of the 15 current metrics that make up the Workforce domain score are not achieving target – ‘Return to Work interviews recorded’, Non Covid Long Term Sickness Absence rate (rolling 12 months) and ‘Non Covid Sickness Absence Rate (rolling 12 month)’, and Data Security

Awareness EST compliance, Fire Safety EST Compliance and Medical appraisals. Non-medical are not included as the appraisal season is running from July to October 2022.

Workforce – August 2022

Staff in Post has reduced slightly at 6087, which, is due, in part to 43.61 FTE leavers in August 2022. FTE in the Establishment was 5840.51, and along with student nurses leaving. Turnover increased to 8.93% for the rolling 12-month period September 2021 to August 2022. This is a slight increase on the figure of 8.63% for July 2022.

Sickness absence – August 2022

The workforce domain 12-month rolling, and in-month absence non-covid target is 4.75%. The target for non-covid long term absence is 3.00% and 1.75% for non-covid short term absence. The compliance rate for return to work interviews has also been refreshed from April 2022 to 80%, a stretch compliance rate of 90% has been retained. The in-month non covid sickness absence increased to 4.49% in August 2022. However, the rolling 12-month rate for non covid sickness decreased to 4.77%. Stress, anxiety and depression was the highest reason for sickness absence, accounting for 30.47% of sickness absence in August 2022, with chest and respiratory problems the second highest at 16.36%. The RTW completion rate decreased from 60.79% in July (at the first run of data), and 65.02% at the final run down to 56.17% in August 2022.

Essential Safety Training – August 2022

Performance has increased in only 2 of the core suite of essential safety training. With 6 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%. Learning Disabilities Awareness EST commenced from 10 May 2022, however is not included in overall EST Compliance score or Domain Score totals. Overall compliance increased to 92.89% from 92.63% and is the second increase month on month. It is however no longer above the stretch target of 95.00%.

Workforce Spend – August 2022

Agency spend increased for the month to £1.16M, whilst bank spend increased in month by £1.18M to £3.26M.

Recruitment – August 2022

4 of the 5 recruitment metrics reported reached target in August 2022. The time for unconditional offer to acceptance in August 2022 increased to 4.0 days.

KH commented on previous concerns raised regarding RTW compliance and noted the Finance and Performance Committee had recently expressed its concern. JE confirmed a paper would be brought to the December Workforce Committee meeting.

KH remarked on bank and agency spend figures recognising a probable link to the vacancy numbers and turnover.

KH asked about the Education Committee's progress in its review of EST. JE confirmed a stop is in place to prevent further modules being added to the EST suite. Significant work is still to do to alleviate role specific EST. It is unlikely the number of core specific modules will be reduced. A timeline will be confirmed to the next Workforce Committee meeting. KH commented specifically on fire safety training and HS remarked that colleagues had experienced difficulty registering for and recording completion of the training. SD referenced previous efforts to tackle issues and took an action to explore with subject matter experts a way forward to improve colleague learning experience.

Action: Review of EST fire safety training (SD)

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

97/22 **NURSING AND MIDWIFERY SAFER STAFFING REPORT**

AD presented a report that provided an overview for Nursing, Midwifery and AHP staffing capacity and compliance within CHFT 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. The data collection informed the Nursing and Midwifery establishment reviews for 2022-2023.

JE was interested to know what the most significant concern was. AD responded the ongoing position of escalation is a significant challenge as it massively impacts on the vacancy position. An ambitious international recruitment target has been set which is seen as a second pipeline recruitment strategy and added this possibly will become a business as usual model so other strategies need to be explored. LR agreed there is an immediate impact on quality and safety metrics and is pleased to see that colleagues continue to red flag and report incidents. LR also described some of the multi-factorial consequences of the escalator positions for example colleague health and wellbeing and sickness absence. SD stated the WYAAT HR Directors are reporting the same stresses adding that focus on health and wellbeing is vital and explained there is enormous wrap around pastoral care provided to international nurses. SD highlighted the valuable role of volunteers in supporting non-care activities. An unsuccessful funding bid had affected the taking on of additional volunteers. More resources to manage and oversee the volunteer service is needed and SD suggested a workforce and nursing joint bid may be more successful.

KH commented on the thorough report and felt the report provided assurance on the analysis and scrutiny of staffing. She asked how safe is the staffing level and is there a staffing threshold. LR advised the numbers are important but not in isolation. Daily tactical and operational decisions are based upon dependency, acuity and skill mix. The enhanced dashboard is reviewed twice weekly. Safety issues are investigated and actioned.

KH asked for clarification of the additional costs (£1.6m) set out in the report and if the funding had been agreed or if there was a potential impact on budgets. LR responded there are cost neutral workforce changes within the budget and explained the additional monies are linked to escalated capacity. LR agreed to provide more explanation in the report ahead of it being submitted to Board of Directors. PB asked if there was any data available that measures if staffing is getting easier or harder. LR and AD described the metrics and dynamic measures in place emphasising the OPEL escalation action cards.

OUTCOME: The Committee **APPROVED** the report

98/22 **NURSING WORKFORCE PROGRAMME UPDATE**

AD provided an update on the progress of the strategic initiatives to establish safe and effective nurse and midwifery staffing. The report described a number of strategies. AD highlighted:-

- A piece of work that will provide granular detail of the recruitment strategies and projection detail that can objectively inform business cases and proposals going forward.
- Increased uptake in 18 year olds applying to study nursing. The Clinical Education Team are working closely with clinical areas to support students and assist with any day-to-day issues and student assessments. Placement opportunities have been extended over four pilot areas increasing student capacity between 20 to 50%.
- NHSE launched a national retention strategy. CHFT is currently undertaking a self assessment that will help to inform our strategies going forward.

LR wished to acknowledge that over the last couple of years AD has been undertaking the safer staffing fellowship programme. She thanked AD for bringing back to CHFT real evidence of connectivity to the programme. The Trust is in a good position in terms of its workstreams, reporting and assurance mechanisms.

KH was pleased to hear about increased interest in a nursing career path. KH thanked AD for a comprehensive report and the continued hard work.

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

99/22 **DEVELOPING WORKFORCE SAFEGUARDS – NURSING, MIDWIFERY AND MEDICAL**

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

- Of the 14 recommendations the Trust continues to maintain compliance with 9 recommendations, and partial compliance with 5 recommendations. However further progress has been made against recommendation 1 and 2 for nursing and midwifery workforce groups, changing this position to green.
- Effective workforce planning has a positive impact on quality of care and patient, service user and staff experience, while ensuring financial resources are used efficiently.
- Accurate plans will help predict the numbers of healthcare workers required to meet future demand and supply and help with improvements in safe and effective care delivery.
- The intended review of the Integrated Performance Report provides to address recommendation 5 and 8.

KH felt it reassuring to note 9 of the recommendations are maintained and progress is expected against other recommendations.

OUTCOME: The Committee **NOTED** the assessment against the 14 recommendations including the revised action plan.

100/22 **MEDICAL WORKFORCE PROGRAMME UPDATE**

DB presented the report, the key points were highlighted:-

- There continue to be challenges following the acute pandemic response whilst moving into the recovery agenda.
- These challenges are potentially compounded by evolving pay and pension issues.
- Medical workforce recruitment and retention continues to be a challenge in certain areas; however, the Trust is being proactive and innovative in terms of recruitment solutions.
- There is continued focused leadership to support this agenda.
- The impact upon quality of care if there is understaffing across clinical areas.
- The current compliance against the Developing Workforce Safeguards (2018) guidance and action plan.

DB thanked the work of the medical workforce teams led by Jackie Robinson and Pauline North and their contribution to this report.

NB informed the Committee that a WTGR programme is being developed around physician associates to tackle long standing junior doctor gaps. A refresh of the medical workforce steering group is also being undertaken and a look at cultural changes to explore how we can do things differently.

JE was pleased to hear of the considerable work and asked if there was anything specific that would make significant improvement. DB stated faster progress of the rostering and job

planning piece would give a better understanding of gaps and would also inform safe staffing levels. Succession planning is also key and KH echoed this.

KH felt the work across all staffing levels is impressive and thanked all staff involved for the joined up work. DB wished to thank Workforce and OD colleagues for their support in this work.

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

101/22 **DIVERSITY PARTNERS PROGRAMMES**

JE presented a paper that showed the Trust's continued commitment to supporting equality, diversity and inclusion (ED&I) by joining the NHS Diversity in Health and Care Partners programme. The Trust is entering into year 3 of its ED&I strategy and the next step is to review the strategy and plans with support from this programme. The programme is underpinned by the NHS values and supports:-

- leaders to integrate the latest sustainable diversity and inclusion practices
- the creation of culturally appropriate and inclusive services to meet the needs of a diverse range of patients and care service users
- organisations to be the best employers and service providers they can be

JE confirmed the Trust participated in the first module in September 2022.

OUTCOME: The Committee **NOTED** the Trust has been accepted onto the Programme.

102/22 **REVIEW PROGRESS ON RECRUITMENT STRATEGY**

JR presented an overview action plan based on the new Recruitment Strategy approved by the Workforce Committee in April 2022. Progress is monitored on a quarterly basis. JR will circulate the more detailed action plan.

JR updated the Committee on values based recruitment. An external company has been identified to work with the Trust. The implementation phase with the company is ensuring our one culture of care and compassionate care branding is across all visuals. The company will provide support in values based scenarios and pre-sifting applications.

JR reported a number of weekend recruitment fairs are taking place and additionally CHFT colleagues are attending job centres and really getting out into the local community.

KH noted the good practice and looked forward to seeing results from these activities.

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

103/22 **BOARD ASSURANCE FRAMEWORK RISK 12/19 COLLEAGUE ENGAGEMENT**

SD presented the deep dive report which outlined the key controls in place to manage and reduce risk.

SD highlighted the financial impact on colleagues and described activities to provide as much support as possible such as increasing food banks and creation of clothes banks. SD explained that a recent presentation she attended reported that 1 in 9 people are experiencing in work poverty and are having to choose between essentials such as heating or buying toiletries. SD highlighted that operationally led movement of colleagues adds to colleague discontent and we need to do everything possible from a physical and mental point of view. Some indicators show that colleagues are still engaging with us, to date we have a

higher than average staff survey response rate. Appreciation week showed an overwhelming number of thank you's. 282 nominations received for the annual CHuFT awards. SD noted the current trade union activity regarding increased pay being out of our control and hoped that nationally colleagues feel they are being rewarded equitably for their input and effort.

AMc asked for clarification on the staff survey response rate. SD confirmed our response rate is a percentage higher than the average for Trusts this year. SD will ensure the report is made clear on this point.

AMc referred to gaps in control and actions taken and asked if there are any specific actions around leadership and manager visibility that can be articulated. SD responded the quantifiable piece that can be added is the compassionate leadership programme and manager guides that reinstates leadership.

KH thought the paper outlined very well all the activities in place.

OUTCOME: The Committee **NOTED** the report and activity and support being offered to colleagues and the retained score.

104/22 **EDUCATION COMMITTEE UPDATE**

JE highlighted some of the Education Committee's key activity points:-

- Connected with ICB and Place based colleagues to ensure we are properly linked as a provider organisation so we can realise the benefits those connections make in terms of knowledge and funding to invest in educational activity.
- Commissioned a piece of work on how we spend the Apprentice levy
- Soft launch of our learning needs analysis. There is some work to do at Place level before going live proper in April 2023.
- The Education Committee is to sign off the Education Centre Target Operating Model following further socialisation. The Committee had already received representation about the model and following further socialisation it will be received by the Committee for sign off.

KH felt the EC is gathering momentum. JE agreed the Committee is making progress on a few themes and is still on track to deliver its commitments.

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

105/22 **WORKFORCE COMMITTEE WORKPLAN**

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

106/22 **WORKFORCE COMMITTEE 2023 DATES**

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

107/22 **ONE CULTURE OF CARE – MEETING REVIEW**

SD felt the hard edge of one culture of care is covered by making sure we have enough people for it to be manageable and the softer side being engagement. She felt it had been a really good meeting with nursing and medical colleagues doing a phenomenal job and should be very proud. A real teamwork approach. KH endorsed this and felt the one team working comes through very well and the enthusiasm and the commitment comes through very clearly in the reports.

108/22 **ANY OTHER BUSINESS**

No other business was discussed.

109/22 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

EST and RTW interview compliance
Nursing and medical workforce reports
Recruitment strategy
BAF – Colleague Engagement
Education Committee

110/22 **DATE AND TIME OF NEXT MEETING:**

7 December 2022, 3pm – 5pm

**Minutes of the Finance & Performance Committee held on
Tuesday 6th September 2022, 13.00pm – 15.00pm
Via Microsoft Teams**

PRESENT

Andy Nelson Non-Executive Director (Chair)
Nigel Broadbent Non-Executive Director

IN ATTENDANCE

Helen Rees Assitant Director of Finance
Andrea McCourt Company Secretary
Rochelle Scargill PA to Director of Finance (Minutes)
Brian Moore Public Elected Governor
Robert Markless Public Elected Governor
Peter Keough Assistant Director of Performance
Kirsty Archer Deputy Director of Finance
Suzanne Dunkley Director of Workforce and Organisational Development
Adam Matthews HR Business Manager

ITEM

137/22 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

138/22 APOLOGIES FOR ABSENCE

Apologies were received from Gary Boothby, Stuart Baron, Jo Fawcus, Rob Birkett, Helen Hirst and Vicky Pickles.

139/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

140/22 MINUTES OF THE MEETING HELD 5th August 2022

The minutes of the last meeting could not be approved due to this meeting not been quorate.

141/22 MATTERS ARISING

No matters arising.

142/22 ACTION LOG

The Action Log was reviewed as follows:

180/21 – Review of the IPR against the performance accountability framework. A new format has been created and shared with some of the Exec. team for comments and feedback. This will be presented at the Board Development session at the beginning of October.

143/22 **WORKFORCE DEEP DIVE**

The Director of Workforce and Organisational Development (WOD) gave a verbal update.

The workforce deep dives have taken place quarterly during the pandemic. The teams are looking at availability of staff rather than absence now. Absence has been broken down in term of sickness, annual leave etc. to get an accurate picture of resource available. There have been high volumes through the Emergency Department (ED) most of which genuinely need the ED services. The Delayed Transfer of Care (DTC) figures are currently above 100 with target of 70.

Covid numbers have reduced but currently experiencing some operational difficulties meaning we have been operating around Operational Pressures Escalation Levels (OPEL) level of 3. Workforce is crucial in responding to this both from a resource point of view and how colleagues are supported. The Trust currently has an absence rate of 5.5% inclusive of Covid which compares favourably across WYATT who area reporting around 6%.

The refresh of the people strategy has been completed and is really clear and easy to understand showing the plans in place for the workforce. One of the main focusses is the "Grow your own" initiative which looks are recruiting staff to develop into the roles that are required. Colleagues are not being redeployed at the same rate as they were during the pandemic, but it is still happening. Where possible we are keeping colleagues on the same site. Elective Recovery is going well.

Underpinning everything is our wellbeing strategy with support for colleagues to increase.

The Covid and Flu Vaccination programme starts on the 12th September with Carol Pinder as project manager. The information being shared on the government website is incorrect as it is advising against pregnant and breastfeeding people having the Covid vaccination. This is going to be updated and awaiting clarity on some other points.

ACTION Andy Nelson and Suzanne Dunkley to meet to discuss the information included in future workforce deep dives.

The funding for Continuing Professional Development (CPD) changed a few years ago. An Education Committee has recently been created to ensure that available resources and funding are allocated to the right areas. Training budgets will be centralised and a new suite of Leadership development has been put together.

The Apprentice team is a jewel in the crown of CHFT. On a recent OFSTED inspection, we were rated Good or Outstanding across the board. They have also been nominated for the regional apprenticeship awards. Currently looking at offering higher level apprenticeships in non-clinical areas.

ACTION: Suzanne Dunkley to arrange for the apprenticeship statistics to be sent to this committee.

144/22 TERMS OF REFERENCE (TOR) FOR THIS COMMITTEE

Approval of the TOR is to be deferred due to the next meeting not being quorate. Comments on the TOR were received.

ACTION: Point 5.2 to be updated to include two governors in attendance from one.

ACTION: Quoracy requirements of meeting to be reviewed. Andy Nelson and Andrea McCourt to discuss.

FINANCE & PERFORMANCE

145/22 INTEGRATED PERFORMANCE REVIEW – JULY 2022

The Assistant Director of Performance gave an update. The Trust has been under extreme pressure for months now which has impacted the performance score. Currently at 58% with two domains, Safe and Caring, at red. There has also been another never event which equates to 5 in 5 months which is concerning but there are no patterns between the events.

SAFE – Domain is now red due to the never event and missing other standard targets.

CARING – Now at red as only one of the friends and family standards is now green where previously we had two. There has been a small improvement in both dementia screening and complaints.

EFFECTIVE – Remains Amber with Neck of Femur improving in month and only just missing the target. Looking ahead August is not looking in as good a position but this may be due to annual leave. Will be reported in depth at the next meeting.

RESPONSIVE – Remains at Amber after achieving the 28-day cancer target which was missed last month. The Emergency Department (ED) has had the most difficult month in terms of performance.

WORKFORCE and FINANCE both remain amber and have been covered in detail elsewhere within this meeting.

Positives – At the end of July there were zero patients waiting 104 weeks. Having reviewed CHFT against national benchmarking for ED performance April to July, CHFT is rated 7th out of over 100 organisations. Only one of the organisations rated higher has more attendances than us.

CHFT is the best performing acute trust for hitting the Cancer 62 days target, comparing April to June figures.

Combining both of those benchmarks, rates CHFT 3rd nationally.

Action plans and deep dives are in place to tackle those areas that have been underperforming for some time e.g. complaints, dementia screening etc.

Additional staff in quality team

HSMR – Current position is now 106.69 which is above the CHFT “as expected” range. Work being done.

SHIMI – This has stabilised within the “expected” range. Ongoing work around outlying mortality in the sepsis group.

The Committee **NOTED** the Integrated Performance Report for July.

146/22 RECOVERY UPDATE

The Assistant Director of Performance gave an update covering Activity (including delivery against the 104% trajectory), risk areas and mitigations, Standards and Diagnostics.

Activity against 104% - There are several areas where we are not meeting the targets in terms of Elective and outpatients. However, in follow ups CHFT is reaching over the 104%. Looking at the national reporting figures only two organisations have achieved 104% across the board.

In comments – Some specialities are not achieving the levels should be doing. ENT, neurology etc. These are being looked at in more detail at the Access Delivery Group meeting. General managers have been asked to provide a verbal or written reports on those specialities not reaching 104% activity. The Access Delivery Group minutes do form part of the papers for this committee.

There are currently no patients waiting 104 weeks. 78 weeks is also doing well and is below the trajectory which aims to reach zero by the end of February 2023. For patients waiting over 52 weeks, the internal target is being achieved without ENT. The aim is to reach zero by March 2023, but we currently have 400 patients more than we would like at this point.

ASI's (first appointments appointment slot issues.) Surgery is close to their trajectory, but FSS and Medicine are off target but small numbers are involved. Acute specialities are not significantly away from target but plans are in place to put them back on track.

The Committee **NOTED** the Recovery Report for June.

147/22 MONTH 4 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

The Deputy Director of Finance presented the key messages across three core areas of income and expenditure, cash and capital. The Trust is reporting a deficit of £8.44m and a favourable variance of £0.46m.

Contributing to this is the fact that the delivery of the efficiency programme was ahead of plan in year to date. That was offset in part by operational pressures e.g.,

higher Covid numbers and a higher bed base than assumed in the plan. Assumptions were based on national guidance through the planning stage. The Elective Recovery Funding (ERF) will not operate any clawback based on performance for the first half of the year. This secures the income position for quarters 1 and 2. Guidance is expected for H2 but has not yet been seen.

Agency trajectory was mentioned from the expenditure position. Agency spend is linked to operational capacity pressures as well as elective recovery. Spending on agency is above plan. The CHFT agency trajectory has been confirmed by the ICS and is similar to planned levels. Year to date we are operating above the trajectory and above forecast. This contributes to our use of resources score so is closely monitored.

The overall forecast position for the year continues to be a planned £17.35m deficit. This is looking increasingly challenging but the forecast at month 4 is to achieve this deficit. This figure included full delivery of the £20m CIP target and full receipt of the elective recovery funding. There are a range of risks and potential benefits highlighted within the forecast section of the paper.

Pay award was announced as fully funded but in reality there is a pressure of £800k.

At the end of the month cash in bank of £52m against a plan of £58.6m. The difference is due in the main to the timing of cash payments for capital investments. Cash remains healthy but will reduce towards year end and become more challenging next year. Capital below plan with lower spend on IT and licences. Aim to be back on plan by year end, with teams encouraged to make investments as soon as possible.

The Committee **RECEIVED** the Month 4 Financial report.

148/22 FINANCIAL CHALLENGES WITHIN MEDICINE

A lot the pressures mentioned previously are coming out in Medicine e.g. bed capacity etc. End of month 4, Medicine had a £8.5m overspend against forecast. Year to date medicine is £2.3m overspent against plan.

Recovery funding is currently sat in the medicine management group which is offsetting recovery expenditure in directorates.

Assumptions were made during planning for this year that the usual seasonality on the number of available beds would occur. Unfortunately, this summer has been the same as a winter period which has created extra pressures with extra beds in several areas which require more staff etc.

Some of the hotspots were listed as:

- Acute floor is CRH bed plan 45 but operating all year at 60.
- Ward 6AB CRH 26 beds using 32
- Respiratory CRH 45 beds using 60
- ED Medical staff – The respiratory workstreams are still being treated differently which is leading to a doubling up in some areas of ED.

- Number of vacancies in Medical and nursing staff for ED which is leading to more agency costs.
- Ward 18 HRI – Is being used as an Isolation unit.

When the planning exercise took place for this year the assumptions used were based on national guidance. We have managed to reduce length of stay to below the assumed average figure of 5.07 days to 4.5 days in the Trust and 4.9 days in Medicine.

Bed occupancy was expected to reduce to 92% but we have reached 95.2% over Summer with the birth centre and discharge lounge being used as extra beds. The plan for Summer was to have 403 beds for Medicine but it has reached 476 beds. This has led to an increase in bank and agency spend.

We have secured an additional £2.2m from the bed capacity fund which will help medicines position. It was hoped that the with respiratory pathway segregation in ED would reduce back to a single workstream but with predictions for Covid over winter this is not going to happen and the separate workstream will continue.

At the Hard Truths nursing review, it was agreed to look at more substantive staffing around the increased bed base. Reviewed and agreed workforce models to attract some more substantive staffing in those areas. We would still be using bank and agency but longer-term bookings should lead to better rates.

Neighbouring Trusts are having the same issues.

149/22 EFFECTIVE USE OF RESOURCES GROUP (ERG) / EFFICIENCY TARGETS

The Deputy Director of Finance gave a verbal update. The group has been in receipt of change control notices through ERG, where schemes were planned but are not going to happen. These go through a review process to see if all options have been explored. £1.72m of these schemes were flagged as a risk with 500k mitigated identified.

There were £20m worth of efficiencies identified and we were forecasting accordingly. The schemes that are not going to happen leave a £1.17m financial gap. So alternative plans are required to cover the gap. In the meantime, we will continue to report £20m in efficiencies while trying to identify the £1.17m. The efficiencies identified to cover this are more likely to be non-recurrent.

Some of the efficiencies we were hoping to gain were around Covid but we have not been able to remove the extra measures to the extent expected. Likewise with medical workforce rates of pay for medical bank staffing.

September sees the launch of initiatives to look at identifying efficiencies over the next 5 years. These will link into efficiencies to be gained from the reconfiguration process and what happens between now and reconfiguration being complete.

Appreciation event planned – This is about getting out to say thank you to staff plus ask them for ideas how they want to work and any efficiency ideas they might have.

Give it a go week – Jo Fawcus and Gemma Berriman are leading on this and have been asking for ideas. The focus is on making operational changes. There have been a lot of ideas received which are now being filtered through for a selection to be piloted during the week. Anything that works well will be fed back as an efficiency.

Target operating models (TOM) meetings have commenced which cover a range of topics leading into reconfiguration. These discuss where we are now, where we are going to be and what can we do differently in the meantime. These groups will also pick up the exit from Covid commitments and where they fall into those streams of work.

The Committee **NOTED** the Effective Resources update and the higher risk schemes.

150/22 ONE CULTURE OF CARE (OCOC)

Chair highlights report will refer to any items linked to one culture of care.

- Workforce deep dive most notably our success with apprenticeship schemes

Agency and bank spend

151/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Business Case Approval Group (BCAG) - August 2022
- THIS Executive Board July 2022
- Access Delivery Group July 2022
- HPS Board meeting – August 2022
- CHFT / SPC July 2022
- Cash Committee July 2022

Nigel now attending HPS board - Recovery plan to be pulled together to recover the financial plan as much as possible. To be discussed at next HPS board.

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

152/22 WORKPLAN – 2022/23

The workplan for 2022/23 was reviewed.

- The HPS Strategy to be pushed back again as the October HPS board meeting has been moved to November.
- There were a lot of deep dives planned for the October meeting. The ED one has been moved to the November meeting. The stroke update is an update

from a previous deep dive and the focus will be on the Surgery/Theatre deep dive.

The Committee **APPROVED** the Workplan for 2022/23

153/22 ANY OTHER BUSINESS

154/22 MATTERS TO CASCADE TO BOARD

- Operational performance remains very challenging
- Benchmarking of key measures against other Trusts.
- Financial pressures putting full year forecast at risk
- Medicine update which exemplifies the types of pressures being faced by the trust as a whole.

DATE AND TIME OF NEXT MEETING:

Friday 7^h October 2022, 09:30 – 11.00 MS Teams



**Minutes of the Charitable Funds Committee meeting held on
Wednesday 23 November 2022, 10.30 – 12.00
via Microsoft Teams**

PRESENT

Helen Hirst (HH)	Chair
Kirsty Archer (KA)	Acting Director of Finance
Nigel Broadbent (NB)	Non-Executive Director
Jo Kitchen (JK)	Trust Governor

IN ATTENDANCE

Richard Lee (RL)	KPMG
Vicky Pickles (VP)	Director of Corporate Affairs
Emma Kovalski (EK)	Charity Manager
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Emily Overend (EO)	Marketing & Communications Assistant
Emma-Leigh Quinn (EQ)	Fundraising & Engagement Coordinator
Lyn Walsh (LW)	Finance Manager
Zoe Quarmby (ZQ)	ADF – Financial Control

Introductions were made at the start of the meeting as there were new attendees.

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 Lindsay Rudge, David Birkenhead, Gary Boothby, Peter Wilkinson, John Gledhill and Adele Roach.

3. MANAGEMENT LETTER, DRAFT LETTER OF REPRESENTATION and DRAFT REPORT & ACCOUNTS 2021/22

RL reported that the audit went smoothly with no issues and that no errors were identified. He was happy, on behalf of KPMG, to give us a clean audit opinion as reflected in the Management Letter.

KA and HH thanked CH and the Finance Team for the quality of the Accounts and thanked EK and the team for making the Annual Report an enjoyable read. The Letter of Representation was approved and could be signed off and returned to KPMG.

It was also agreed that, pending an amendment being made to the Chair's Message regarding the previous Chair, the Committee approved the Report and Accounts and would be returned to KMPG for their final sign off.

ACTION: EK/LW/CH to arrange for all documentation to be completed and signed off. **23.11.22 – 1.**

4. MINUTES OF MEETING HELD ON 11 MAY 2022

The minutes of the meeting held on 11 May 2022 were approved as an accurate record.

HH noted that, although the August meeting was cancelled, the Committee had approved some General Purpose bids via email.

5. ACTION LOG AND MATTERS ARISING

EK gave an update on the action log and asked that the first two actions be closed as they will be replaced by a new action regarding EK applying to NHS CT for a development grant of £30,000.

It was agreed that the action regarding the Reserves Policy review would be amended in the context of our longer term strategic thinking to ensure the two align. It should be noted that the policy is due for its annual review at the next meeting in February 2023.

ACTION: EK to apply to NHS CT for a development grant. **23.11.22 – 2.**

ACTION: CH to update Action Log re closed items and amendments to Reserves Policy review action. **23.11.22 – 3.**

6. CHARITY MANAGER'S REPORT

EK presented the report showing where the current position and activity within the Charity and future plans. Its contents were NOTED.

Discussions were held around the phasing of the three year refresh strategy starting in 2023 and what were the strategic imperatives. Also discussed were the fundraising strategy and balance between lots of effort and little gain and the risks around finding big potential donors. Other items discussed were a brand refresh, governance (especially around bids) and NB, as a new member, asked for a breakdown of the funds structure to be included.

HH asked for EK to set out the phases and timescales around the strategy to give the Committee clarity and an engagement plan.

ZQ and KA asked about the Imagination Appeal and it was agreed that this appeal would now be closed.

ACTION: EK to draw up a plan showing phases and timescales of the refresh strategy – **23.11.22 – 4.**

ACTION: CH to close the Imagination Appeal fund and **EK** to close the appeal on JustGiving – **23.11.22 – 5 and 6.**

7. FINANCE REPORT to end Sept 2022

CH presented this paper and its contents were NOTED.

8. FUNDING AND NEW FUND REQUESTS

General Purpose Bids

Bid 1 – Airvo

Bid 2 – Retinal Camera

Bid 3 – TULA Lasers x 3

The Committee felt it was not able to make decisions regarding these bids as it did not currently have enough information and the correct forms were not completed. It was agreed that EK would go back to the bidders, get the necessary information and recommend to the Committee (in particular, the three General Purpose fund managers – KA (for GB), DB and LR) so that decisions can be made. It was agreed that this would be done via email as soon as possible and recorded formally at the next meeting.

ACTION: EK to gather more information on these bids in order for the Committee to make decisions. – **23.11.22 – 7.**

New fund request

Enhanced Care Team – this was not covered and will be carried over to the next meeting.

9. GOVERNANCE

Terms of Reference – to review. VP recommended that the Committee agrees to the tweaks that she suggested and that there may be further recommendations after she has carried out some go sees in the spirit of good practice around governance. She will bring back the Terms of Reference for review.

Risk Register – to review. This was NOTED but it was felt that some additional work was needed around the scores which seemed low. It also needed to realign to our strategic objectives. NB offered his help if required.

Work Plan – to be carried forward to next meeting.

ACTION: VP to bring amended Terms of Reference, Risk Register and Work Plan to Feb meeting – **23.11.22 – 8.**

10. MINUTES OF STAFF LOTTERY COMMITTEE MEETING 14 JUNE and 13 SEP 2022

These papers are for information only and their contents were NOTED.

11. ANY OTHER BUSINESS

EK mentioned funding for Christmas presents and a discussion took place, arising in EK and VP drawing up some guidelines to be published by Comms week commencing 28th November.

DATE AND TIME OF NEXT MEETING:

tbc

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

PRESENT

Nigel Broadbent (**THE CHAIR**) Chair, Non-Executive Director
Denise Sterling (**DS**) Non-Executive Director

IN ATTENDANCE

Andrea McCourt Company Secretary
Kirsty Archer Acting Director of Finance
Shaun Fleming Local Counter Fraud Specialist, Audit Yorkshire
Leanne Sobratee Internal Audit Manager, Audit Yorkshire
Jodie Holderness Security and Confidentiality Officer
Richard Dalton Head of Risk and Compliance
Liam Stout (**LS**) Staff Elected Governor
Sarah Rothery General Manager, Corporate Division

63/22 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the Audit and Risk Committee.

64/22 APOLOGIES FOR ABSENCE

Apologies were received from Peter Wilkinson, Kim Smith, Richard Lee, Salma Younis and Gary Boothby.

65/22 DECLARATIONS OF INTEREST

The Chair reminded the Committee members to declare any items of interest.

66/22 MINUTES OF THE MEETING HELD ON 26 JULY 2022

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

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

67/22 MATTERS ARISING AND ACTION LOG

The action log was reviewed and updated accordingly. An update by the Assistant Director of Quality and Safety to review and update the structure and flowchart for the management and assurance of risk will be provided at the next meeting.

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

68/22 INFORMATION GOVERNANCE DEEP DIVE

The Security and Confidentiality Officer presented an annual deep dive into Information Governance, the key points to note were:

- Current priorities are:
 - o Data Security and Protection Toolkit (DSPT) Compliancy
 - o Data Security Essential training compliance
 - o Corestream Asset Management System – E-learning build (in progress), train staff and embed into the Trust
- What's going well:

- E-Learning build –The backend work is underway; 3 modules are complete and ready for testing which are informative and easy to navigate. This is being facilitated by the IG and ETD Teams.
- Confident that the requirements of the Toolkit are met and remain compliant this year.
- Building upon and putting the right governance structure arrangements in place.
- Areas for improvement are as follows:
 - Training compliance of Data Security essential training - Communications are being reviewed and updated. IG Team is writing and reviewing existing communications for dissemination.
 - Assigning ownership of DSPT assertions - A series of meetings have been arranged between THIS colleagues to discuss and assign appropriately.
 - Awareness and knowledge of the Corestream System

DS commented that there is a dip in compliance in Data Security essential training and asked what has been done to address this. The Security and Confidentiality Officer responded, confirming that internal meetings have taken place and emails targeting individuals to complete the training have been sent. Feedback received from the IG Regional meeting highlights that this is a common issue at all Trusts, although we as a Trust are doing slightly better in comparison. DS was satisfied that this is being addressed.

The Chair asked whether there is an escalation process for non-compliance. The Security and Confidentiality Officer confirmed that the Senior Information Risk Officer (SIRO), Rob Birkett is currently looking at how this would be escalated and is working with the Workforce and OD team.

The Chair questioned how many modules the Corestream includes. The Security and Confidentiality Officer responded that the Corestream is the Trust's information asset management system. This documents all information assets and how these are kept secure. Within the system there are two roles: Information Asset Owner and the Information Asset Administrator with an e-learning module for both of those roles which sets out responsibilities and how to use the system. Development work is being carried out to include other elements such as data protection impact assessments, FOI capability and subject access request capability.

OUTCOME: The Committee **NOTED** the Information Governance Deep Dive.

69/22 CLINICAL AUDIT UPDATE

Papers were submitted to the Committee prior to the meeting. It is requested that a representative attends the next meeting to respond to any questions from the Committee.

Action: Representative to attend the next ARC meeting to respond to any questions raised from the papers submitted.

OUTCOME: The Committee **NOTED** the Clinical Audit Update and that the item would be included on the agenda for 23 January 2023.

70/22 ANNUAL REPORTS

1. Emergency Preparedness Resilience and Response Annual Report

The General Manager, Corporate Division presented the report, the purpose of which is to detail the work undertaken by the Resilience and Security Management team and the Security and Resilience Governance Group for the period 1st August 2021 to 1st August 2022.

The core standards reported within the annual report are those that were submitted in October 2021, with an overall assessment of 81.25%, partial compliance against the 2021 standards. The main points of the report noted were:

- A revised workplan has been developed, splitting it out into EPR security business continuity with testing and exercising schedules as well.
- 11 incident response plans have undergone a review
- Major incident plan has been subject to a substantial review which spans all divisions and system partners, with testing the next step.
- Security Policies and Guidance: 5 documents have been reviewed. This highlighted the management of and prevention of violence and aggression. 298 incidents were reported, which equates roughly to 25 abuse incidents per month against staff reported on a monthly basis, noting that some of these are due to a patient's condition. A paper has been prepared for WEB which sets out how the Trust plans on managing violence and aggression moving forward.
- Business Continuity: Divisional services were asked to pick up business continuity plans or business impact analysis where they were missing or out of date. 55 business continuity plans, and 58 business impact analysis had been received with some gaps. There is also a testing exercise schedule for Business Continuity.

The main priorities for the coming year are training, testing and exercising.

It was noted that the reporting period will change to follow the financial year to align with the EPRR business continuity security workplan.

DS commented that the number of reviews being conducted is positive. DS asked whether the change in the reporting period would impact on improving the compliance. The General Manager, Corporate Division confirmed that there is a need for reporting annually on Core standards from NHS England, usually October time. The change in reporting period will enable a 6-month review.

DS recognised the increase of violence and aggression and asked what percentage in the medical division is for patients with challenging behaviour and how we deal with this. The General Manager, Corporate Division recognize that some violence and aggression may be through antisocial behaviour or clinical. The Trust has an informal Violence and Aggression Group with clinical representation and framework for managing violence and aggression has been developed and is going to WEB.

The Chair voiced that he is encouraged by the plans and work set out in protecting our colleagues and the revised timing of the reporting is good practice to allow for the 6-month review. The Chair asked whether the business continuity plans and impact assessments are now complete. The General Manager, Corporate Division states she could not give an exact figure, but this is being addressed via the Director of Operations to escalate where necessary.

2. Core standards

The General Manager, Corporate Division presented the proposed core standards return for 2022 (which has been reviewed at WEB) showing partial compliance at 77% (with 16 more core standards than in 2021) and asked the Committee if they had any comments or questions to submit these prior to the regional deadline for submission which is 28 October 2022. The General Manager, Corporate Division noted a comprehensive action plan is being developed for the next 12 months.

The Company Secretary identified that we are 1% off the non-compliant rate and asked how we compare with other Trusts. The General Manager, Corporate Division stated that networking has shown our local partners are reporting partial compliance and referenced a recent peer review against a neighbouring Trust who has substantial compliance having progressed to testing and exercising, one of our priorities for this year. Given long term sickness of the lead for this work, the Company Secretary queried whether a gap in resource within the team may be an issue and asked what the plans were moving forward to ensure the work is continued. The General Manager, Corporate Division confirmed that agency support is in place with a focus on the business continuity element of EPRR.

3. Fire Safety Annual Report 2021/22

The General Manager, Corporate Division provided a verbal update on behalf of Keith Rawnsley, Fire Officer who prepared the report. The report covers the period of 1st April 2021 to 31st March 2022. The key points noted were:

- A funding allocation of £400,000 was awarded for fire safety projects across the Trust. £252,000 of the allocation was spent on fire safety capital projects.
- Major capital works undertaken at HRI have included fire safety improvements for the new Learning Centre areas and focused improvement works to upgrade the fire alarm panels.
- Compartmentation work has commenced and continues at HRI, improving safety even further moving forward.
- The Fire Officer and the Trainee Fire Officer continue to provide fire safety advice for the reconfiguration at CHFT.
- There has not been an excessive amount of fire alarm activations over the reporting period and after each activation a debrief takes place for learning purposes.
- The Trust target of 90% for mandatory fire safety training was not met at 87.67%, although 488 fire wardens have been trained. Mandatory Fire Training has moved onto ESR due to the pandemic and face to face sessions going on hold. This could have had an impact on the compliance.

Priorities this year:

- Communications Trust-wide have gone out and there is a planned review of the training package which will aim to increase compliance.
- Provide Fire safety advice into the reconfiguration projects.
- Ongoing assessment on risks within the Trust and Work towards completion of actions from the assessments.

The Chair asked whether there are enough Fire Wardens in all areas. The General Manager, Corporate Division stated that the rosters now include information on whether there are enough Fire Wardens available per shift. There is one area which requires an additional Fire Warden and the Director of Operations is picking this up. The Fire Officer has also provided advice for fire safety outside of work due to extreme heat and working from home.

The Chair highlighted a possible discrepancy within the report regarding number of activations and advised he is happy for a response outside of the meeting.

DS asked how we feedback across the organisation to ensure that we are maintaining the vigilance. The General Manager, Corporate Division advised that the Fire and Safety Committee meet every month and report into the Health and Safety Committee. The Fire Officer and Trainee Fire Officer and are visible around the Trust and provide targeted awareness training.

OUTCOME: The Committee **APPROVED** the Emergency Preparedness Resilience and Response Annual Report and the Fire Safety Annual Report and **APPROVED** the Core Standards for submission to the Board of Directors.

71/22 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments

The Acting Director of Finance presented a report summarising the losses and special payments for quarter 2 2022/23. The key points to note were the total losses and special payments for Q2 is just over £80,000 which mostly relate to pharmacy and HPS due to expired stocks.

DS noted an increase in the Loss of Personal Effects from Q1 to Q2 and is concerned about patient experience. The Acting Director of Finance agreed, and noted work is underway looking at common themes to improve processes.

The Chair acknowledged that the largest element is due to expired critical medicines and appreciates that there are processes in place to minimise this and maintain appropriate level of stock.

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

2. Review of Waiving of Standard Orders

The Acting Director of Finance presented the quarter report showing sixteen waivers during quarter 2, 2022/23 at a total cost of £18,845,579.60. Which includes 12 single sources events under the threshold at a total of £410,000 which is a decrease from last quarter.

The Chair asked about a single source item from the previous quarter which was over the threshold relating to ambulances and queried whether the issues had been resolved and is happy for a response out of the meeting.

OUTCOME: The Committee **NOTED** the updated Waiving of Standing Orders report for quarter 2, 2022/23 and **NOTED** the updated process in relation to waivers of standing orders that feed into this report.

3. Review of Bad Debt Write-Off

The Acting Director of Finance requested that the Bad Debt Write-off should be Approved rather than Noted as these are items are over and above the delegated authority given to the Director of Finance which requires approval from the Committee. The Company Secretary agreed that this should be the case. The three themes are:

- Overseas Visitors charges across 9 invoices which are over 6 years old totaling £24,537 these are for patients who are deceased and have no estate and all avenues for collection of the debts have been exhausted.

- Other £4,216 across 3 invoices
- Non-Contract Activity totaling £30,898. This is NHS to NHS activity. The particularly difficult ones are the Scottish and Welsh health boards, where there was a requirement for us to have upfront authorisation prior to treating those patients. As these debts are quite aged going back to 2017 and low value these are proposed for write off. This is in order to focus debt collection on the higher value and ideally the outside of the NHS.

LS queried how these situations arise and why we are not able to collect the debt through NHS to NHS. The Acting Director of Finance confirmed that these are not debts from other Trusts and are in fact other commissioning bodies. We will not end up in this situation again because non-contract activity is no longer billed this way.

DS queried the overpayment of salary and the Acting Director of Finance confirmed that although the Payroll contract is outsourced to Leeds Teaching Hospitals Trust the overpayment may have been due to a number of issues.

OUTCOME: The Committee **APPROVED** the Bad Debt write-off.

72/22 INTERNAL AUDIT

1. Internal Audit Follow Up Report

The Internal Audit Manager presented an update to the circulated Follow-Up Report which covers the period 25 October 2021 – 24 October 2022. This covers the current status of all recommendations raised over the last 12 months.

- 11 recommendations are overdue
- 13 recommendations that have missed their original target dates, but not their revised target dates
- 33 recommendations have not yet fallen due and will be followed up in due course
- 85 recommendations have been completed in this 12-month period
- 30 recommendations have been completed since last reported in July 2022.

The Internal Audit Manager informed the Committee that five of the overdue recommendations which relate to complaints management are with senior management for review and may have been implemented.

The Internal Audit Manager provided an update to a query raised in the previous meeting in relation to Delegated Consent recommendations. These were originally due a year ago and target dates were extended to April and then again to October 2022. Unfortunately, the individuals that lead on these recommendations are on sick leave however the resolution to these recommendations sits with the ongoing rollout of the e-consent process. The Trust has invested in a new electronic consenting system which is progressing, a meeting is planned with the new Chief Clinical Information Officer (CCIO) who starts on 1 November 2022 together with the Managing Director of THIS. It is likely that the target dates will be revised again for this recommendation.

DS asked about an outstanding major recommendation relating to study leave. The Internal Audit Manager confirmed that due to sickness of the Assistant Medical Directors they are unable to provide an answer.

The Acting Director of Finance informed the Committee that work continues to push for responses through a number of forums, with Executive Directors and directly to the individual to complete these recommendations.

The Chair will include in the Board highlight report a recommendation for revised target dates for those that are outstanding.

DS confirmed that the outstanding recommendations were mentioned in the Quality Committee in September with a reminder of the deadline.

2. Internal Audit Progress Report

The Internal Audit Manager presented a report which details the progress made by Internal Audit in completing the Internal Audit Plan for 2022/23.

- Seven assurance reports have been finalised during the last quarter, which includes one high assurance, five significant and one limited assurance report.
- The Internal Audit Manager confirmed that the Quality Governance Structure report, which is a limited assurance report is in draft, which is awaiting final sign off. The Absence Management - Sickness Absence report, which is also a limited assurance report, is with the relevant managers for clarity around processes. The other limited assurance report is the Ambulance Handover report, due to issues of data quality by YAS which logs hand over times. The audit has found that breaches may be being reported incorrectly. The new CCIO will lead on the actions which are expected to be complete by 31 March 2023.
- Seven of the assurance reports have already had a revised date from January 2023 to March 2023 as advised by the Interim Chief Operating Officer to accommodate the new Chief Clinical Information officer who is to start imminently who will progress this.
- 159 days of the plan have been delivered to date; this represents 43% of planned audit days.

The Financial Sustainability audit, a new mandated audit by the HFMA and NHS England was discussed. The Trust completed a self-assessment by the required deadline and the Acting Director of Finance noted there is some crossover with evidence provided to internal and external auditors through existing processes. A meeting is planned to review the evidence and findings by the end of November. The Chair asked the Internal Audit Manager to advise if a formal recommendation signing off the audit submission from the Committee is required. It was noted that the audit would be circulated to Committee members before submission to NHS England.

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

3. Significant and High Assurance Reports and Internal Audit Monthly Insight Reports

The internal audit monthly insight reports were also made available in the review room.

OUTCOME: The Committee **RECEIVED** the significant assurance reports and advisory report and the Insight reports for July, August and September 2022.

73/22 LOCAL COUNTER FRAUD

1. Local Counter Fraud Progress Report

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

- Counter Fraud newsletter is available in the review room
- Counter Fraud awareness is ongoing which includes presentations with teams and message within pay slips
- Counter Fraud masterclasses will continue with directed sessions for Departments and specifically for managers
- Prevent and Deter - Four Fraud alerts since last meeting, two mandate fraud attempts, one attempted salary diversion fraud and a fraudulent use of FOI requests.
- Hold to Account – One open enquiry which has previously been reported. One recent enquiry which has been actioned and no further action required.
- Referral Benchmarking - Secondary working is still the most common fraud in the NHS and public sector.
- NHSCFA Update and Strategic Governance - The Strategic Intelligence Assessment estimates that the NHS has had an increase in fraudulent activity which equates to £1.198 billion, an increase on last year's figure of £1.14 billion.

The Chair asked whether the Trust have had enough uptake in the masterclass and whether there is a suggestion on how we ensure that the right people are signing up. The Local Counter Fraud Specialist, Audit Yorkshire stated that various measures have been put in place to increase attendance and one of them is looking at departments and trying to get departmental leads involved to send their staff along. Work has been undertaken to look at who in key departments has attended and targeting training where these gaps are will be followed. The Chair is happy to assist in increasing awareness outside of meeting.

OUTCOME: The Committee **RECEIVED** the Local Counter Fraud Progress Report for 2022/23.

74/22 EXTERNAL AUDIT

1. Sector Update

On behalf of KPMG the Acting Director of Finance highlighted the ISA (UK) 315, a revised auditing standard which involves an enhanced risk assessment which is effective for the 2022-23 financial year onwards.

OUTCOME: The Committee **NOTED** the External Audit Report.

75/22 BOARD ASSURANCE FRAMEWORK

The Company Secretary presented the second of three updates required for the year of the Board Assurance Framework (BAF) for 2022/23 which will be presented to the Board of Directors on 10 November 2022.

The strategy is currently being reviewed which may impact on future risks on the Board Assurance Framework.

There are no new risks on the Board Assurance Framework (BAF), or risks proposed for removal.

There is one risk with upward movement in risk score which is detailed in the report, risk 6/19 quality and safety standards. Since the report was submitted there has been an

increase in the reconfiguration risk score, reference 1/19 from 15 to 20 due to political uncertainty in relation to business case sign off.

The Chair asked whether the quality change and the increase in risk would be reviewed again. The Company Secretary confirmed that the Board Assurance Framework would be reviewed again in January and then be presented to Board in March 2023.

OUTCOME: The Committee is asked to **APPROVE** the updated BAF for approval and **RECOMMEND** this to the Board.

76/22 COMPANY SECRETARY'S BUSINESS

1. Bi-Annual Review of Declarations of Interest

The Company Secretary presented the month 6 progress report for 2022/23 which details the current position on compliance with declarations of interest in line with the Trust's Conflicts of Interest and Standards of Business Conduct Policy.

The report shows that the compliance of Decision Makers declarations is at 36% and this is comparable to the point which we were at this time last year. We will see the compliance increase as we progress towards March as automatic reminders are sent to individuals to report their interest or nil interests.

The majority of declarations for decision-making staff are nil declarations, of which there are 365 declarations. Clinical private practice and outside employment are the most frequently made type of declaration.

A final report of the year end position will be reported to the Committee.

DS commented that the outside employment figures seemed quite low for an organisation of our size and asked how the figures compare for the same reporting period last year. The Company Secretary will check this outside the meeting and possibly check our data against other organisations.

OUTCOME: The Committee **NOTED** the bi-annual review of the declarations of interest.

2. Audit and Risk Committee Workplan 2023

The Chair commented that the current workplan is now complete as of today's meeting and offered to work with The Company Secretary on a revised workplan for the next 12 months. The Company Secretary accepted the offer and will aim to circulate a new workplan to Committee members and report authors during November.

Action: The Company Secretary is to ensure a revised workplan is submitted in November for 2023.

DS asked whether there is duplication of items on the Committees within the Trust and if further work on this is needed. The Chair agreed and highlighted that it will need to be clear on which Committee is lead for the items.

OUTCOME: The Committee **NOTED** the end of the current Audit and Risk Committee workplan and that a new workplan for 2023 will be submitted in November for 2023.

77/22 SUMMARY REPORTS

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

- Risk Group – The Company Secretary commented that within the report it states that there is a lack of clarity regarding the purpose of the High-Level Risk Register and should read lack of clarity regarding process, which may be taken out of context, and confirmed the Board understands the purpose of the risk register in terms of managing operational risk. The Head of Risk and Compliance informed the Committee and gave an update on the requirement to be compliant with the National Reporting of Learning System (NRLS), which was scheduled to be actioned by the end of March 2023, nationally has been pushed back to September 2023, meaning the risk register transfer to new software will be delayed.
- Information Governance and Records Strategy Group – no questions were raised.
- Health and Safety Committee – no questions were raised.
- Data Quality Board – no questions were raised.
- CQC and Compliance Group – No report was received. The Head of Risk and Compliance attended in the event of any questions – no questions raised.

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

78/22 COMMITTEE'S ROLE FOR 'ONE CULTURE OF CARE'

- 'One Culture of Care' was considered in discussing the annual reports on Emergency Preparedness Resilience & Response and Fire Safety, particularly in relation to protection of colleagues and personal emergency evacuation plans for staff.
- 'One Culture of Care' also considered within the Board Assurance Framework in relation to the health and well-being of colleagues.

79/22 ANY OTHER BUSINESS

No other business was raised.

80/22 MATTERS TO CASCADE TO BOARD OF DIRECTORS

Acknowledge - A deep dive on Information Governance was presented to the meeting including details of the current priorities in this area.

Assurance - The Emergency Preparedness Resilience & Response (EPRR) annual report, the EPRR Core Standards return and the Fire Safety report were all reviewed and agreed by the Committee. ARC asked for an update in six months time of progress towards meeting the Core Standards.

Assurance - The second update of the Board Assurance Framework (BAF) was recommended to the Board with increases in the risks on quality and safety standards (following the recent Internal Audit report), and reconfiguration (given that approval to the reconfiguration business case had not been received yet). The health and safety risk has also been updated.

Assurance - The work plan for the Committee for the next 12 months is being updated and will be circulated prior to the next meeting.

Assurance - Internal Audit reports on quality governance and sickness absence which have limited assurance but are currently in draft form will be presented to the next meeting.

Awareness - There are a number of outstanding recommendations from internal audit reports which are overdue and some which do not have revised target dates for completion. These need to be completed as soon as possible as they help inform the Internal Audit opinion on the organisation's framework of governance, risk management and control.

Awareness - The latest update on counter fraud was received by the Committee and the need to continue to be vigilant for potential fraud and to undertake awareness training.

Awareness - the Committee noted the current position on declarations of interest and the need for these to be completed.

Awareness - the Committee was updated on the current position with the audit of the Trust's self-assessment on its financial sustainability. It was agreed that the final return would be circulated to Committee members for information and for approval, if required.

81/22 DATE AND TIME OF THE NEXT MEETING

Tuesday 23 January 2023

10:00 – 12:15 pm

Microsoft Teams

62/22 REVIEW OF MEETING

DS thanked Nigel Broadbent for chairing his first Audit and Risk Committee meeting.

The meeting closed at approximately 12:05pm.

**Minutes of the Finance & Performance Committee held on
Tuesday 1st Novmeber 2022, 13.00pm – 15.00pm
Via Microsoft Teams**

PRESENT

Andy Nelson	Non-Executive Director (Chair)
Nigel Broadbent	Non-Executive Director
Kirsty Archer	Acting Director of Finance
Anna Basford	Director or Transforamtion and Partnerships

IN ATTENDANCE

Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Brian Moore	Public Elected Governor
Robert Markless	Public Elected Governor
Peter Keough	Assistant Director of Performance
Philippa Russell	Acting Deputy Director of Finance
Vicky Pickles	Director of Corporate Affairs
Peter Howson	Commercial Director THIS
Rob Birkett	Managing Director THIS

ITEM

174/22 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

175/22 APOLOGIES FOR ABSENCE

Apologies were received from Jonathan Hammond

176/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

177/22 MINUTES OF THE MEETING HELD 7th October 2022

Brian Moore was listed as both in attendance and as giving apologies. Brian was not present at the meeting. The minutes were then approved as an accurate record.

178/22 MATTERS ARISING

Since the last meeting the director team have carried out a Board Assurance Framework (BAF) review. A couple of the risks that this committee has responsibility for will look different in future when a revised BAF goes to Board. Unable to maintain current levels of service due to COVID – the score has been reduced with mitigations in place
Not delivering the necessary improvements required to achieve full compliance with NHS EI. - the score has been reduced.

179/22 ACTION LOG

The Action Log was reviewed as follows:

Change actions marked as JF to JH.

180/21 Should be ready to review a draft at January 2023 meeting of this committee.

113/22 The ED deep dive has been deferred to December.

133/22 Summary sheets for minutes from other meetings. Not all minutes are yet being received.

143/22 AN and SD to meet to discuss workforce deep dive content. Meeting arranged. Close action.

143/22 Apprenticeship statistics to be requested from Suzanne. Requested but not received. AN to pick up at separate meeting with Suzanne.

144/22 Terms of reference to be brought to December committee for approval.

166/22 – Forecast Scenarios is an agenda item. Close action.

180/22 REVIEW OF THIS COMMERCIAL STRATEGY

The Commercial Director from THIS presented an update of the commercial strategy. The strategy was presented to this committee in September 21. At the point of the report THIS are now in month 6 of the first year of the strategy. The presentation was shared prior to this meeting. The aim was to give the committee assurance about progress regarding the strategy.

THIS's income comes from three main sources.

- SLA with CHFT £12.83m
- Contracts with 55 external partners and customers £4.7m
- A continued ad hoc target to achieve each year £1.6m

The strategy considers 13 objectives to be focussed on for the next three years. These include: Pricing, Investment in profitable areas, Opportunities with existing customers, New customers, Marketing and Promotion, ICB collaboration and Commercial collaborations.

MEASURING OF PERFORMANCE –

- Increase in the contract length of existing customers – Target 70% of customers to have contracts in place longer than one year. Currently at 60%.
- Increase in additional business value from existing customer base – Target growth of 5%. Currently at 4%
- Continued contribution to CHFT – on target. Planned to deliver
- Recurrent new business – Target for 2022/23 £250k. Currently £60k confirmed to date.
- Expand commercial collaboration portfolio – Target for 2022/23 – 1 new agreement. Currently 1 agreement confirmed and 2 others pending.
- Procurement framework – THIS to successfully be added to procurement frameworks. So far this has been unsuccessful due to the process involved.

SUMMARY THIS continues to be on target to meet its first year commercial targets. ICS and collaborative working is becoming a reality offering opportunities. Commercial versus partnership working is becoming more and more of an important conversation.

The committee asked how THIS were dealing with the challenges of recruiting and retaining staff. Different routes are being tried. Developing existing colleagues to promote from within. Trying different ways of recruiting. Also offering flexible working options to compete with other employers. Good track record of developing internally. There are currently five students on placement. There is a good engagement from Huddersfield University which is being expanded on.

THIS are working with Procurement to have everything in place in preparation for applying to be on the government frameworks. Previously missed out due to a combination of timing, and the fact that since THIS are part of CHFT, all CHFT's relevant paperwork has to be submitted alongside THIS.

Good lines of communication have been put in place with the ICB with the ICB approaching THIS for their input.

The Committee **ACKNOWLEDGED** the good progress made.

181/22 REVIEW OF THIS DIGITAL STRATEGY

The THIS Managing Director presented the annual review of the Digital Strategy initially presented to Board in July 2020. This is the second annual review and the strategy is in its third year. The update covers changes since the last update in July 2021.

Key points to note:

Point of care testing has gone live recently and involved some significant work on integrating these results into EPR. This has reduced transcription errors and allowing results to be accessed quickly. The Pharmacy EPR integration is the first of its kind between EMIS and Cerner and improved patient safety by reducing errors.

Microsoft Azure cloud platform – Historically new server rooms would have been requested as part of the reconfiguration work. Now that the cloud provision is in place the physical server footprint required is much smaller. Services will increasingly be moved into the cloud.

Allocated part of the technical budget to allow teams to be trained and enable them to deliver the services into the System. Capability, skills and capacity have been increased by recruiting new specialist roles.

Three key areas to be looked at moving forward:

Five years into EPR there are some improvements on the basics that need to be addressed.

A number of projects have been started and THIS are committed to completing them. Further progression around integration, core progression updates etc.

There is a wealth of data now available. Over the next 12-18 months will be assessing what can be done with the data and what it can tell us. Can it be used to predictively analyse services and patient pathways.

The committee asked for confidence around security of the systems. THIS have made significant investment in cyber security and protection around different types of cyber attack. Also audited and accredited on the ISO standards one of which includes information security.

There is reference to engaging with people with learning difficulties in the submitted paper but is consideration being given to other groups within the community who may struggle to access IT systems? Further work is required around access to systems within the community. Trying to increase engagement through patient groups.

The Optimisation plan referred to is what we could do if the resource is available.

THIS good new stories and successes need to be shared internally. The Trust is one of the leaders for implementing technology being one of the first regionally and nationally on occasion, with more to come. Possibility of using the screen savers to advertise more internally.

Work has been completed to allow GP surgeries to have visibility of patients records and vice versa. Easy to see how much has been achieved with very positive feedback. Regional integration programmes on patient records are planned within the next couple of years which may supersede this work.

The Committee **ACKNOWLEDGED** the good progress made.

FINANCE & PERFORMANCE

182/22 MONTH 6 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

The Acting Deputy Director of Finance presented the Month 6 Finance Report. The Trust is reporting a £11.21m deficit, a £0.88m adverse variance from plan. The reasons behind this are similar to previous months – Inflation, additional capacity, impact of enhanced bank rates. Agency expenditure continues to be high reaching £940k in month 6 on nursing which was higher than seen in previous years. That takes the position to £3.3m above our agency plan year to date. Currently at £6.31m year to date with an ICB allocated ceiling of £6.9m for the full year. It is inevitable that this will be breached.

Funding was received towards the pay award, but it left a shortfall of £840k This will be a recurrent impact. Planned inpatient activity was behind plan at 96% which equates to 101% of the 19/20 plan. All Elective Recovery Funding (ERF) was secured for the first half of the year. Expectation is that the funding for the second half of the year will not be reclaimed but the funding is Place based funding so may not be wholly allocated to CHFT.

CIP position is positive year to date with just over £9m being delivered which is £650k better than plan.

Capital spend year to date shows just over £4m has been spent which is a £9.5m underspend. There has been slippage on reconfiguration, IT expenditure and lease expenditure for example. However, the expectation remains that the full capital plan will be delivered.

Aged debt is high in month 6 due to provider-to-provider invoices which were not received by some of our NHS partners due to a technical problem. These were settled early October.

Our use of resources metric is currently at level 4 which is the lowest level. The plan was to achieve level 3 but due to the agency position and year to date variance to plan we have slipped to 4. If our plan is delivered at the end of the year then we will reach Level 3.

In the year end forecast we are reporting externally a £17.35m deficit but there is risk particularly around inflation and the continuing staffing pressures. Predicting a mid-case scenario of an adverse variance from plan £5.5m. Changes have been made to the enhanced bank rate and there is an agency spend reduction plan underway to try to move away from the Tier 3 agency staff.

The Acting Director of Finance explained that at the recent West Yorkshire (WY) ICS finance forum it was discussed that several organisations are significantly over trajectory on agency spend. The difference being that the ceiling given to CHFT was lower than others due to previous years relatively low spend.

The members of the WY ICS reported having similar challenges to CHFT with staffing, inflation, and capacity.

There has been an acknowledgment of Covid numbers not reducing as expected. Funding of £2.28m referred to as bed capacity funding has been received which recognises that trusts have to have extra bed capacity in place. This does not remove the full pressure of extra costs and within ED specifically it does not cover the full pressure. Growth in demand and Covid difficult to separate especially in ED.

Regarding capital funding, divisions are being encouraged to submit agreed orders as soon as possible, but it was known that the plan would be to spend more towards year end as projects progressed.

The Committee **RECEIVED** the Month 6 Financial Update.

183/22 FINANCIAL RECOVERY PLANS – INCLUDES EFFECTIVE USE OF RESOURCES UPDATE

The Acting Director of Finance gave an update following the Forecast Scenarios shared at the last meeting. The best-case scenario remains the same which would be a nil variance to plan. Terminology has changed from last month with the likely case scenario now being described as “mid-case”. Assumptions made in the mid-case remain the same as last month but the projected adverse

variance has been reduced from £7.6m to £5.5m. This is due to progress having been made in closing the CIP gap as a result of hard work from colleagues.

Risks and opportunities include: ERF, Operational pressures, winter, covid, flu and the impact on staff. In addition trade union activity could lead to strike action and there is continuing political uncertainty but there are also opportunities for collaborative working with partners.

Action is being taken to mitigate these risks and explore the opportunities and is being managed through the Effective Use of Resources Group (ERG). This includes reviewing the enhanced pay.

Met with council officers from both Places so they are fully sighted on CHFT risks and to understand the risks across the ICB Places. A joint recovery group is currently being formed with system partners.

The ERG is now forward looking and putting plans together into next year and beyond. Distinct actions have been noted in ERG which look at future operating models. These have been given timetabled expectations

The Committee **RECEIVED** the Financial Recovery Plans.

184/22 INTEGRATED PERFORMANCE REVIEW – SEPTEMBER 2022

The Assistant Director of Performance gave an update. September had a positive in month performance with improvement in several domains. The Trust is in the best overall position since May and benchmarks well nationally. Emergency sepsis patients receiving antibiotic treatment within one hour of diagnosis is just now just below target. The cancer 28 day target was achieved again. CHFT is one of only three organisations to consistently achieve the 2-week wait target since August 2019.

Stroke struggled with the targets but in month there has been an improvement in those scanned within one hour. Starting to see the results of action plans put in place. ED performance at 75.44% was the third best performance in this calendar year.

Diagnostics was the best performance in 12 months with ECHO, MRI and Neurophysiology giving a better performance in month and aiming to reach 99% in the next three months.

In elective recovery numbers of patients waiting over 52 weeks are continuing to decrease. Workforce rolling 12-month non covid absence at 4.7%; lowest since March.

HMSR and SHMI presentation made to the Weekly Executive Board around actions to address the high scores. Past four months HMSR scores have been lower in month than the position at the end of 2021/ beginning of 2022. The expectation is that the rolling position will improve in the coming months. More detailed narrative in report.

The Committee **NOTED** the Integrated Performance Review.

185/22 RECOVERY UPDATE

The Assistant Director of Performance gave an update covering activity (including delivery against the 104% trajectory), risk areas and mitigations, standards and diagnostics.

Slides included in the meeting pack for information. One patient who had been waiting over 104 weeks was discovered through validation and they now have a date in November. The 78-week and 52-week statistics show the breakdown by speciality.

The Access Delivery Group have an action plan in place for any areas going off track. A comparison slide is in the pack showing how CHFT compare in West Yorkshire. In General Surgery the most concerning area is maxillio-facial where mutual aid is being sought so a working group has been set up and data being reviewed weekly. Confidence that this will reduce.

ASI's – There is no external target but the Trust want to reduce numbers to pre-covid level. Work is ongoing with a paper around Cardiology and Gastroenterology going to the Medicine senior management team to look at the next steps for those specialities. 22 weeks slightly above trajectory.

Follow up back log – Excellent progress in Rheumatology but other specialities are showing an increase. Looking at the best approach to deal with this and will be followed up at the Access Delivery Group in a few weeks.

The Committee **NOTED** the Recovery Update for September.

186/22 ONE CULTURE OF CARE (OCOC)

Chairs highlight report will refer to any items linked to one culture of care.

187/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- THIS Executive Board
- Access Delivery Group
- Capital Management Group

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

188/22 WORKPLAN – 2022/23

The workplan for 2022/23 was reviewed.

- Fitting the deep dives in alongside the standing agenda items is proving challenging. The next three have all been moved to prevent more than one at each meeting.

The Committee **APPROVED** the Workplan for 2022/23

189/22 ANY OTHER BUSINESS

The Chair asked the committee their opinion on extending this meeting given the challenges in getting the agenda completed in the time. There is some potential duplication between this and other Board sub-committees such as the Workforce Deep Dive. Deep dives may need to be better co-ordinated with with the Quality Committee.

The Chair concluded that the meeting would only be extended by exception to accommodate required deep dives when this committee is the correct place for it, with preparation of the deep dive before this meeting between the Chair and the team presenting. Meetings not to be extended to longer than 2.5 hours in these circumstances.

190/22 MATTERS TO CASCADE TO BOARD

Positives from IPR and recovery and the challenges that remain.

DATE AND TIME OF NEXT MEETING:

Tuesday 6th December 2022, 13:00 – 15.00 MS Teams

**Minutes of the Finance & Performance Committee held on
Friday 7th October 2022, 09.30pm – 11.30pm
Via Microsoft Teams**

PRESENT

Nigel Broadbent	Non-Executive Director (Chair)
Karen Heaton	Non-Executive Director

IN ATTENDANCE

Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Brian Moore	Public Elected Governor
Robert Markless	Public Elected Governor
Peter Keough	Assistant Director of Performance
Kirsty Archer	Acting Director of Finance
Philippa Russell	Acting Deputy Director of Finance
Vicky Pickles	Director of Corporate Affairs
Anna Basford	Director for Transformation and Partnerships
Helen Hirst	CHFT Chair
Chris Roberts	General Manager Medicine
Jonny Hammond	Director of Operations Medicine
Tom Strickland	Director of Operations Surgery
Ruth Lush	General Manager Surgery

ITEM

155/22 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

156/22 APOLOGIES FOR ABSENCE

Apologies were received from Gary Boothby, Andy Nelson, Andrea McCourt, Brian Moore

157/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

158/22 MINUTES OF THE MEETING HELD 5th August and 5th September 2022

The minutes from the 5th September under matters arising, there was no “r” on the end of matters. Both sets of minutes were then approved as an accurate record.

159/22 MATTERS ARISING

No matters arising.

160/22 ACTION LOG

The Action Log was reviewed as follows:

129/22 The aged debt has now been split into commercial and non-commercial.
180/21 New due date to be provided by PK as this has become a bigger piece of work than originally intended.

143/22 Apprenticeship statistics to be requested from Suzanne.

161/22 STROKE DEEP DIVE

JH and CR gave a presentation to update the committee following the last deep dive in February. The presentation shows the Sentinel Stroke National Audit Programme (SSNAP) performance for August and give a challenging picture. As the 3rd wave of covid reduced in the spring there was an increase in demand for stroke services. SSNAP is an ongoing audit covering different areas that we are measured against. The aim is to be at SSNAP level A for all areas. The presentation showed some achieving level A and some underperforming. The scores are also presented as percentages.

Patients scanned within 1 hour of hospital arrival was rated as C. There is some ongoing work audit work to work on improving this. CR has met with the service managers in Radiology and they are doing a live audit of all the referrals for strokes into CT these are then tracked to see what outcome is. By end of month should have more data to discover what is affecting the SSNAP performance.

Percentage of stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival. Over the last year it has been challenging to get patients onto the unit due to demand. This is also affecting the percentage of patients spending 90% of their stay on a stroke unit.

Percentage of patients thrombolysed. A number of audits looking at this in detail have taken place which have given assurance that patients that need to be thrombolysed are being so.

Challenges with workforce in Speech and Language and particularly in Occupation therapy where there is a struggle to recruit.

Quarterly score for SSNAP April to June 2022 the overall rating is at C. CHFT has not been rated at A since June 2021. This is because of several reasons – lots of variables one of which is having the similar recruiting issues as elsewhere. Access to the stroke bed base which has been reflected in the number of outliers within the Trust.

There has been an increased demand in potential strokes. It was consistent until April 2020. Increased in 2021. Then reduced in the second half of the year but significantly increased this year since February. There has been a 27% increase in the number presenting. Even in comparison to 2021 there has been a 13% increase. This has had an impact against the 4 hour target.

Stroke patients' acuity and dependency has increased during 2021 compared to 2020. Awaiting information for 2022. Length of stay has gradually increased since 2019 from 4-12 days to 8-18 days. It was particularly high in March 2022 but has reduced over the last three months.

Dedicated resource has been implemented to reduce length of stay. Advanced Care Practitioners (ACP's) New initiative having significant impact. ACP role extended to support Thombolysis team and lead ward rounds.

A working together to get results session (WTGR) took place and resulted in some actions which have now been completed. A step down criteria has been developed for rehab patients to facilitate an earlier discharge. This is resulting in faster discharge and rehab taking place nearer to patients' homes using community services. A business case covering the full stroke pathway, stroke hub and community beds has been put together but is totalling £2.7m. This is being reworked before presenting to see what can be done differently.

Discussions over last couple of weeks with Michael Folan as to how to use allocated winter monies. Could use to test changes to processes, measure and understand the impact. Successful outcomes could then be built into plans going forward.

162/22 SURGERY AND THEATRE DEEP DIVE

This is the first surgery and theatre deep dive to come to this committee. An in-depth presentation to the impact of the pandemic, current challenges, and actions taken to overcome those challenges.

In March 2020 elective theatre procedures were stood down and staff were redeployed elsewhere within the Trust. Theatre staff have skills that were vital to the dealing with covid e.g Airway management skills. In hindsight decisions made that were felt to be correct at the time were detrimental to the theatre teams. The staff were badly affected. Poor communication while working in teams they had not worked in before. Staff were scared and carrying out practices and dealing with types of patients they do not usually deal with. Sickness levels increased and a high number of theatre staff left the Trust. Left with over 30 vacancies due to colleagues retiring or leaving.

Pre covid, theatres were completing an average of 132 elective lists per week. As elective work re-started this had reduced to an average of 71 lists per week in March and April 2021. Current capacity is around 90 lists per week. The intention is to reach full capacity by December 2022 when staffing levels have increased.

Recruitment – The colleagues that were lost were very experienced and skilled in a number of specialities. There has been an extensive recruitment programme which has resulted in 41 members of staff being employed since August 2021 and 28 in the pipeline who will be in post by April 2023. The new staff do not have the same knowledge and experience as those who have been lost. Excellent training has been put in place to create a multi-skilled team and also to support future planning for retirements. This is also to encourage retention. Operating Department Practice (ODP) apprenticeships have been developed to upskill existing Assistant Theatre Practitioners (ATP) and to “grown our own” as there is a known shortage of ODP's within the region.

There has been a drop in anaesthetists covering theatres and we are currently down by five whole time equivalents. This is due to pay issues. Drop off in surgeons picking up waiting list initiative shifts.

There are a lot of challenges that have had to be dealt with. A speciality user groups have been created to drive improvement. These are positive collaborative conversations. The model is still embedding and not at maturity. Trying to improve business as usual and increase elective activity.

Looking to increase the number of cases per list alongside increasing the number of lists. This will help to clear the elective back log. Slides were shown to demonstrate the average number of cases per list per speciality.

Looked at how to incentivise staff to take on more cases but still achieve a work life balance. From April a cost per case model is being used where the team in theatre is not paid for how long they are in theatre but for how many patients they operate on. 354 additional patients have been treated as a result. This has been recognised both regionally and nationally by Getting it right first time (GIRFT) and NHSE as an innovative exemplar in trying to deliver elective recovery.

Good news – Positive feedback from WYAAT on theatre start times compared to peers across the region.

Blandine Renou staff nurse in operating theatres has been shortlisted for the Nursing times preceptor of the year.

FINANCE & PERFORMANCE

163/22 INTEGRATED PERFORMANCE REVIEW – AUGUST 2022

The Assistant Director of Performance gave an update. The report is in the process of being updated and a new version will be brought to this committee in a few months' time. The August performance score was 59% which was similar to July.

SAFE – Domain is now back in Amber due to there not being a never event in August.

CARING – Now at Amber. No mixed sex breaches, and only one of the 5 friend and family areas is currently green. There has been a small improvement in both dementia screening and stroke.

EFFECTIVE – Remains Amber with Neck of Femur unfortunately deteriorating in month following a good performance in July. Both HSMR and SHMI continue to deteriorate with scores around 107. Further work around this to try and determine what is causing the deterioration.

RESPONSIVE – Remains at Amber with the 28-day cancer faster diagnosis just below target. 3 of the 4 stroke indicators missed target with challenges around ED and elective work remain a challenge.

WORKFORCE - Remains amber with long term non covid absence increasing in month. Return to work interviews have fallen to their lowest position since December.

FINANCE – Now red with a deterioration in the use of resources and I&E.

The Committee **NOTED** the Integrated Performance Report for AUGUST.

164/22 RECOVERY UPDATE

The Assistant Director of Performance gave an update covering Activity (including delivery against the 104% trajectory), risk areas and mitigations, Standards and Diagnostics.

104% activity – Slide shows several areas where achieving. Surgical showing lots of areas not achieving 104% but as discussed in the deep dive, actions are in place. Elective Outpatients is pretty much achieving 104%. Achieving 104% does not automatically equate to all waiting list backlogs being cleared. It will depend on the speciality. Confirmation on if and how elective recovery funding will be allocated for the second half of the year has not yet been confirmed.

RTT – overall summary against key waits. Currently we do not have any 104 week waits. A couple are due in the next few months but his down to patient choice. Within WYATT and the ICB it has been recognised that we are performing well against targets.

78 weeks doing very well and below trajectory along with the external target for 52 week waiters.

Against the internal 52 week trajectory there is some work to do. The target is to breach zero by March 2023.

Within the specialities there are actions are in place. Gynaecology for example was above the trajectory but now a new consultant is due to start and an additional all day theatre session has been added so there is confidence that the target to achieve zero by the end of February will be met

ASI's – Overall there is no downward trend at the moment. Some actions in place with the aim still to reduce the 22weeks to zero by the end of year. There are pressures in certain specialities, but plans are in place.

Follow up backlog Trust position – Excellent progress in Rheumatology but upward trends in other Medical specialities and Ophthalmology.

Diagnostics – Few areas

MRI – The six week wait position is expected to be at 97% by the end of September. There will be around 50-60 patients who have been waiting longer than six weeks but this is because of intervention from other specialities, GA requirements or patient choice.

ECHO and Neurophysiology – Consultants are not willing to work additional sessions currently, so it is proving difficult to put plans in place for all specialities.

Harm review process has been created and is being piloted in Gastroenterology. This is a process where we communicate with patients through texts and letters to check in with them and see if they still need their appointment and to check their condition. Rolling out one speciality at a time.

ACTION: TS to come back to a future meeting and give an update on specialities.

The Committee **NOTED** the Recovery Report for June.

165/22 MONTH 5 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

The Acting Deputy Director of Finance presented the key messages across three core areas of income and expenditure, cash and capital. The Trust is reporting a deficit of £9.4m year to date (YTD) and an adverse variance of £0.37m from plan.

. In month there was a significant adverse variance of £0.83m which eroded the positive position from previous months.. We are still seeing operational pressures and bed capacity is not decreasing but we have received a small amount of funding for that. CIP is still ahead of the plan year to date but in month behind plan which has impacted the position. Certain Covid exits schemes have not commenced and may not happen at all. Also seeing an increase in recovery costs as they return to plan so no longer offsetting some of the pressures seen in previous months. The 50% enhanced bank pay landed for part of August but will hit for the whole of September. Agency costs have been increasing month on month. Inflationary pressures have previously been mentioned for PFI costs and utilities are now starting to hit as the higher rate bills come in. Estates team are looking at what the capped rates mean for the forecast but currently expecting an overspend.

Capital underspent by £7m YTD where the Trust has not yet invested in new leases yet this year. This is thought to be a timing issues and capital spend will return to forecast later in the year. Reconfiguration costs are slightly behind and there are pieces of equipment that needs to be purchased. Cash balance is slightly behind plan at £52.6m. There have been delays in receiving funding from some NHS organisations partly to do with provider to provider invoices being raised late. Also, some technical issues resulted in some organisations not receiving invoices to pay. Expecting an improvement next month.

Aged debt increased but not a risk as mainly due to issues mentioned above. Forecasting to deliver the planned £17.35m deficit for the year which is looking increasing challenging.

ERG looking at alternate schemes to mitigate the CIP deficit. Agency spend CHFT have been giving a low trajectory as historically performed we have performed well. Our target is proportionately the lowest in WYAAT.

The Committee **RECEIVED** the Month 5 Financial report.

166/22 FORECAST SCENARIOS

The Acting Director of Finance gave a presentation based on information requested by the ICB who have requested the best, likely and worst case scenarios around the financial forecast taking into account the risks and budgetary pressures.

The ICB would in the first instance expect each organisation to manage their own risks. They would then look for organisations to have conversations at a PLACE level and seek options locally. The third and final step is looking to see if there is any mitigation at the whole ICB level.

Best case scenario is basically to deliver the planned deficit of £17.35m with a zero variance. This assumes we would be able to bring the pressures back on track.

Likely scenario would go off plan by £7.6m adverse variance on top of the £17.35m. This assumes that various things are not able to be mitigated such as full delivery of the CIP programme, some of the additional operational pressures and a continuation of the pay enhancements until the end of September.. **Worst case scenario** assumes all the risks and challenges happening at once including not receiving ERF for the second half of the year, full year exposure to pay enhancements and covid/winter surges over the winter period. This is the extreme position in the unlikely event that all risks and challenges materialise but demonstrates the extent of risk and challenge in the financial position. **Next steps** – Identify alternative plans to close the CIP gap already identified. Secure savings from gateway 1 schemes, scoping and high risk schemes or mitigate.

Review the impact of the enhanced bank pay and decisions that could be taken around that.

ACTION: Bring back to the committee with an update to the next meeting more detail what action can be taken to mitigate the risks identified in the presentation
- KA / PR

167/22 EFFECTIVE USE OF RESOURCES GROUP (ERG) / EFFICIENCY TARGETS

The Acting Director of Finance gave a verbal update. The regular ERG update has been covered during other agenda items.

5 year planning - There have been a series of sessions on the future operating models 5 year planning. Final sessions have focussed on benefits realisation from reconfiguration. The output from these meetings need to be aggregated . The next update is due to the January meeting of this committee.

The Committee **NOTED** the Effective Resources update and the higher risk schemes.

168/22 BAF RISKS

Most remain unchanged in terms of risk. Some narratives updates and marked in the papers.

Committee **APPROVED** the update of risks

169/22 ONE CULTURE OF CARE (OCOC)

Chair highlights report will refer to any items linked to one culture of care.

170/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Business Case Approval Group (BCAG)
- THIS Executive Board
- Access Delivery Group
- Capital Management Group

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

171/22 WORKPLAN – 2022/23

The workplan for 2022/23 was reviewed.

- The THIS Strategy has been pushed back to the next meeting due to the number of items on today's agenda.

The Committee **APPROVED** the Workplan for 2022/23

172/22 ANY OTHER BUSINESS

173/22 MATTERS TO CASCADE TO BOARD

- Reflect on the two deep dives.
- Key concerns from the IPR

- Finance month 5 still challenging.

DATE AND TIME OF NEXT MEETING:

Tuesday 1st November 2022, 13:00 – 15.00 MS Teams

DRAFT

QUALITY COMMITTEE

Monday, 12 September 2022

STANDING ITEMS

148/22 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Mr Neeraj Bhasin (NB)	Deputy Medical Director
Dr David Birkenhead (DB)	Medical Director
Sharon Cundy (SC)	Head of Quality and Safety
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Karen Heaton (KH)	Non-Executive Director
Victoria Pickles (VP)	Director of Corporate Affairs
Nicola Seanor (NS)	Associate Non-Executive Director
Kim Smith (KS)	Assistant Director for Quality and Safety
Elisabeth Street (ES)	Clinical Director of Pharmacy
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Tara Brierley (TB)	Patient Experience Team Leader (Observing)
Lauren Green (LG)	Dementia Lead Practitioner (item 151/22)
Onyinye Okafor (OO)	Student Nurse on Placement (Observing)
Shelley Rochford (SR)	CQC Compliance Lead (Observing)
Gillian Sykes (GS)	End of Life Care Facilitator (item 156/22)
Diane Tinker (DT)	Director of Midwifery (item 155/22)

Apologies

Gina Choy (GC)	Public Elected Governor
Jo Fawcus (JF)	Chief Operational Officer
Andrea McCourt (AMcC)	Company Secretary
Lindsay Rudge (LR)	Chief Nurse
Lucy Walker (LW)	Quality Manager for Calderdale Integrated Care Board

149/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

150/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 17 August 2022 were approved as a correct record. The action log can be found at the end of these minutes.

151/22 MATTERS ARISING

Dementia Options Appraisal

Lauren Green was in attendance to present a dementia options appraisal, as circulated at appendix B.

KH asked about the dementia screening in other Trusts in the region. **LG** stated that there is a mixture where some Trusts use their nursing teams, and some use their medical teams. It was noted that one of the implications of CHFT moving this task from the medical team to the nursing team would be nursing capacity.

NB asked a series of questions, including whether the Advanced Clinical Practitioners (ACPs) were included in the options appraisal; if there is part of the assessment which must be done

by the medical team; whether there was a way of digitally pulling the data onto the discharge summary once screening has been done; and whether a hard stop in the Electronic Patient Record (EPR) notes has been considered, understanding that this has implications in terms of patient safety in a very acute situation.

In relation to the ACPs, **LG** stated that they were considered in the options appraisal, as they support the acute areas, however, other assessment areas such as the surgical assessment unit (SAU), and orthopaedic areas would struggle, as there would not be any consistency across all areas.

Regarding the assessment, **LG** stated that a medic does not necessarily have to complete it, as it is information gathering, however, there are specific parts of the assessment which must be completed in order for it to be pulled through and recorded effectively on EPR for audit purposes.

In terms of the hard stop, this was considered, however, it was felt at the time that due to other visual reminders around Venous Thromboembolism (VTE) and COVID, colleagues would become numb to further reminders. The assessment is mandatory; however, colleagues could still bypass the hard stop, therefore it was not able to be done through EPR.

With regard to digitally pulling the data, a conversation is needed with the EPR team to ascertain whether it can be done, rather than the medical team going into the discharge paperwork and ticking a box for it to be requested through the GP. **LG** stated that this will be taken forward once an outcome of the options appraisal has been confirmed.

SC queried whether Healthcare Assistants and dementia champions could be used to assess, once trained. **LG** stated that there are dementia link practitioners based on wards, however, the assessment needs to be carried out by a registered member of staff.

NS commented on the key performance indicators and the impact of any changes made, ensuring that this is monitored. **NS** suggested placing some targets within the options appraisal of what might be put in place, and to evidence how the changes have or will make a difference.

As the Quality Committee have now set out their expected improvement trajectories, the Chair asked what the next steps were regarding the decision-making for the options appraisals. **LG** had assumed that the Quality Committee would be making a decision, however, **VP** stated that the verdict will need to be an operational decision, to understand the impact on nursing time to care, workflows, etc and would need to return to the operational management structure for nursing input.

LG agreed to discuss the comments and considerations from the Quality Committee with nursing colleagues within the dementia operational group at the end of the month, and also the Clinical Outcomes Group, and a further conversation with the Chief Nurse will also take place.

OUTCOME: **LG** was thanked for the presentation, and the Quality Committee were in support of the preferred option for the task to be moved from medical colleagues to nursing colleagues, however, a swift decision to support the work required will need to be made, in conjunction with nursing input.

Complaints Internal Audit Action Plan

Kim Smith provided an update on further assurance on the recommendations within the complaints internal audit action plan as circulated at appendix C.

Work has taken place since the update at the last meeting, including the appointment of Tara Brierley into the Team Leader post for the Patient Advice and Liaison Service (PALS) and Complaints service, which will provide increased support to the Head of PALS and

Complaints, as well as increased oversight over operational issues. The team are also in the process of advertising a Band 3 PALS support post.

Additional assurance was provided around the complaints process and complaints training, with complaints being triaged on a daily basis and allocated across all divisions for a timelier response. Quality monitoring is also in place with an increased level of scrutiny on a weekly basis. There are still some elements around colleague training in relation to the complaints process, which will be part of the Patient Safety Incident Response Framework presentation later in the meeting. There may be some investigation training for the complaints teams in the short term, while the Patient Safety Incident Response Framework is being implemented.

NS commented on the extensive work done and asked about the role of equality and diversity, as there is not a specific reference in the audit report, and the equality impact assessment section of the report mentions that it is not deemed to have a detrimental impact on the protected characteristics. It was asked that reports provide a breakdown from a protected characteristics perspective to understand on an ongoing basis, who is providing feedback, who is complaining and whether they are representative of the communities served. **KS** agreed to include this in future reports.

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

AD HOC REPORTS

152/22 HEALTH AND SAFETY HIGHLIGHT ASSURANCE REPORT

This is in relation to required changes to our terms of reference, and a requirement for the Committee to receive assurance of health and safety regarding colleague and patient safety, focusing on learning from incidents.

Action: To be deferred to the next meeting.

RESPONSIVE

153/22 INTEGRATED PERFORMANCE REPORT

David Birkenhead presented the integrated performance report as circulated at appendix E, focusing on the quality aspects of the report.

There has been a clear deterioration in performance over a number of months, demonstrating the pressures the NHS is currently under, following COVID and the continued high numbers of COVID patients, at the time of writing, which were in the hospital and also reflecting increased attendances in the Accident and Emergency (A&E) department, and increased morbidity amongst those patients. Pressures are seen through the emergency care standard 4 hour target and general pressures on services through the cancer metrics, however, overall, there has been improvement in the 62-day referral to treatment, despite CHFT providing support into the Bradford and Mid Yorkshire Hospital Trusts.

Complaints is currently challenging for colleagues trying to balance governance activity along with recovery activity, and also recognising higher levels of staff absence.

In relation to the Never Events, since the time of writing the report, one has been downgraded to a serious incident following a review, which involved the retention of part of a gastric band which was being removed. The gastric band was not placed at the time of that surgery, therefore, does not formally fit into the Never Event framework. There is a further serious incident which the Integrated Care Board (ICB) is encouraging to be reported as a Never Event, however, the Trust is confident that it does not meet the framework, therefore there is some challenge to the ICB regarding why it would need to be included as a Never Event. It was noted that the Never Events have been identified over a period of time.

Looking at CHFT performance in comparison to peer organisations, this is still reasonably strong, albeit not as good as it was two years ago.

Issues around data quality was highlighted, namely the screening of emergency patients for Methicillin-resistant staphylococcus aureus (MRSA). It is known that the denominator is incorrect, and whilst the data is helpful in comparing month-on-month, it understates the compliance, as there are patients within the denominator who do not require an MRSA screen. There does not seem to be a simple way of extracting them from data feeds out of the Electronic Patient Record (EPR), which causes an ongoing challenge.

The improved performance in the fractured neck of femur metric was highlighted, as well as challenges around infection control, particularly in relation to C.difficile, where there are higher numbers than previous years, which increased through COVID and an elderly population being in hospital for longer, as well as the use of broad spectrum antibiotics to manage respiratory tract infections. The increase in C.difficile is not unique to CHFT. On a positive note, there have not been any MRSA bacteraemia cases for around 18 months, which is really positive and a testament to colleagues around their hygiene practice.

It was noted that the content of the IPR will be reviewed for a simpler framework.

NS commented on the point made around colleagues finding it difficult to meet the governance requirements as well as operational delivery requirements, and asked what this looks like, as a lot of demands are made for colleagues to attend meetings, to contribute to writing reports, and if that has an impact. **DB** stated that they all have an impact, and the challenge is when in a recovery position and trying to undertake as much clinical work as possible to reduce the risk to patients, colleagues can potentially get distracted from what is good governance. There is a pressure on colleagues' time which needs to be acknowledged by the Committee.

DS asked about the vaccination programme and the targets. **DB** stated that the national targets for COVID and influenza are 80-85%. It is not clear how many colleagues will come forward, however, the information will be provided in order for an informed decision to be made. The COVID vaccination programme started this week, with the influenza vaccines starting in the first week of October, with clinics running on alternate sites.

DS also mentioned the lack of monkeypox vaccines for colleagues, and asked if this was an issue, and whether any colleagues have been infected. **DB** stated that, to the best of his knowledge, no colleagues have been infected, however, some will be at risk if exposed on a regular basis. There have been monkeypox cases through the sexual health clinic, where patients are advised to attend, although it is not necessarily a sexually transmitted infection. Guidance from NHSE was initially that colleagues should be vaccinated, however, the vaccine has not been made available to vaccinate colleagues at this point in time, although a small number have been vaccinated using the stocks held. Further vaccines are expected into the UK at the end of September, and the work ongoing in pilot centres using a diluted vaccine via an intradermal injection, will probably be rolled out, increasing the number of doses per vial from one to five. This will allow more of the vaccine to be available not just to the population but also our colleagues.

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

SAFE

154/22 PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK

Kim Smith presented the report as circulated at appendix F on the Patient Safety Incident Response Framework (PSIRF) and how it will be implemented across the organisation.

There is a clear 12-month timeframe for the implementation of this framework, and the Committee were assured that the serious incident investigation process and the orange and red panels will continue, with the two-system process running alongside each other for a

period of time. The key theme to PSIRF is learning from incidents, themes and trends across the health economy, rather than looking at individual incidents.

The PSIRF standards, implementation timeline and next steps were provided, and it was noted that this is a significant piece of work and a significant change for organisations, however, there are some early adopters locally within our networks and 'go-sees' will be undertaken to see how they have adopted this. This is the start of a continuously improving process, with a significant amount of guidance to assist with implementation.

NB asked whether this would require any change or additional training for investigators. **KS** stated that there will be some additional training, however, the basic principles around investigations will be similar.

KH proposed frequent updates to the Committee to see progress and to understand how to overcome any barriers. **KS** stated that updates will form part of the Quality Report on a bi-monthly basis and include some successes as well as any challenges.

In relation to the transition over the next 12 months of this new way of working, **JE** asked what will be done less in the future compared to now, and what more will be done. **KS** stated that there will be fewer individual investigations for individual patient incidents, and more themes and trends, which will hopefully reduce the impact on operational colleagues spending lots of time on similar responses.

VP queried when implementation starts; what will look different for the Trust when the implementation of PSIRF reaches month 9 or 12; and what the implications for other policies and processes across the organisation will be. It was suggested that these are provided through future presentations to the Committee.

KS stated that we are technically in month one of implementation, and noted some challenges, which are still not clear, on information which is shared with coroners and how this might be done, as when incidents take place, coroners request individual action plans for individual patients, however, this is not what it will look like in the future. As part of the education, work with coroner colleagues will be that the information received will be the learning and what has been done to reduce the likelihood of the same event occurring in the future. There will also be implications for other Policies, challenges with different incident management frameworks, etc, however, the first 12 months will be information gathering, and month 13 will be the start of implementation.

DS asked about the capacity within the Quality and Safety team to implement this work in the next 12 months, and whether any support is required. **KS** stated that Sharon Cundy (Head of Quality and Safety) is now in post, as well as Richard Dalton (Head of Risk and Compliance). Increased support may be required; however, this will not be known until the roles and responsibilities are defined.

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

155/22 MATERNITY OVERSIGHT REPORT

Diane Tinker presented the report as circulated at appendix G, providing key points including the positive assessment against the seven Immediate Essential Actions (IEAs), with receipt of the full report, which was appended to the paper.

The Chief Nurse and Associate Nurse Director attended the Kirklees Adults Health and Social Care Scrutiny Board on 6 September 2022 to provide an update on the Ockenden and the current Huddersfield Birth Centre, which is currently suspended due to staffing challenges. The outcome of the meeting provided assurance from Ockenden, and different ways of working with Mid Yorkshire Hospital Trusts in providing a low risk birth centre within Kirklees.

The maternity transformation plan includes Ockenden 1 and 2, the maternity incentive scheme, the staff survey and benchmarking. A regular update is provided within the division and directorate; however, a new process of a monthly confirm and challenge meeting has been put in place, led by the Chief Nurse, and external scrutiny carried out by **KS**. Going forward, the transformation plan will indicate improvements over the month, with clear assurance on the number of improved actions.

KH asked about the timescale in relation to the new ways of working regarding maternity staffing. **DT** stated that the new ways of working were approved on 2 September 2022, with the expectation that advertisements are out within the next couple of weeks.

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

CARING

156/22 END OF LIFE CARE ANNUAL REPORT

Gillian Sykes was in attendance to present the report at appendix H, which was agreed at the End of Life Care (EoLC) steering group and at this Committee for information.

GS briefly summarised the report, stating that over the last couple of years with COVID, it has been a challenge for the Trust as a whole, however, for EoLC, there have been some positive achievements, including EoLC education as essential training; a 7-day specialist palliative care service running both in the community and hospital, and the bereavement support service which won the overall Patient Experience Network National Awards (PENNA) award; was shortlisted for the Nursing Times Award, and won the CHuFT Award for team of the year.

For EoLC, there were 1,725 deaths in the acute hospital, and the strategic aims are identifying people in the last 12 months of life, and provide high-quality communication with them; providing coordinated, timely and equitable access to good care; and providing exemplary care in the last hours and days of life. These are all in the context of national priorities and national standards. There are also EoLC quality priorities, which work under the EoLC strategy.

There are some challenges within EoLC, such as embedding change in practice, and the scale of EoLC across the Trust continues to grow. There is a need to increase engagement across all divisions, with a current core group of people who are absolute EoLC champions, as well as a very positive EoLC steering group.

KH commented on the progress and positive work done and stated that this is a very important service which is offered and very much part of our one culture of care, and would like to see additional funding for posts, beyond the 12 months, as it is very important that people get the right level of service and care at the end of their life.

NS commented on the huge amount of progress made since the steering group was set up, and also noted the challenges for the EoLC group around engagement and attendance. **GS** stated that there is now support from divisions but would welcome more engagement.

VP commented on the progress of work and reiterated the importance of getting this right. The new Deputy Director of Nursing will also aide engagement for nursing leaders across the organisation.

NB was in support of this work and in terms of the engagement, stated that there needs to be a cultural shift, as this is everyone's responsibility.

KS mentioned work ongoing around the quality and patient experience strategies which will aid the EoLC team with engagement and become business as usual.

OUTCOME: **GS** was thanked for the update and the Committee noted the report and encouraged the continued fantastic work.

WELL LED**157/22 BOARD ASSURANCE FRAMEWORK RISK 6/19: COMPLIANCE WITH QUALITY AND SAFETY STANDARDS**

David Birkenhead presented the report as circulated at appendix I, highlighting that the risk has now been reduced to a score of 12, as a result of an improvement in the key controls, and assurances that are received in a number of groups, including this Committee, around the work ongoing to ensure patients receive high, quality, safe care.

OUTCOME: **DB** was thanked for the update and the Committee supported the reduction in the risk score.

EFFECTIVE**158/22 CLINICAL OUTCOMES GROUP MINUTES AND TERMS OF REFERENCE**

David Birkenhead provided an update from the clinical outcomes group via the circulated minutes at appendix J. It was noted that a sub-group report will be provided on a quarterly basis.

The Group is well-attended and looks at a wide range of issues, and now produces a dashboard which summarises the key metrics from each sub-group. There are occasional challenges with data quality from electronic systems into these reports, which will be mentioned later in the meeting. The areas of work of the Group includes the Summary Hospital-level Mortality Indicator (SHMI), which has now stabilised, albeit at a higher rate than previous, and the Hospital Standardised Mortality Ratio (HSMR) which has continued to rise, in part due to the coding and the work of specialist palliative care, which has an adverse impact on the HSMR. It was noted that HSMR has been increasing across a number of organisations and may be at some point that the metrics are rebased. CHFT is not formally an outlier, however, is in the top quartile, but this is not a quality of care issue.

DS made reference to support for the Care of the Acutely Ill Patient (CAIP) Programme and asked if this has been resolved. **DB** stated that this is underway, with new appointments into the Quality and Safety Team, and also Catherine Briggs (Senior Corporate Nurse) now supporting the Deteriorating Patient workstream. **KS** stated that the whole programme is being reviewed in terms of support, governance, the resources and outputs. Discussions are due to be held with the Executive Team, however, reassurance was provided that there will be increased support to the CAIP Programme.

DS also noted the deteriorating position with stroke; however, an update is due at this Committee in October.

A copy of the draft terms of reference were also available for ratification.

OUTCOME: **DB** was thanked for the update, and the Committee noted the minutes and ratified the terms of reference.

ITEMS TO RECEIVE AND NOTE**159/22 MEDICINES MANAGEMENT COMMITTEE MINUTES**

Elisabeth Street commented on the intradermal administration for the monkeypox vaccination mentioned earlier at item 153/22. There is a list of competency requirements, which will require a revision to the standard operating procedure. This will be submitted to the next Medicines Management Committee (MMC) meeting for sign-off before use.

The self-prescribing policy has also been updated for colleagues following an incident of inappropriate prescribing. The risk is in relation to general practitioners (GPs) not consistently recording hospital-only drugs. The risk is then if they prescribe drugs themselves, they are not always cited on the fact that a patient is on for example, methotrexate, which has interactions with commonly used antibiotics. This is a concern. Assumptions are made that if a drug is started and continues to be prescribed by hospital, then it would be recorded on the GP system, however, during spot-checks, it was found that this was not the case. There will be some next steps to be devised, which will be taken to the next MMC.

160/22 ANY OTHER BUSINESS

There was no other business.

161/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

In terms of the Chair's highlight report to the Board of Directors, the Quality Committee will note receipt of:

- Additional assurance on the action plan in relation to the Internal Audit on complaints
- Introduction to the Patient Safety Incident Response Framework and information provided on how this will be implemented
- The maternity update and the new processes for the maternity transformation plan and a positive outcome from the Regional Maternity Team Assurance visit on 28 June 2022

162/22 COMMITTEE ROLE – ONE CULTURE OF CARE

This is in relation to the Committee's role in ensuring contribution to the embedding of one culture of care in the agenda and discussions.

There has been a theme of one culture of care throughout today's meeting through the understanding of the impact on colleagues with either what is done as a Committee or what is being asked, e.g. Ockenden, dementia screening, and ensuring the impact that is made on colleagues is understood before decisions are made to progress. It's about being mindful that topics discussed do have an impact on colleagues who are already stretched.

JE stated that it would be useful for Committee members to have the agenda guide which was developed for one culture of care. **JE** also stated whether one culture of care is referenced in what is read, what is heard and what is asked to be considered as a Committee. It was asked if we are supporting one culture of care in what we do within the Committee and are we celebrating where one culture of care is evident, and if not, is this being challenged. It was also asked if one culture of care is being demonstrated between each other, for example, in the way we engage with each other, within the conversations where support is offered, and what goes out of the Committee with actions required. All of those have appeared in the dialogue and is important to maintain the check of that.

NS also mentioned the role modelling of behaviours and seeing them evidenced and present in the meeting and challenging when they are not happening.

163/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix L for information. The workplan is reviewed on a monthly basis to review and add. Any views on anything which may be missing are welcomed.

POST MEETING REVIEW

164/22 REVIEW OF MEETING

There was no feedback on the day's meeting, and thanks were conveyed to the Committee for contributions.

NEXT MEETING

Monday, 17 October 2022
3:00 – 5:00 pm
Microsoft Teams

QUALITY COMMITTEE ACTION LOG

Following meeting on Monday, 12 September 2022

Overdue
New / Ongoing
Closed
Going Forward

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	RAG RATING
NEW / ONGOING ACTIONS				
17.08.22 (135/22)	Annual Complaints Report	All	The Chair stated that the report was unable to be tabled, therefore will be circulated after the meeting for comments before submission to BoD. Action 17 August 2022: Committee members asked to comment on report by Tuesday, 23 August 2022. Update: The report has been removed from the September Board agenda with changes and comments reflected in a final version to be submitted to the November Board of Directors.	See agenda item 168/22
16.05.22 (80/22)	Split Paediatric Service	J Mellor / S Riley-Fuller / S Cartwright	Action 16 May 2022: That the original escalation process is revisited. Update: Options to return to Quality Committee in September and October have been provided and awaiting response from division.	See agenda item 168/22
20.06.22 (84/22)	Annual Patient Experience Report	Nicola Greaves	OUTCOME: To be deferred Update: The report is awaiting approval at the Patient Experience and Caring Group before ratification at Quality Committee	See agenda item 177/22
UPCOMING ACTIONS				
12.09.22 (152/22)	Health & Safety Report	Richard Hill	Action 12.09.22: To be deferred to the next meeting. Update: Will be presented at the November meeting	Due Monday, 14 November 2022
17.08.22 (133/22)	Integrated Performance Report	Jo Fawcus	KH commented on the deep dives and action plans mentioned for the areas around complaints, dementia screening, stroke and neck of femur, and asked if there was a plan for the progress of those to be brought to this meeting. JF stated that the stroke deep dive will be going to the Finance and Performance Committee in September 2022 and can be subsequently brought to the Quality Committee. There has also been a deep dive on the neck of femur position, and the action plan can also be brought to this Committee. Action 17 August 2022: That the stroke deep dive is shared at the Quality Committee in October. Update October: Deferred	Due Monday, 14 November 2022
CLOSED ACTIONS				
20.06.22 (96/22)	Maternity Transformation Plan	Gill Harries / Diane Tinker	Action 20 June 2022: KS, GT, DT, LR to meet to discuss the EqIA, project management/ownership, governance and frequency of when the plan will return to Quality Committee. Update: a monthly confirm and challenge will be undertaken with the directorate team (Director of Midwifery, General Manager and Clinical Director) and the Assistant Director of Quality and Safety, and an updated position will be shared monthly within the directorate, division and Trust.	CLOSED 12 Sept 2022
17.08.22 (133/22)	Integrated Performance Report	Lauren Green	Dementia- LR stated that an option appraisal has been requested. Action 17.08.22: That the option appraisal is shared at the next QC. Update 12 Sept 2022: See item 151/22.	CLOSED 12 Sept 2022
17.08.22 (136/22)	Complaints internal audit follow-up report	Kim Smith	The Chair noted that the majority of recommendation deadlines and target dates for completion are October 2022 and asked if they will be achieved. KS stated that the actions will be achieved, and that some actions have already been addressed, as well as the increased level of oversight and scrutiny. Action 17.08.22: KS to bring updated action plan to next meeting. Update 12 Sept 2022: See item 151/22.	CLOSED 12 Sept 2022
17.08.22 (147/22)	Committee Role – One Culture of Care	All	The Chair stated that all sub-committees of the Board have been asked to consider how Committees ensure that one culture of care is being embedded, and how through our agenda and discussions this can be evidenced. Action 17.08.22: To be discussed further at the next meeting. Update 12 Sept 2022: See item 162/22	CLOSED 12 Sept 2022

QUALITY COMMITTEE

Monday, 24 October 2022

STANDING ITEMS

165/22 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Mr Neeraj Bhasin (NB)	Deputy Medical Director
Dr David Birkenhead (DB)	Medical Director
Gina Choy (GC)	Public Elected Governor
Andrea Dauris (AD)	Deputy Chief Nurse
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Karen Heaton (KH)	Non-Executive Director
Lindsay Rudge (LR)	Chief Nurse
Elisabeth Street (ES)	Clinical Director of Pharmacy
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Christopher Button (CB)	Lead Cancer Nurse (item 170/22)
Lucy Dryden (LD)	Quality Manager for Calderdale Integrated Care Board
Elena Gelsthorpe-Hill (EG-H)	General Manager – Children & Young People (item 168/22)
Nicola Greaves (NG)	Quality Improvement Manager - Patient Experience (item 170/22)
Julie Mellor (JM)	Lead Nurse – Children and Young People (item 168/22)
Dr Nicholas Scriven (NSc)	Consultant in Acute & Gen Med / Medical Examiner (item 176/22)
Diane Tinker (DT)	Director of Midwifery (item 175/22)

Apologies

Sharon Cundy (SC)	Head of Quality and Safety
Richard Dalton (RD)	Head of Risk and Compliance
Jonathan Hammond (JH)	Chief Operational Officer
Jo Kitchen (JK)	Staff Elected Governor
Victoria Pickles (VP)	Director of Corporate Affairs
Christopher Roberts (CR)	Deputy Director of Operations – Medical Division
Nicola Seanor (NS)	Associate Non-Executive Director
Kim Smith (KS)	Assistant Director for Quality and Safety

The Chair stated that the date of the meeting scheduled for 17 October 2022 was changed to 24 October 2022 at short notice due to a clash with another Executive meeting and thanked those in attendance for changing diary commitments to attend this meeting.

166/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

167/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 12 September 2022 were approved as a correct record. The action log can be found at the end of these minutes.

168/22 MATTERS ARISING

Split Paediatric Service Update

Elena Gelsthorpe-Hill and Julie Mellor were in attendance to present the above update, which was tabled at the meeting. The presentation will be circulated after the meeting (see end of minutes).

EGH provided some background to the previous paper presented to the Quality Committee in May 2022 on the paediatric split-site service, and the actions/next steps in relation to the paediatric escalation process and model to support Huddersfield.

As a result of reconfiguration in 2017, there is currently no resident paediatrician on the Huddersfield site, with a tolerated risk added to the risk register in June 2019, at a score of 12. In terms of current mitigation, there is an escalation process in place for sick and deteriorating children at Huddersfield ([Escalation Process – Care of sick or deteriorating child on ward 4](#)); an advanced paediatric nurse practitioner (APNP) based at Huddersfield 24/7 ([SOP for APNP role in ED at HRI](#)), and an APLS trained nurse on ward 4.

The paediatrician model across CHFT was shown, highlighting that a consultant is available remotely 24/7 and will attend Huddersfield for serious emergencies. However, unless there is a twilight consultant in place, which is two to four evenings per week from 2:00 – 10:00 pm, based on the current job planning, this leaves Calderdale without cover if they have to go to Huddersfield for those emergencies.

The current standards which the service is benchmarking themselves against were shown, with three based in the Children's Directorate and one within the Medical division. The service are currently focused on reviewing their standards against the acute paediatric care standards and taking those through the Directorate divisional processes.

The next steps are to revisit the paediatric escalation process as the risk cannot be mitigated with the current staffing model, and two to three additional consultants would be required to have resident cover at Huddersfield; finalise the current benchmarking against acute paediatric care standards, and to continue with the CQC transformation plan.

JM stated that Alison Smith, the regional lead for NHS England for children and young people, has joined the service to provide support over the last few weeks, and will have some formal feedback of her findings. **LR** stated that further work will be done at a system and regional level in developing a peer review framework, using our Journey to Outstanding (J2O) framework, as well as working with CQC, NHS England. A link to a tertiary centre is also proposed to further develop the model.

The Chair asked for confirmation that work around the escalation process is underway. **EGH** stated that the process is ongoing, however, as part of the wider work around the CQC transformation, the service want to review the Royal College of Paediatrics and Child Health (RCPCH) standards and incorporate those into the model and benchmark themselves again. **LR** stated that a meeting is held with the team on a weekly basis around the key children and young people standards which are expected to be monitored against, and also stated that this could be returned to the Quality Committee for a further focus.

Action: A focus on the children and young people standards to return to Quality Committee.

LR commented on the risk relating to the APNP model at Huddersfield, which is at a score of 16 on the risk register, stating that Simon Riley-Fuller (ADN in FSS) has been asked to review this. It was also noted that the Emergency Department (ED) are also looking at the impact of any incidents or near misses that have occurred as a result of the described risk, the results of which can be returned to a future Quality Committee for oversight and assurance to ensure that the risk is not tolerated.

Action: For any results of the review of the risk and impact of incidents and near misses to be returned to the Quality Committee

In terms of safe risk assessment, **JM** stated ongoing day-to-day work and moving of colleagues to work flexibly across-site to try to mitigate the fact that there is no on-site consultant cover at Huddersfield. There is a general consensus across paediatrics, orthopaedics and surgical specialties that the absolute focus is for a single-site paediatric service. The directorate, along with ED colleagues are questioning whether or not certain aspects of the original business case could be brought forward, rather than waiting until 2025

when the new ED is built. **DB** stated that in terms of reconfiguration and providing a solution, this is an ongoing challenge, as it would probably be beyond 2025 before there is a fully reconfigured service.

NB stated that in terms of escalation outside of ED, ward 4 patients at HRI are generally under an alternative specialty (general surgery, orthopaedics, etc.), and therefore in terms of risk assessment, it is expected that any deterioration or complications in those patients are more likely, in the first instance, to be secondary to either the orthopaedic or general surgery pathology that they have presented with, rather than something truly paediatric. **NB** asked whether it could be considered as part of the mitigation, that the general surgery orthopaedic team who are on site could respond to that in the first instance, because it would be around the surgical condition rather than requiring a paediatrician on-site specifically. **JM** stated that the standard operating procedure for [Escalation Process – Care of sick or deteriorating child on ward 4](#) and [Paediatric Surge and Escalation Plan \(OPEL\)](#) were developed and shared with surgical and orthopaedic colleagues and relates to the deteriorating surgical orthopaedic patient as opposed to general paediatric medical patients. **DB** accepted that surgical patients on ward 4 should be a surgeons first port of call, however, this does not resolve the issues through ED, and stated that a paediatrician on-site would be helpful, however, this is currently a challenge and will need to be mitigated. The Chair also mentioned the key risk in regard to staffing and asked if there was any business planning taking place or a business case, and whether this would be a long-term risk.

Action: **DB** agreed to liaise with Venkat Thiyagesh for further detail on the above and feedback to the Quality Committee.

OUTCOME: **EGH** and **JM** were thanked for their updates.

Annual Complaints Report

Lindsay Rudge presented the report as circulated at appendix C, highlighting the key points to note, which included an increase in both Patient Advice and Liaison Service (PALS) concerns and formal complaints; the most prevalent theme across both concerns and complaints being communication; Complaint performance overall decreased in comparison to the previous year, and actions have been implemented to ensure an improvement in both quality of responses and performance.

The Chair noted communication being the most prevalent theme for complaints and asked how colleagues across the Trust were being made aware that communication and patients not feeling that they were being listened to was a theme. **LR** stated that this has been a real problem and is one of the impacts that COVID has had where people and families have not been able to come into the hospital, and some of the skills around effective and compassionate communication with families and carers is something that is being focused on and will be one of the improvement priorities for next year.

The Chair referenced the data about complaints from various groups and agreed for the need to review the data in more detail as the percentage of complaints from patients and carers from a black, Asian and minority ethnic (BAME) background seems to be very low. The Chair was pleased to note the increase in the number of face-to-face meetings as an approach to resolve complaints.

JE queried how the 2021-2022 report compared with previous years' reports, particularly those years prior to COVID. **JE** also asked whether there was a different range of themes being identified, and/or whether the shift within the range of themes were less staff attitude and more about communication, or vice versa. **LR** stated that there had been a shift, particularly around patient care, which was not previously in the top three prior to COVID. The report will also be submitted to the Board of Directors, and **LR** agreed to include an addendum to the report which includes the information.

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

RESPONSIVE

169/22 QUALITY REPORT

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

The key messages around the quality and focussed priorities were provided, and it was noted that there has been progress with some, however, there was a difficult position in the three quality account priorities, namely, with reducing waiting times for individuals attending the ED. There had been increased activity in the ED, therefore achieving the priority is a significant risk; recognition and timely treatment of sepsis is improving; however, the reducing the number of hospital-acquired infections priority is challenging in terms of the changing of guidance and the testing regimes.

The Chair commented on the work done by the sole sepsis nurse and asked if there was any resource or support for when she was not available. **LR** stated that the sepsis nurse supports teams around their improvement activity, and her role is to build capability, capacity and sustainable processes in other colleagues to meet the target. **DB** stated that the work is led by the sepsis nurse, however, there is an approach that is developing and improving, with colleagues involved in managing sepsis throughout the organisation. **LR** also stated that the Quality directorate has earmarked for a Project Lead post which will oversee all projects around quality priorities and support clinical experts who support work streams. A job description has been drafted, and hopefully, a new Project Lead will be available from quarter four.

LR also noted that the end of life care section of the report will be updated prior to the report being submitted to the Board of Directors.

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

170/22 END OF LIFE CARE CQC REPORT

Christopher Button and Nicola Greaves were in attendance to provide an update on the CQC engagement visit which took place on 5 October 2022.

During the delivery of the presentation to the CQC, **CB** stated that the end of life care team provided assurance by identifying and addressing areas of weakness which were highlighted to the CQC as concerns.

The end of life care service is around providing care for patients within the last 12 months of their life, including those where death is expected to be imminent. The end of life care service and strategy fit with the national ambitions framework, with priorities which include identification of people in the last 12 months of life and high quality communication with them; coordinated, timely and equitable access to good care, and exemplary care in the last hours and days of life. The end of life care quality priority also helps address some of the issues, and the key focus within the priority are to increase the number of advanced care plans for all appropriate patients across the CHFT and community footprint; to further develop a service that will improve a person's experience pre- and post-bereavement, delivered by the ward teams, and to measure the impact of the seven-day working of our specialist palliative care service across the key performance indicators in the end of life care dashboard.

The National Audit of Care at the End of Life (NACEL) was published last year, with a monthly task and finish group taking place, working on key findings from the report and a number of key actions.

Patient experience intelligence across the Trust was presented which is now embedded within the quality priority, the patient experience group, the NACEL and the end of life care steering group. The challenges and successes of the service were also identified.

NSc asked whether the end of life care service receive information or feed into what medical examiners do, as medical examiners also talk to all bereaved next of kin for hospital deaths, and from next year, all deaths, usually within the first 24 hours after death, and also receive feedback from next of kin. **CB** stated that part of the work being done around the bereavement service is linking in with both the general office and medical examiners, as it is important that all three areas communicate for consistent discussions. **LR** also stated that it is important how the learning is triangulated.

The Chair asked about trustwide engagement and senior support at divisional and corporate level for the end of life care group, and whether there was any progress. **CB** stated that at times, there are still some issues with engagement, generally across the medical division due to 70% or more of deaths happening within the medical division, and engagement in the last six months has been lacking, however, the engagement within the monthly NACEL audit action group has been tremendous from the medical division, and likewise, for the CQC presentation. It felt that the team came together very cohesively, and that this will hopefully continue with future work on key actions. **LR** also stated that the Deputy Chief Nurse commences in post from 21 November 2022, and end of life care will be part of her portfolio which will help with senior leadership support.

OUTCOME: **CB** and **NG** were thanked for the update.

171/22 INTEGRATED PERFORMANCE REPORT

Lindsay Rudge and Dr David Birkenhead presented the integrated performance report as circulated at appendix E.

August's performance score was at 59% with the Finance domain now red. The safe domain improved to amber as there were no never events. The caring domain was amber with only one of the five Friends and Family Test areas green. There were further small improvements in both complaints and dementia screening. The effective domain remained amber, unfortunately fractured neck of femur deteriorated following good performance in July. Both Hospital Standardised Mortality Ratio and Summary Hospital-level Mortality Indicator continued to deteriorate with scores around 107. The responsive domain remained amber with cancer 28-day faster diagnosis performance just below target. Three of the four stroke indicators missed target whilst the underperformance in the main planned access indicators and ED remained a challenge moving forward. Workforce remained amber with non-Covid long-term absence increasing slightly in month. Return to Work Interviews fell to their worst position since December. Finance is now red with a deterioration in Use of Resources and I&E: surplus/deficit. Action plans and deep dives are in place to tackle those areas that have been underperforming for some time e.g. Complaints, Dementia Screening, Stroke, fractured neck of femur.

LR stated that further work is being done around correlation, as there is a deteriorating position around length of stay and transfers of care which impact the quality and safety performance indicators. Work is ongoing to capture on knowledge portal the impact of harm related to the length of stay, to see the correlation between increased length of stay and the impact that that may have on other metrics such as pressure ulcers, falls and medication incidents. **LR** also stated that it would be helpful to bring a presentation on the data to see the broader impact of all the increased activity and that expanded bed base to see what that means in terms of harm and incidence.

Action: Presentation to be requested for Quality Committee

The Chair mentioned the Commissioning for Quality and Innovation (CQUIN) and asked about the approach used to set the targets for this financial year. **LR** stated that the CQUINs came

with their own set of prescribed targets, and a number of them were selected which was done in partnership with Integrated Care Board (ICB) colleagues.

The Chair also noted the positives from the report on the strong patient story and outlined the work done in ophthalmology for paediatric learning disabilities and the impact from the patient / carer, colleague and Community engagement involvement.

OUTCOME: **DB** and **LR** were thanked for the update and the Quality Committee noted the report.

EFFECTIVE

172/22 QUARTER 2 LEARNING FROM DEATHS REPORT

David Birkenhead presented the above report as circulated at appendix F, highlighting the key point that in terms of the initial screening reviews, there seems to be more reported in the poor care category than in the past, which will require a deep dive to understand why this is, as it is a significant increase in that category, however, when the initial reviews have been submitted for structured judgment reviews, the difference disappears. In terms of overall performance, a significant number of deaths were reviewed from a quality of care perspective, with the learning summarised in the report. Whilst there is data on the themes, further work needs to be done on feeding the data back to individual clinicians. Referrals are also being made to the structured judgment review process from medical examiners, which shows that the process is working well and identifying areas of concern which can then be followed up.

The Chair asked for some assurance on how learning is being disseminated. **DB** stated that the leads for the reviews in each discipline take learning back into the patient safety and quality boards as themes, and possibly missing a more detailed feedback to individual clinicians on an individual case basis from the initial structured reviews and structured judgement reviews.

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

173/22 CLINICAL OUTCOMES GROUP MINUTES AND DASHBOARD

David Birkenhead provided an update from the clinical outcomes group via the circulated minutes and dashboard at appendix G.

The group approved a number of its sub-group terms of reference, and work continues around the Care of the Acutely Ill Patient programme, which will hopefully start to have an impact on Summary Hospital-level Mortality Indicator and Hospital Standardised Mortality Ratio moving forwards.

The Chair noted the mention of excess sepsis deaths and the work being done to look into whether any trends have been identified and asked if they were significant increases. **DB** stated that the alerts are statistically likely to have not happened by chance and is therefore worthy of investigation to ensure there is not a quality of care issue which may need addressing.

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

SAFE

174/22 INFECTION PREVENTION AND CONTROL BOARD REPORT

Dr David Birkenhead presented the report as circulated at appendix H.

The main challenges still relate to COVID and the changes to guidance around testing for COVID, which the Trust implemented, resulting in universal screening of patients on admission to hospital. This testing was withdrawn, and the result of that, in retrospect, is now

outbreaks of COVID within the hospital. CHFT is not unique, as this is taking place across the UK, with a large number of hospital onset COVID infections over the last month, and a number of outbreaks associated with that. CHFT have revised testing guidance accordingly and put control measures in place, and the numbers are starting to reduce.

Clostridium difficile remains a concern, however, CHFT is not unique in seeing increased numbers, and work is being done with antimicrobial prescribing, and the HPV deep clean of wards.

Since the report was written, there was one Methicillin-resistant staphylococcus aureus Bacteraemia case, which was a joint-care patient with Leeds and associated with a line infection.

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

175/22 MATERNITY OVERSIGHT REPORT

Diane Tinker presented the report as circulated at appendix I.

DT commented on the [East Kent](#) report which was published last week. There were no immediate actions from the report, however, a national maternity review is being looked into being published, which will pull together all recommendations and actions from all reports to produce a plan that can be delivered against.

In terms of the East Kent report, **LR** stated that going forward, the themes and trends could be included in the report, as well as any Friends and Family Test comments, and freedom to speak up activity.

KH commended **DT** and the team on progress made on the detailed and intense implementation plan.

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

176/22 MEDICAL GASES AND NON-INVASIVE VENTILATION (NIV) GROUP REPORT

Dr Nicholas Scriven was in attendance to present the above report as circulated at appendix J.

Key points to note were lack of engagement in attendance at the meeting and getting divisional colleagues to provide progress on training; the NIV lead stepping down from the role due to lack of time in job plan; and multiple changes in staffing in the medical and non-nursing roles, making it a challenge trying to identify who relevant colleagues are to target for attendance.

Previous ongoing actions in the Group include nitrous oxide and Entonox and desflurane; Oxygen training; Policies being updated; Oxygen audit; incidents being monitored, with the main ones being around patient transfer and a work on the new Transfer Policy; a new NIV Specialist Lead being appointed, and Chief pharmacists requested updates on outstanding actions in relation to security of VIEs and medical gases.

ES commented on the training in terms of designated nursing offices and designated medical officers, with around 50 trained a few years ago, to ensure that colleagues were available 24/7 who had knowledge of medical gases and the pipeline risks, however, the three year refresh timeline has now passed, and compliance has now decreased, which also relates to divisional representation and attendance at the meeting to feed this back into divisions.

LR asked if there were any solutions to the issues raised or whether any support was required from the Committee. **NSc** stated that in terms of attendance at the meeting, divisional representation has been sought, however, this is challenged due to turnover, and not being certain on who the correct representative is, therefore any help would be appreciated on

identifying the correct people to target to attend the meeting. **LR** asked whether a representative could represent all divisions, or whether a divisional lead is required. **NSc** stated that there is good representation from the medical division and critical care, however, there is a challenge with representation from the families and specialist services (FSS) division, surgery and anaesthetics division and paediatrics. It was stated that separate attendance from surgery and maternity were required, due to the use of Entonox in one division and other gases in the other division. **LR** agreed to meet with **NSc** outside of the meeting to logically go through the issues raised.

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

ITEMS TO RECEIVE AND NOTE

177/22 **CANCER DELIVERY GROUP MINUTES**

A copy of the Cancer Delivery Group minutes were available at appendix K for information. There were no questions from the Committee in relation to the minutes.

178/22 **ANY OTHER BUSINESS**

There was no other business.

179/22 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

In terms of the Chair's highlight report to the Board of Directors, the Quality Committee will note receipt of:

- Annual Complaints Report
- Update on the split paediatric service
- Update on maternity services

180/22 **QUALITY COMMITTEE ANNUAL WORK PLAN**

The workplan was available at appendix L for information.

POST MEETING REVIEW

181/22 **REVIEW OF MEETING**

There was feedback on the good chairing of the meeting and a lot of challenge placed by members, as well as good practice included in reports.

NEXT MEETING

Monday, 14 November 2022
3:00 – 5:00 pm
Microsoft Teams

QUALITY COMMITTEE ACTION LOG

Following meeting on Monday, 24 October 2022

Overdue
New / Ongoing
Closed
Going Forward

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	RAG RATING
NEW / ONGOING ACTIONS				
17.08.22 (133/22)	IPR – Stroke Deep Dive	Christopher Roberts / Helen Rees	<p>KH commented on the deep dives and action plans mentioned for the areas around complaints, dementia screening, stroke and neck of femur, and asked if there was a plan for the progress of those to be brought to this meeting. JF stated that the stroke deep dive will be going to the Finance and Performance Committee in September 2022 and can be subsequently brought to the Quality Committee. There has also been a deep dive on the neck of femur position, and the action plan can also be brought to this Committee.</p> <p>Action 17 August 2022: That the stroke deep dive is shared at the Quality Committee in October.</p> <p>Update October: Deferred to the November meeting.</p>	See November 2022 agenda item 185/22
12.09.22 (152/22)	Health & Safety Report	Richard Hill	<p>Action 12.09.22: To be deferred to the next meeting.</p> <p>Update: Will be presented at the November meeting</p>	See November 2022 agenda item 185/22
UPCOMING ACTIONS				
16.05.22 (80/22)	Split Paediatric Service	J Mellor / S Riley-Fuller / S Cartwright	<p>Action 16 May 2022: That the original escalation process is revisited.</p> <p>Update: Options to return to Quality Committee in September and October have been provided and awaiting response from division.</p> <p>Update Oct 2022: See item 168/22</p> <p>Action 24.10.22: A focus on the children and young people standards to return to Quality Committee.</p> <p>Action 24.10.22: DB agreed to liaise with Venkat Thiyagesh for further detail on the above and feedback to the Quality Committee.</p> <p>LR commented on the risk relating to the APNP model at Huddersfield, which is at a score of 16 on the risk register, stating that Simon Riley-Fuller (ADN in FSS) has been asked to review this. It was also noted that the Emergency Department (ED) are also looking at the impact of any incidents or near misses that have occurred as a result of the described risk, the results of which can be returned to a future Quality Committee for oversight and assurance to ensure that the risk is not tolerated.</p> <p>Action 24.10.22: For any results of the review of the risk and impact of incidents and near misses to be returned to the Quality Committee</p>	<p>Date TBC</p> <p>DUE 21 December 2022</p> <p>DUE 21 December 2022</p>
20.06.22 (84/22)	Annual Patient Experience Report	Nicola Greaves	<p>OUTCOME: To be deferred</p> <p>Update: The report is awaiting approval at the Patient Experience and Caring Group before ratification at Quality Committee</p> <p>Update Oct 2022: Deferred to a future meeting – date to be confirmed</p>	Due 21 December 2022
24.10.22 (171/22)	Integrated Performance Report	Lindsay Rudge	<p>LR also stated that it would be helpful to bring a presentation on the data to see the broader impact of all the increased activity and that expanded bed base to see what that means in terms of harm and incidence.</p> <p>Action: Presentation to be requested for Quality Committee</p>	Due 21 December 2022
CLOSED ACTIONS				
17.08.22 (135/22)	Annual Complaints Report	All	<p>The Chair stated that the report was unable to be tabled, therefore will be circulated after the meeting for comments before submission to BoD.</p> <p>Action 17 August 2022: Committee members asked to comment on report by Tuesday, 23 August 2022.</p> <p>Update: The report has been removed from the September Board agenda with changes and comments reflected in a final version to be submitted to the November Board of Directors.</p> <p>Update Oct 2022: See item 168/22</p>	<p>CLOSED</p> <p>24 October 2022</p>

Split site paediatric services

Background

- Julie Mellor (Lead Nurse for Children and Young People), David Britton (ADN, ED) and Stacey Cartwright (Matron, ED) presented a paper outlining the paediatric split site service and ongoing reconfiguration relating to this in May 2022
- Actions/next steps were:
 - 1) Formalise the governance arrangements of the 2 services within Medicine and FSS– agreed this is the Medicine Division
 - 2) Work to enhance the service for CYP in ED- Directorate teams)
 - 3) Work towards a single site paediatric service, in line with reconfiguration plans– Directorate/Divisional teams)
 - 4) **Revisit the paediatrician escalation process– Children’s/FSS**
 - 5) KS and David Britton to meet to put together ‘quality improvement methodology with paediatrics and the ED, which will have external support and produce outcome measures’– Kim Smith/David Britton

Action 4 – Revisit the paediatrician escalation process

- As a result of reconfiguration in 2017:
 - There is no resident paediatrician at the HRI site – summary of current service model provided in the next slide
 - Risk no. 6916 (score 12, added January 2017 – agreed as a tolerated risk in June 2019) – The paediatric trainee/consultant rota cannot provide resident cover for surgical and orthopaedic inpatient children and young people on the HRI site, leading to the risk of delayed diagnosis and optimal shared decision making about treatment and care. This may result in harm to children and young people. This risk has arisen as a result of early service reconfiguration of paediatric medical services moving to CRH.
- Mitigation
 - Consultant paediatrician model provided in the following slide
 - Escalation process (updated December 2021) in place for the care of a sick or deteriorating child on ward 4, HRI
 - 24/7 APNP on ward 4, with in reach to ED (however, there are 2 vacancies)
 - 24/7 APLS trained nurse on ward 4

Current model - Consultant Paediatrician cover

Monday - Friday	CRH	HRI - no onsite paediatric medical cover
09:00 – 13:00	<ul style="list-style-type: none"> • Consultant of the week covers ward 3 and emergencies • PAOU consultant answers GP referrals, community midwife queries, A&E referrals, safeguard referrals, and actions advice and guidance requests 	<ul style="list-style-type: none"> • PAOU consultant cover remotely via telephone-consultant attends HRI for serious emergencies e.g. transfers (for the ideal model)
13:00 – 17:00	<ul style="list-style-type: none"> • Consultant of the week covers ward 3 and emergencies • Safeguarding consultant completes safeguarding clinic (referrals vary) • Twilight consultant starts 10pm, 2-4 days per week) 	<ul style="list-style-type: none"> • Safeguarding consultant supports emergencies at HRI, however whilst also covering safeguarding at CRH • Twilight consultant (10pm, 2-4 days per week)– deals with telephone advice and attends HRI for serious emergencies
17:00 – 09:00	<ul style="list-style-type: none"> • On call consultant • Twilight consultant (10pm) supports paediatric flow 2 days per week 	<ul style="list-style-type: none"> • On call consultant • Twilight consultant (10pm) supports paediatric flow-2 days per week
Weekends/Bank Holidays	CRH	HRI
09:00 – 17:00	<ul style="list-style-type: none"> • Consultant covers ward 3 and emergencies 	<ul style="list-style-type: none"> • Consultant available for serious emergencies but at the cost of CRH ward/A&E being left uncovered
17:00 – 09:00	<ul style="list-style-type: none"> • On call consultant 	<ul style="list-style-type: none"> • On call consultant



Action 4 – Revisit the paediatrician escalation process cont.

- Directorate benchmarking against RCPCH Facing the Future standards ongoing:
 - Emergency care
 - 70 standards
 - Governance sits within Medicine
 - **Acute paediatric care**
 - **10 standards and 5 implementation factors**
 - *In the process of assessing the service against these*
 - Care outside the hospital
 - 11 standards and 4 implementation factors
 - Ongoing needs
 - 11 standards

Revisiting the paediatrician escalation process- next steps

- Risks cannot be mitigated with the current staffing model
 - Review of number of consultant paediatricians (we would require 2 additional consultants to have resident consultant cover at HRI)
- Finalisation of current benchmark against acute paediatric care standards
- Continue with CQC transformation plan – pathways will be captured through this

16. Feedback from Finance and Performance Committee

a) Performance Update for information

b) Finance Report for information

To Receive

CHAIR'S HIGHLIGHT REPORT to the Board of Directors

Committee Name:	Finance and Performance Committee
Committee Chair:	Andy Nelson, Non-Executive Director
Date(s) of meeting:	6 December 2022 and 10 January 2023
Date of Board meeting this report is to be presented:	12 January 2023

ACKNOWLEDGE

- Continued excellent performance in Cancer – deep dive at F&P re-inforced the good news story and encouraging to see cancer team challenging themselves to improve this further especially around speeding up diagnostics and initial appointments
- Despite growing ED attendance (+15% vs 2019) CHFT continues to be best performer in West Yorkshire – however, performance declined to 60% in December as pressures increased
- Recovery performance still largely on track with strong achievement on 78- and 104-week waiters and 52-week waiters compared with the external plan and with Diagnostics overall performance now almost 97%
- Improved complaints performance; currently have no complaints out of time

ASSURE

- The committee had a deep dive review of ED looking the drivers of reduced performance which include higher attendances and patient acuity, staffing challenges and space. The ED unit cost has increased by 27% driven by agency spend, Covid measures and higher staffing levels to improve flow and patient care
- Review of forecasted Recovery Performance done for the remainder of the year to ensure overall 104% target is met and progress is maintained on long waiters – initial analysis suggested 102.5% would be achieved but further actions being taken to meet 104% target – at 102.9% at end November and forecasting 103.3% for year end. Still aiming for 104%
- The committee were assured that action plans and deep dives are in place to tackle areas where elective recovery performance is not hitting target – evidence of improving performance in a number of areas
- We remain on track to mee CIP target of £20m in 2022/23 – Turnaround Executive model led by Deputy CEO to be reconvened to ensure progress is maintained
- Integrated Performance Report (IPR) and framework being refreshed to update for NHS performance and local performance metrics. Early draft version of revised IPR to be brought to F&P January meeting

AWARE

- Current trajectory is that theatre staffing will be fully established by mid-December – key to meeting elective recovery targets
- Stroke performance remains an issue and proposed stroke hub business case not approved – business case for investment in community services being progressed to alleviate bed pressures and thereby enable improved performance at front end of stroke pathway – F&P to follow up in March meeting
- Backlog volume of ASIs and Follow-Up appointments still a concern – will it lead to greater pressure on 52-week waits
- At the end of month 78 the trust is reporting a deficit position of £14.99m which is £1.78m adverse to plan (vs £0.88m at month 6). This is driven primarily by Covid/ED costs and agency spend and latterly paying enhanced rates for Bank work
- Although the trust continues to forecast a £17.35m for the year in line with the plan there is a risk that this will not be met. The finance team modelled some scenarios and the 'likely case' In November showed a further deficit against plan of £5.5m. However, some further system monies, depreciation funding and active management of accruals have now seen this reduce to a forecast deficit of £1.8m against plan. This assumes the current operational pressures continue but CIP is achieved and pay awards and elective recovery are fully funded. Winter is bringing further pressures and there is the potential impact of industrial action
- The committee were assured that all risks to the financial plan are getting the necessary executive attention including working with partners at place and ICB level.
- Cash position strong primarily due to capital underspend. Forecast is to spend full capital plan but risk this will not happen
- F&P received presentation on planning guidance for 23/24 financial plan and initial planning assumptions

ONE CULTURE OF CARE

One Culture of Care considered as part of the performance and finance reports. Senior member of WOD now attends F&P on a regular basis plus WOD representation in deep dives. This allowed the committee to check in on workforce performance (such as sickness levels) and well-being and whether any further actions can be taken given the significant operational pressures staff are facing.

17. Any Other Business

To Note

Presented by Helen Hirst

18. DATE AND TIME OF NEXT MEETING:

Date: Thursday 20 April 2023

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

Venue: Microsoft Teams

To Note

Presented by Helen Hirst