Public Board of Directors 5 November 2020 - Items for Board Assurance

Organiser	Jacqueline Ryden	
Reviewers	Philip Lewer	Pending
	Owen Williams	Pending
	Ellen Armistead	Pending
	Helen Barker	Pending
	David Birkenhead	Pending
	Gary Boothby	Pending
	Suzanne Dunkley	Pending
	Anna Basford	Pending
	Mandy Griffin	Pending
	Alastair Graham	Pending
	Karen Heaton	Pending
	Richard Hopkin	Pending
	Andy Nelson	Pending
	Andrea McCourt	Pending
	Denise Sterling	Pending
	Peter Wilkinson	Pending
	Stuart Sugarman	Pending

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1. Winter Plan

Calderdale and Huddersfield NHS Foundation Trust

COVER SHEET

Date of Meeting:	Thursday 5 November 2020
Meeting:	Board of Directors
Title:	Winter Plan
Author:	Bev Walker, Deputy Chief Operating Officer
Sponsoring Director:	Helen Barker, Chief Operating Officer
Previous Forums:	Urgent Care Board Board of Directors Meeting on 3 September 2020 as part of Covid-19 Phase 3 plan Finance and Performance Meeting 1 September 2020 as part of the Phase 3 Plan

Actions Requested:
To assure the Board that that a structure is in place within which operational pressures during the Winter period will be anticipated and managed.

Purpose of the Report

The winter plan describes the structure within which operational pressures during the winter period will be anticipated and managed. It provides the framework for managers and clinicians in the Trust to work together and with other organisations.

2020 has brought many challenges to the NHS due to the worldwide pandemic outbreak of COVID-19. Preparedness for this winter in particular is imperative to ensure we keep our patients and staff safe and we remain resilient as an organisation.

The purpose of the plan is:

- To support existing plans by increasing the operational focus on winter as an issue that challenges the resilience of the Trust.
- To provide a framework for the management of the winter response
- To provide the basis for agreement and working with other partners & organisations
- To provide reference material for use in the Trust
- To set out the information systems to be used to manage the response.

NHS England has reiterated that trusts are expected to respond appropriately to the demands of winter through attention to the following areas:

- Creating capacity through plans to address increasing numbers of patients without a reason to reside.
- Reducing variation in best practice (Improving patient flow and effective discharge planning)
- Demand and capacity planning using new NHSE bed modelling
- Planning for Peaks in demand over weekends and Bank Holidays, resurgence in COVID-19 and other winter illnesses.
- IPC guidance

- Staff workforce resilience- staff wellbeing and vaccination programme

Key Points to Note

The winter plan is based on the following strategic aims;

- To continue to provide high quality health and social care to the communities of Calderdale and Kirklees.
- To ensure that patients receive treatment in the most appropriate environment at the time most beneficial to their needs
- To work collaboratively with other health and social care providers to effectively manage capacity
- To assess risks to continued service provision and put plans in place to mitigate those risks
- To put in place a communications strategy that assists the public in gaining access to appropriate health and social care services.
- To ensure optimum occupancy and staffing levels over the winter period to minimise the risk of harm
- To ensure patients do not wait in any part of the system unless clinically appropriate
- To ensure learning from Winter 2019/20, the COVID-19 pandemic and WY&H ICS Resilience Workshops is incorporated into 2020/21 Winter Plan.

In 2019 the Trust's internal Urgent Care Board with membership of all Clinical Director's, contributed to winter planning by developing new innovative schemes providing increased resilience and clinical effectiveness for the winter period. Through the Phase 3/winter planning further initiatives are being implemented. All innovations are being monitored against clear aims and KPIs and are:

- Enhanced Frailty service through the opening of a dedicated SDEC area
- Enhance Frailty and QUEST support into care homes
- Expansion of surgical ambulatory care
- Pharmacy Prescribers- enhanced service and dedicated staff into the Discharge lounge
- Expand the Home First Team to provide dedicated support for the Reason to Reside Initiative and care coordination for the High Intensity User Group
- Emergency Department Senior Nurse/Consultant Triage & Steaming

Daily support for patient flow from the Clinical Divisions is already in place, additional senior support is provided by the Director of Operations, Associate Directors of Nursing and deputies as point of escalation and will chair of the critical 12pm Tactical Command Meeting. Strategic Command will be triggered at resurgence of COVID-19 or OPEL 4 to ensure any surge in activity above expected levels are acted upon immediately and provide additional assurance that good control and command is in place and learning is quickly acted upon.

The wellbeing of the Trusts staff is extremely important, especially due to the pressure/anxiety caused by the COVID-19 pandemic. Additional support as described below is now in place.

The Deputy Chief Operating Officer and Divisional Director of Operations in collaboration with key service winter leads are responsible for the successful implementation and monitoring of the winter plan. The plan and its effectiveness will be reviewed throughout the winter period as a live document and learning shared and acted upon on a monthly basis. The Urgent Care Board membership will also play a key role in the review process.

EQIA – Equality Impact Assessment

The Winter plan aims to design and implement service policies and measures that meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender race, disability, age, sexual orientation, religion or religious/philosophical belief or marital status.

Recommendation
This report is submitted to provide assurance to the Board that a structure is in place within which operational pressures during the Winter period will be anticipated and managed.

Review Date: August 2020
Review Lead: Deputy Chief Operating Officer

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Winter Plan 2020/21

Version 2

Document Summary Table	
Status	Final Draft
Version	2
Implementation Date	October 2020
Current/Last Review Dates	June 2019
Next Formal Review	September 2021
Author	Deputy Chief Operating Officer
Where available	Emergency Preparedness, Resilience and Response Section of the Trust Intranet
Target audience	Executive Directors, On-call General Managers, Directors, General Managers, Senior Nursing Colleagues, Matrons, Senior Ward & Department staff, on call teams and CHS.

Ratifying Committee	
Executive Board	

Consultation Committees		
Committee Name	**Committee Chair**	**Date**
A&E Delivery Board	Director of Adult Social Care - Calderdale	

Does this document map to other Regulatory requirements?	
Care Quality Commission	Outcomes 4B, 6D, 10E and 14A

Document Version Control	
V1	Updated for Winter 2020/21
V2	Divisional updates
V3	

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1. Introduction

The winter plan describes the structure within which operational pressures during the winter period will be anticipated and managed. It provides the framework for managers and clinicians in the Trust to work together and with other organisations.

2020 has brought many challenges to the NHS due to the worldwide pandemic outbreak of COVID-19. Preparedness for this winter in particular it is imperative to ensure we keep our patients and staff safe and we remain resilient as an organisation. Whilst the winter period is normally defined as the period from November through to the end of March the pandemic is likely to resurge before then, so the winter plan/phase 3 plan needs to be prepared, tested and daily monitoring of data in place to trigger OPEL and escalation.

NHSE provided Phasing Plans for NHS organisations to operate within since the COVID-19 outbreak. The Phase 3 Plan was published on 7 August 2020, winter planning is part of this overarching plan and should not be taken in isolation.

2. Purpose of the Winter Plan

The objectives of the Plan are as follows:

- To support existing plans by increasing the operational focus on winter as an issue that challenges the resilience of the Trust.
- To provide a framework for the management of the winter response
- To provide the basis for agreement and working with other partners & organisations
- To provide reference material for use in the Trust
- To set out the information systems to be used to manage the response.

NHS England has reiterated that trusts are expected to respond appropriately to the demands of winter through attention to the following areas:

- Creating capacity through plans to address increasing numbers of patients without a reason to reside.
- Reducing variation in best practice (Improving patient flow and effective discharge planning)
- Demand and capacity planning using new NHSE bed modelling
- Planning for Peaks in demand over weekends and Bank Holidays, resurgence in COVID-19 and other winter illnesses.
- IPC guidance
- Staff workforce resilience- staff wellbeing and vaccination programme

3. Definitions

Import - the monthly report on take up of influenza vaccination in staff.

Organisational resilience - the ability to adapt and respond to disruptions to deliver organisationally agreed critical activities.

Sitrep - a daily report to NHSE which highlights pressures in Trust's capacity. Sign off will be required by 11:00, Monday-Sunday from the beginning of November 2019 until the end of March 2020.

THIS will support the reporting of the Sitrep on a daily basis and the Deputy Chief Operating Officer or deputy will complete the sign off.

4. Duties (roles and responsibilities)

Chief Operating Officer

- Reportable officer at Executive level for Winter Planning
- Will represent Trust on the A&E Delivery Board

Deputy Chief Operating Officer

- Chair the Winter Planning Group
- Represent the Trust on the AED Board Winter Partnership planning meetings
- Represent the Trust on the WY&H ICS System Resilience Workshops
- Update the winter planning group and divisional leads of the situation across the local healthcare system
- Respond to requests for assurance from the CCG and NHS England
- Benchmark and share good practice from partner organisations
- Ensure that winter plans are aligned with the Trust Emergency Management Arrangements and associated emergency plans
- Collate departmental plans for the Christmas and New Year period and ensure they are accessible to staff on-call and on-duty over the period
- Ensure that contingency plans that are in place for surge in non-elective demand for inpatient capacity, resurgence of COVID-19, outbreaks of winter infectious diseases and severe winter weather are appropriate and will deliver safe patient care and experience and organisational resilience.
- Ensure that the Trust Winter Plan aligns with those across the local health & social care system.
- Develop a plan to run tabletop exercises to test the winter plan
- Lead in Partnership with the Deputy Chief Nurse specific plans to support the organisation to manage resurgence of COVID-19 through the creation of Isolation capacity and new operating model for managing patients with infections that require isolation.

Divisional Directors

- Ensure each Division takes responsibility for securing enough capacity to meet out of hours demands on a daily basis.
- Ensure collaboration across Divisions to ensure compliance with Patient First principles

- Ensure each Division has robust arrangements for escalation and any associate operational and tactical meetings

Deputy Chief Nurse

- Lead in partnership with the Deputy Chief Operating Officer specific plans to support the organisation to manage resurgence
- Support the divisional teams to implementation of any new IPC guidance
- Lead in Partnership with the Deputy Chief Operating Officer specific plans to support the organisation to manage resurgence of COVID-19 through the creation of Isolation capacity and new operating model for managing patients with infections that require isolation.

Divisional Director of Operations

- Ensure that appropriate plans are in place to manage an increase in non-elective activity through the winter period within the division
- Ensure that divisional plans are joined up across the organisation
- Ensure that contingency plans are in place for surge in severe winter weather and outbreaks of winter infectious diseases.
- Ensure that key staff groups are aware of the risks and response arrangements for winter
- Ensure robust communication of the winter plan is in place and the division is represented on the winter planning group and tabletop exercises.
- Ensure all Business continuity plans are updated following learning from the COVID-19 pandemic.

CHS, Clinical Site Commanders and Night Matrons

- Liaise with Local Council Highways departments to clear roads for urgent patient transport requirements
- Contact alternative transport providers if required
- Work with IPC to optimise inpatient isolation capacity

CHS

- Ensure that there are sufficient supplies of salt/grit for clearing car parks, pathways and roads on site and in community buildings where CHFT staff and patients are working/attending
- Liaise with contractors to arrange access to 4X4 vehicles for transport services if required
- Ensure that additional staff accommodation is available if required
- Cascade weather updates throughout the year including winter.
- Be prepared for additional outbreak cleaning and curtain changes as and when required
- Ensure staffing levels are maintained by calling upon generic pool of bank workers
- Ensure cleaning requirements through the COVID-19 pandemic are in place

5. The Trust's Winter Strategy

The winter plan is based on the following strategic aims;

- To continue to provide high quality health and social care to the communities of Calderdale and Kirklees.
- To ensure that patients receive treatment in the most appropriate environment at the time most beneficial to their needs
- To work collaboratively with other health and social care providers to effectively manage capacity
- To assess risks to continued service provision and put plans in place to mitigate those risks
- To put in place a communications strategy that assists the public in gaining access to appropriate health and social care services.
- To ensure optimum occupancy and staffing levels over the winter period to minimise the risk of harm
- To ensure patients do not wait in any part of the system unless clinically appropriate
- To ensure learning from Winter 2019/20, the COVID-19 pandemic and WY&H ICS Resilience Workshops is incorporated into 2020/21 Winter Plan.

6. Winter planning arrangements

The Trust Operational Lead for winter planning is the Deputy Chief Operating Officer in collaboration with the Divisional Senior Management Teams.

The local A&E Delivery Board has overall responsibility for ensuring that the health and social care service in Calderdale and Huddersfield is adequately prepared to manage an expected increase in activity and acuity over the winter period. The CHFT Winter Planning Group reports to the A&E Delivery Board and, in addition to internal escalation arrangements, is responsible for ensuring that the Trust has plans in place for severe winter weather, COVID-19 resurgence, seasonal infectious disease outbreaks and Christmas and New Year bank holidays.

In 2019 the Trust's internal Urgent Care Board with membership of all Clinical Director's, contributed to winter planning by developing new innovative schemes providing increased resilience and clinical effectiveness for the winter period. Through the Phase 3/winter planning further initiatives are being implemented. All innovations are being monitored against clear aims and KPIs: (see appendix 9)

Work Stream	Description	KPIs
Enhanced Frailty Service	Opening an SDEC area for Frailty patients	• Reduction in admissions • Reduction in readmissions • Reduce LOS • Reduced occupancy levels
Enhanced Frailty & QUEST support into Care Homes	To provide admission avoidance, enable an enhanced offer on discharge to patients who need care in a care home setting. Support the care home sector following learning from the COVID-19	• Admission avoidance • Reduce readmissions • Improve care home sector resilience.

	pandemic. Increase OPAT provision in the care home sector which includes first dose IV antibiotics.	
Expansion of Surgical Ambulatory Care	To relocate the ambulatory area to enable an expansion of ambulatory pathways for all surgical specialities.	• To improve the patient experience • To improve patients, experience through new ambulatory pathways.
Pharmacy Prescribers- enhanced service and dedicated staff into the Discharge lounge	To provide pharmacy prescribers to prevent delayed discharge and risks associated with medications errors on discharge.	• Reduce delays due to TTOs not being prescribed timely. • Reduction in medication incidents/errors on discharge
Expand the Home First Team to provide dedicated support for the Reason to Reside Initiative and care coordination for the High Intensity User Group	Develop senior nurse team to focus on patients with a LOS of 7 days and support ward staff to improve the discharge planning. Provide support and education on the Reason to Reside Tool. Provide care coordination for High Intensity Users.	• Reduce the number of patients with a LOS over 7 days. • Reduce the number of incidents due to poor discharge planning.
Emergency Department Senior Nurse/Consultant Triage & Steaming	To recruit senior nursing staff and develop an enhanced senior triage and streaming services To schedule 'front door' consultant in the Emergency Departments	• To reduce ED attendances • To prevent unnecessary delays for patients to be seen by the most appropriate service. • Reduce admissions • Improve patients experience

7. Command, control and co-ordination

During the period 1 November – 29 February, a daily SitRep (Mon-Fri) will be completed for submitting to NHS England by the Health Informatics Service. The Monday SitRep will include details from the preceding weekend. SitReps will be signed off by the Deputy Chief Operating Officer/Director of Operations/Deputy Chief Nurse after high level validation with fully validated data submitted daily. Arrangements have been confirmed to ensure that there is adequate cover in case of absence.

A **Winter Room/Strategic Group** will be introduced from the beginning of October, led by the Chief Operating Officer, Deputy Chief Operating Officer, Deputy Chief Nurse and Senior Medical Representative. This will be a more robust daily coordination of the command and control of the operational sites, escalation and actions needed to provide assurance of increased resilience during surge and escalation including any resurgence of COVID-19. A winter dashboard will be used to monitor activity (appendix 10) COVID-19 data is shared in real time, digitally with the Strategic/Operational Groups.

8. The National Escalation Framework

4 Hour Emergency Care Standard Performance is one measure of a whole health and social care system experiencing pressure, but it is not the only one. An Emergency Department (ED) could be experiencing isolated difficulties but the rest of the system is coping well for example there are sufficient beds available and there is good flow through the system. Alternatively, an ED could be managing well whilst the rest of the hospital, and the wider system, community beds, community services and social care are experiencing high pressures due to a lack of capacity.

Escalation Triggers at Each Level

Local A&E Delivery Boards have aligned their existing systems to the escalation triggers and terminology used below and adds to the triggers listed as appropriate. The escalation criteria detailed over the following pages are not an exhaustive list of triggers, nor do they constitute a rigid system where criteria must be met sequentially for escalation to take place. **Not all parts of the system need to meet all triggers in order to escalate – escalation can be service specific if agreed locally.**

> Local A&E Delivery Boards are able to demonstrate that appropriate triggers have been met to warrant escalation. NHS England sub-regional and regional teams will also use the framework to moderate and challenge in discussions with local systems.

To ascertain the OPEL status of acute hospitals within Yorkshire, YAS contacts each acute trust. CHFT's Clinical Site Commanders will be contacted by Yorkshire Ambulance Service twice daily either by phone or email firstly at 09:00 each morning and secondly in the afternoon for the escalation level (OPEL) status for inpatient capacity and any associated comments noted by hospitals on the Daily Bed Alert Status Report.

Operational Pressures Escalation Levels	
OPEL 1	The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. The Local A&E Delivery Board area will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.
OPEL 2	The local health and social care system is starting to show signs of pressure. The Local A&E Delivery Board will be required to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will keep NHS E and NHS I colleagues at sub-regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed locally if needed.
OPEL 3	The local health and social care system is experiencing major pressures compromising patient flow and continues to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all A&E Delivery Board partners, and increased external support may be required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. National team will also be informed by DCO/Sub-regional teams through internal reporting mechanisms
OPEL 4	Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

Figure 1

OPEL-Winter command and control arrangements (internal)

Operational Pressures Escalation Level (OPEL) 1 when operating within normal parameters. At OPEL 1 and 2, we would anticipate operations and escalation to be delegated to the relevant named individuals in each organisation across the A&E Delivery Board. At OPEL 3 and 4 however, it would be expected that there would be more executive level involvement across the A&E Delivery Board, as agreed locally.

A second assessment of capacity alerts will be made at 16:00 and the capacity status for each hospital again reported.

The three-hourly Patient Flow Hospital Meetings chaired by the Clinical Site Commanders involving the patient Flow Team and Divisional Managers of the day, Matrons and on call managers/Matron of the day will monitor activity on each site and determine operational actions using a standard operating procedure and escalation policy to manage capacity issues. The level (OPEL) at which the hospitals are working within will be determined at these meetings. The Deputy Chief Operating Officer will report direct into the partner organisations involved in the Joint Surge and Escalation Plan.

Each division and department are responsible for the successful implementation of their escalation plans. In the event that significant pressures are identified the Deputy Chief Operating Officer, or the Divisional Directors of Operations will decide to implement the Trust Emergency Management Arrangements Strategic (Gold) and Tactical (Silver) and Operational (Bronze).

2020 has been an exception year due to the COVID-19 pandemic and the Trust has been in formal Command and Control since March. A review of this will conclude at the end of October 2020 using learning from the pandemic Command and Control and it is anticipated that there will a new situation report, clarity on specific roles within the command and control structure. This will be co-produced with existing operational team.

Additional internal triggers are being developed in regard to the Trusts phasing plan and the resurgence of COVID-19, this is to ensure planned activity is only reduced and stopped through a clear escalation process with agreed executive signed off triggers.

9. Workforce

Staffing levels

Agreed workforce plans and skill mix are in place for all inpatient areas and community services over the 7-day period. Enhanced workforce models have also been designed to support respiratory medicine, critical care and emergency medicine during the COVID-19 outbreak and triggered through an escalation process. A decision to maintain these enhanced nursing workforce models to remain in place to support the segregated Emergency Departments, 16 critical care beds and the wards that are identified for patients who are COVID positive has been agreed for the winter period. These will also be used to assess the risk of reduced staffing due to absence and to assist in the redeployment of staff if necessary. Nurse rosters are signed off by Divisional Matrons to ensure robust cover an arrangement especially over the Xmas and New Year period and to ensure annual leave is managed appropriately over this period. Staffing gaps should be identified and mitigated by Divisional teams in hours, only last-minute absences will be actioned by on-call, out of hours teams.

For Xmas & New Year a further review will be completed weekly from the beginning of December with a final sign off and escalation of any risks with mitigation plans by the 2nd December 2020.

Vaccination

The target for Trust staff to have had the ‘flu vaccine for this year for Calderdale and Huddersfield the ambition is to achieve 100% of frontline staff. The emphasis will be on staff in clinical and clinical support roles, but the vaccine will be available to all staff. The campaign this year has been well communicated and information on scheduled sessions, ‘myth busting’ and league tables of performance have been advertised on the intranet. Additional groups of staff are being trained to administer the vaccine so that it can be more accessible to staff. District nursing services provide flu vaccination to patients on their caseload as well as working with GPs to ensure that all vulnerable people are offered the vaccine.

Personal Winter Plan/Engagement Plans

All members of staff have a personal responsibility to ensure that they are available for work and that they have alternative arrangements for carer responsibilities and journeys to work. All staff will be reminded of preparations they should make for winter – seasonal flu vaccination, checking public transport alternative routes, vehicle preparation as well as contingency plans. This will continue to be reinforced through the business continuity management system and staff communications strategy. In severe weather conditions staff in District nursing, community midwifery and other community services will report to their nearest team to their home not necessarily where they usually work. The Trust's attendance management, carer leave, and adverse weather policies will be used to support staff and to maintain service levels.

10. Strengthened Operational Management

Daily support for patient flow from the Clinical Divisions is already in place, however this has been reviewed and clarity on what is expected daily to ensure robust plans are developed has been agreed.
Additional senior support is provided by the Director of Operations, Associate Directors of Nursing and deputies as point of escalation and will chair of the critical 12pm Tactical Command Meeting. Strategic Command will be triggered at resurgence of COVID-19 or OPEL 4 to ensure any surge in activity above expected levels are acted upon immediately and provide additional assurance that good control and command is in place and learning is quickly acted upon.

On site management support and on call arrangements will replicate 2019 and there will be an additional support (buddy Manager) on site into the OOHs period.

If OPEL 3 is determined through Tactical Command escalation will be sent out via a digital platform to Clinical colleagues to ensure greater awareness of the escalating position.

Lead Nurse-Patient Flow

Each hospital site will have increased presence of the lead nurses for Patient Flow through the winter period. They will ensure the patient flow meetings will be coordinated in a SMART way and are action focused.

Clinical Site Commander/Night Matron

The Clinical Site Commander will effectively manage the Trusts bed capacity, ensuring the patient's journey is safe and their experience is good. They will be the point of escalation if surge is being experienced.

Winter Transport Support Vehicles

The clinical commanders and Night Matrons hold a register of registered and appropriate volunteers that have access to 4x4 vehicles and who can provide

assistance with transporting staff to work and home during times when roads are impassable due to adverse weather conditions.

Divisional Operational Winter Teams

There will be a Divisional manager and Matron who will be the leads for winter to support the patient's journey, ensuring safe effective admissions, transfers and discharge.

"On call/site manager of the day" & Support Manager

There is an on-call manager designated on site daily and an additional support (buddy) manager working on the opposite acute site.

Duty Matron

There will be a duty matron on site daily.

Reducing Admissions

Ambulatory Care in medicine and Medical Admission avoidance will be available on each hospital site to prevent avoidable medical admissions. Surgical Ambulatory will be available on the HRI site with dedicated additional surgical registrars on specific days over the x-mas and New Year period. Frailty SDEC (Same day emergency care) opened in mid-September to enhance opportunities to provide admission avoidance for elderly/frail patients.

Reducing Delayed Discharges

SAFER Patient Flow Transformational Programme is supporting initiatives throughout 2019/20 to improve flow, prevent avoidable admissions, reduce LOS and improve timely discharges.

A work stream has been established to support the implementation of the new NHSE discharge guidance and 'Reason to reside' tool across the clinical divisions, The SRO for this work is Executive Director of Nursing/Deputy Chief Executive. The aim is to reduce the number of patients who are medically fit for discharge remaining in hospital and do not meet the 'reason to reside' criteria , support the reduction in those patients with the longest length of stay and manage those complex discharge pathways. It will also support the development of the new discharge to assess model.

Criteria led discharge will be relaunched, led by the Associate Director of Nursing for Quality.

The Surgical Ambulatory Care Unit will be relocated to enable new surgical speciality ambulatory pathways are introduced. This will support the optimisation of surgical/orthopaedic/urology bed capacity and improve patients experience.

Pharmacy

Pharmacy staff will work with medical and nursing staff to prioritise supply of medicines for discharge.

Wards should identify patients due for discharge on all ward areas as soon as possible, and e-discharge should be sent to pharmacy in a timely manner so that these can be processed quickly. Where possible, discharge prescriptions for patients who have monitored dosage systems (MDS) should be sent to pharmacy the day before discharge.

Pharmacy and nursing staff should identify patients who already have sufficient supplies of medicines at home before a request is made for a supply for discharge, which will enable pharmacy to dispense items which are genuinely required more quickly.

An enhanced weekend pharmacy service will be in place November-March to provide additional staff to manage dispensing workload and timely supply of medicines for discharge.

Pharmacy Prescribers will provide an enhanced service over weekends and into the discharge lounge.
Pharmacy technicians will also be located on each acute medical floor to improve reconciliation of medicines which reduces medication discrepancies.

11. Divisional Winter Plans

CHFT's Divisional teams have prepared their winter plans through analysing their expected demand, using the new bed modelling tool tracking assumptions against their business plans and understanding the impact transformational work is having.

Medical Division Winter Planning

The medical division will endeavour to maintain its usually bed base during winter pressures by:

- Focusing on the reason to reside list- a new Lead nurse will work with medical matrons, medical wards and medical consultants alongside community colleagues to reduce length of stay across the hospital.
- Opening an isolation facility on each hospital site (CRH ward 4D and HRI ward 18).
- Introducing non-verbal handover between Acute Floors and ward areas.

Directorate specific plans

Acute Directorate

- Frailty SDEC

Ward 3 HRI 8am-Midnight Monday to Friday (pathways and criteria appendix 7)

- Virtual Frailty Service-dedicated phoneline directly to geriatricians.

- Relocation of Medical Ambulatory to ward 3 alongside Frailty SDEC, both services to provide resilience to each other in terms of staffing and skills. Broaden pathways through AAU/ED new pathway development feeding into the Emergency Care Reset and Stabilisation Workstream.

- Admission avoidance 10am-6pm Monday to Friday in ED at CRH.
  Admission avoidance available afternoons Monday to Friday in ED at HRI
  Extra consultant booked for October/November/December.

- Opening of isolation facility (December 2020) to meet extra demand for patients with infections that require isolation and maintain flow.

<u>Emergency Care Directorate</u>

- Streaming/Navigation
  8am-8pm 7 days per week
  'Front door' streaming band 7 sisters at front door steaming to other services, GPs, ambulatory, specific pathways. (streaming pathway appendix 6)

- Consultant (or senior doctor) at the 'front door' performing see and treat Monday-Friday 12-7pm.

- Overnight virtual care home service
  Support provided by senior doctors in the department to take calls from care homes so that patients do not have to travel to ED overnight.

- Introduction of a Social Distancing RAG rating escalation tool for the Emergency Department to be escalated into tactical meetings. (appendix 8)

<u>Medical Specialities Directorate</u>

- Respiratory Floor to remain on 4 pods
  5ab - Low risk pathway
  Swab negative
  5c - High risk
  Swab positive
  5d - Flex ward

The respiratory floor will flex between 47 and 54 beds and will deliver CPAP for patients not requiring or not appropriate for full ventilation.

- Respiratory Ward Standard Operating Process will be in place.

- Direct pathway being developed so COVID positive patients can go directly to the respiratory floor from the Emergency Department.

- Respiratory Hot Clinics will be introduced for both Calderdale and Kirklees patients so that patients can be sent home to return to a clinic within 24 hours.

Surgical Divisional Plans

The Surgical Division has developed plans to be able to respond to increased non-elective demand.

Critical Care

- The escalation plan and standard operating procedure for the demand for critical care exceeding capacity ICU is in Appendix 1

Trauma & Orthopaedics

- In addition to current planned trauma lists, additional increases in demand will be delivered by following the Trauma Surge Pathway (Appendix 6)
- 4 Additional Trauma 2 lists available which in turn can be flipped to a 2nd acute theatre supporting all specialities.
- Acute fracture clinic referrals direct from ED for Consultant led treatment for patients with confirmed fractures are in place maximising virtual fracture clinics.
- Improved access to theatre will reduce pre-op bed days and overall LOS for some Minor/intermediate and complex trauma. Performance will continue be monitored regarding delays to theatre
- An additional plaster room and adjoining clinic room capacity for fracture patients will be advantageous to T&O and this is now being sought.
- From October 2020 Surgical Ambulatory Care will be relocated to Cedarwood creating extra capacity with the longer-term capacity to incorporate further surgical services i.e. T & O, urology and ENT.
- The elective inpatient orthopaedic surgery at CRH will continue as per the Phase 3 planning.
  (Trauma surge plan appendix 4)

General and Specialist Surgery

- Current medical workforce on SAU will be increased with an additional middle grade to maximise reviews, ambulatory care and reduced length of stay.
- The elective inpatient surgical theatre capacity at HRI will continue as per the Phase 3 planning due to the ringfenced ‘green’ nature.
- The Independent Sector have supported the Trust to deliver elective activity, this will continue throughout the winter period

Inpatient Length of Stay

The Reason to Reside work is integral in reducing length of stay within all specialties and maximise community pathways. The division is represented on the Discharge workstream both clinical and nursing staff.

Where there is a surge in demand for surgical beds then the divisional plan would be enacted:

- All GM's, Ops managers and matrons are deployed to support ward discharges
- GM's to contact consultants to ensure senior reviews have taken plan
- Using the reason to reside list, to ensure the 'medically fit' are reviewed and progressed to discharge
- Non-essential meetings would be stood down
- Ensure senior representation at Flow meetings and tactical command

Family & Specialist Services

There will be daily attendance in the Patient Flow meetings of Operational management from FSS to support patient flow, support prioritisation of diagnostics during increased demand.

Paediatrics

1. During the winter period the Matron for the service continues to undertake a daily situation report during the week and will risk assess situations regarding staffing and activity on the Paediatric ward, to support and underpin this there is an Escalation Plan in place
2. Continued support to the paediatric stream in the Emergency Departments (ED) at peak times in both EDs and planned at Huddersfield Royal Infirmary
3. The Paediatric ward operates on a workforce model that accounts for surge during the winter period which strengthens nurse staffing and leadership during the winter period with the plan to have a senior Nurse Band 6 and 7 working clinically across all shifts
4. The service has introduced rapid access clinic which will support reviewing some patients who had previously been seen in ED or referred via there GP to paediatric assessment.
5. From a medical prospective the following actions will be taken between Nov and Feb to support winter pressures: A new rota has been introduced that will ensure that there is a tier one and two doctors on Paediatric assessment to triage and manage flow.
6. The Consultant scheduled for Ward 4 HRI will cover in the morning and will if appropriate to undertake a virtual round of ward 4 patients by phone utilising EPR this will ensure they are available to help on the ward round on the Ward 3 CRH – to improve flow and timely discharge at times of peak activity.
7. Paediatric Escalation and Surge plan is attached in appendices of this document
8. APNP escalation can also be found in appendices of this documents

Neonates

Neonatal services work in partnership with Maternity services as part of a wider network that is managed by transport service Embrace

During the winter period the Matron for the service continues to undertake a daily situation report during the week and will risk assess situations regarding staffing and activity on the Neonatal unit to support and underpin this there is an Escalation Plan in place (see appendix 3)

Gynaecology

During the winter period the activity theatre plan has been planned to ensure the surge in medical winter emergency activity is supported.
In addition, prior to transferring to ward 8C the patient must be assessed against essential criteria as outlined below

CRITERIA FOR MEDICAL TRANSFERS TO: - THE GYNAECOLOGY AREAS

Prior to transferring to ward 8C or GAU the patient must be assessed against essential criteria as outlined below.

If the criteria to outlie are not met please escalate to the Matron for Gynaecology, On Call Duty Matron or Night Matron as appropriate.

- No acute delirium, confusion, disorientation
- Patient is not on the End of Life Care Pathway
- Minimal risk of falling
- For patients requiring re-ablement, intermediate or 24-hour care section 2 physio and OT referrals must have been completed
- NEWS within expected limits
- Patient does not require specialist nursing skills i.e. Nippy, peg feeds, unstable cardiac symptoms, unstable diabetic, active seizures, probable CVA
- Patient with a known ongoing complaint/ grievance must have Senior review to assure that a move is in the best interest of the patient
- Patient has not been admitted with a diagnosis of long term substance misuse (eg alcohol or drugs)

Maternity

Maternity will need to continue to provide essential services in line with NICE/RCOG guidance.

- During the winter period the Clinical Managers / Matrons for the inpatient and Birth Centre services continue to undertake a daily situation report during the week and will risk assess situations regarding staffing and activity throughout the Maternity Unit. This may happen more frequently dependant on the initial sit rep report.
- The Clinical Managers / Matron for community will also review staffing/acuity on a daily or more regular basis as the need requires.
- If weather does not permit home visiting (particularly for postnatal care), the midwife is to contact the woman by telephone / virtual appointment to conduct a review of maternal and baby wellbeing.

- If an essential visit is required, the midwife / manager must undertake a full risk assessment and utilise the 4x4 service if all other options have been explored (i.e. staff members with 4x4's undertaking visit or transporting another member of staff – to go in 2's)
- On call midwifery staff should ensure their vehicle is in a place where easier access is enabled.
- On call midwifery staff should follow the loan worker policy and alert the LDRP Coordinator of being called out and ascertain if safe to do so.
- There is an Escalation Plan in place – see appendix 3 that provides information for steps to take dependant on staffing and acuity levels which winter may affect. Escalation Plan (Appendix 3)

Radiology

There is be a central contact point for in-hours escalation of specific issues – contact details are available to flow teams.

A second on-call system for the Emergency Department X-ray will enable extra capacity OOH during periods of exceptional demand throughout the winter period (November to March); triggers will be agreed with the ED team.
An innovation scheme supporting a new way of daily coordination is being introduced through winter to prevent delayed and improve clinician access to radiologists.

Pathology

There will be a central contact point for in-hours escalation of specific issues – contact details will be made available to flow teams in advance of the winter period

In the circumstances of increased demand in the laboratory due to COVID or any other outbreak the service will be flexible to support demand.

Community Division

Central Operations (COT)

Lead Nurses for the COT will provide cross-site cover into the Patient Flow Team over the Christmas and New Year period.

Discharge Team

- A daily huddle will be introduced to focus resource of the team when triggers on any specific pending delays occur this must be without reducing the robust management of the complex discharges.
- Working hours will be reviewed daily as part of the huddle and extended as required. Staff will work flexibly to support the service
- Case reviews of all patients daily with a manager of the discharge team

Home First Team

- Daily review of where the pressure points are each site and by ward area
- Stringent review and follow up of outliers to ensure plans in place and are followed
- Identification of where clinical pathways are unclear or delayed for some reason or where there is no clear discharge plan.
- To suggest where possible, Criteria Led Discharge and follow through these plans to support ward areas.
- The team will support the divisions in embedding the reason to reside requirements.

Patient Flow Team

- Patient Flow Meetings will be facilitated through TEAMs
- Tactical Command chair will support the Patient Flow Team daily. Escalation to Strategic Command will be initiated via the Tactical Command Chair.
- Transport service will continue to be available managed through the Clinical Site Commanders to support discharge and inter-hospital transfers
- Increased task management will be in place 'in hours' through quarter 4.
- The IPC team will support the patient flow team to ensure patients with infectious diseases are appropriately placed.

CHFT Community Healthcare Division staff accesses on-call support via the Trust on-call rota.

Priority 1 Clinical Services

The following services have been deemed as **Priority 1 Clinical Services:**

- District Nursing priority one patients(complex wound care, blocked catheters, administration of medications, OPAT and palliative care) in line with essential visits only as declared during the initial COVID-19 pandemic outbreak
- Administration of medications including IV therapy and syringe drivers
- Support for discharge out of hospital
- Palliative Care
- Crisis Response Team
- Intermediate Care bed base
- IV Therapy priority one patients
- Palliative care priority one patients
- Gateway to Care
- Quest Matron support to Care Homes
- Community Respiratory Service
- Community Heart Failure Service
- Home Enteral Feeding
- Community Matrons
- Community Rehabilitation Team in line with essential visits only as declared during the initial COVID-19 pandemic outbreak.

Community Services Available

Gateway to Care

The service supports the co-ordination of intermediate care services and prevention of hospital admissions. The service accepts patient referrals from GPs, community clinicians, Social Workers and patients.

Referral should be made to Gateway to Care for the following services from community practitioners only:

- Crisis Response Team
- Community Rehabilitation Team including Stroke early Supported Discharge Team, Falls Prevention Team
- Intermediate Care Beds
- Heatherstones

NB: For hospital staff referring into these services, internal referral pathways are in operation.

Hours of Operation	8.45am-5.30pm Monday to Thursday and 8.45am-5.00pm Friday
Contact Details	01422 393000

Intermediate Care

The intermediate care service is delivered by an integrated partnership of health and independent care home provider, ensuring a multi-disciplinary approach to care. Care is provided in one of our bed bases i.e.

Brackenbed View (32 beds) and Heatherstones (12 apartments)

The Service Aims to:

- Promote a faster recovery from illness
- Prevent unnecessary presentation and admission to an acute hospital bed
- Prevent premature and unnecessary admission to long term care
- Maintain independence as long as possible

Service Criteria:

- Service user/patient must be over 18 years of age
- Medically stable
- A resident of Calderdale or Registered with a Calderdale GP
- Consent to rehabilitation

Hours of Operation	24 hours a day, 7 days a week
Referrals Accepted	Via Gateway to Care (in-hours) and via Crisis Intervention Team (weekends)

Lead Manager	Donna Wood
Contact Details	07810290657 (for IMC Beds)

Heatherstones provides temporary accommodation for adults for up to 6 weeks and facilitates early discharge, or prevents the need for admission to hospital, residential or respite care. The service is most appropriate for people who want to live independently but need short-term alternative accommodation or short-term help and support to achieve this.

The service aims to reduce individuals' dependency and reliance on direct services and prevent their level of need from increasing with people returning to their own home with the confidence and level of care required to enable them to cope long- term. Residents are expected to cook their own meals and do their own shopping and laundry. Reablement assistants provide support where needed.

Hours of Operation	Monday to Sunday 8.00am – 9.45pm 7-day service
Lead Manager	June Warman
Contact Details	01422 392229

Reablement

The Reablement service provides therapeutic care and support; with therapy care plans provided by CHFT community therapy team and then delivered by social care reablement staff. Access to reablement is via Gateway to Care following an assessment by a social worker.

Reablement is offered for up to 4 visits a day for a period of 6 weeks with the aim to increase function and reduce dependence. If care is required following a period of reablement, a care package will be commissioned, and a means test assessment will be undertaken to determine what financial contribution will be required by the individual.

Hours of Operation	8.00am-9.00pm, 7-day service
Lead Manager	Tracey Proctor
Contact Details	07748 797896

Reablement Team	**Allocator**	**Contact number**
Lower Valley	Julia Green	01484 728943
Upper Valley	Karen Willows	01422 264640
Central	Jo-Anne Rice	01422 383584

Enhanced Reablement

The Enhanced Reablement service provides early supported discharge for patients requiring a period of rehabilitation supported by therapists but who could manage in their own home

Reablement is offered for up to 4 visits a day for up to a period of 6 weeks with the aim to increase function and reduce dependence. If care is required following a period of reablement, a care package will be commissioned, and a means test assessment will be undertaken to determine what financial contribution will be required by the individual

Hours of Operation	8am – 4pm
Lead Manager	Clare Folan
Contact Details	07879447218

Crisis Response Team

Crisis Response Team will provide support to someone in crisis in their own home for up to 72 hours. For example if someone is struggling in their own home after a fall, or discharge from hospital where packages of care cannot start immediately. They also assess suitability for intermediate care beds. They are a responsive service and will assess within 2 hours for urgent referrals and 24-48 hours for routine referrals.

The team consists of nurses and a physiotherapist who undertakes assessments and set care plans. Rehabilitation assistants in the team offer up to 4 visits a day for a period of 72 hours with the aim to increase function and reduce dependence. If further reablement is required after 72 hours, the locality reablement teams continue the care. The aim will be to respond in 2 hours.

Hours of Operation Assessors	8.00am–7.00pm 7 days a week
Reablement Service Work	8.00am-9.00pm 7 days a week
Lead Nurse	Susan Johnson
Contact Details	01422 307333/07917 106263

End of Life Out-of-Hours Crisis Team

This is collaboration between Overgate Hospice, Marie Curie and CHFT. This small team provide crisis support to people out of hours who are near the end of their life. The Specialist Palliative Nurse supports the person with symptom control, physical and emotional support and works with a Marie Curie Support Worker. They provide support to the person, carers and families.

Hours of Operation	7-day service
Lead Nurse	Abbie Thompson
Contact Details (9am-5pm Mon-Fri)	01422 310874
Contact Details (Out-of-Hours)	07917 106263 Out-of-Hours Service/ 01422 379151

OPAT/ IV Therapy

This team provides antibiotic intravenous therapy to patients in their own homes and in the care home setting. Patients remain under the care of their Physician or

Consultant. This prevents some admissions and certainly reduces the LOS for many more.

- Patients have to be medically stable. Need to be under consultant referrals
- Commissioned for 12 administrations a day
- Compatible drugs need to be administered within 30 minutes

Hours of Operation	7 day/24-hour service
Lead Nurse	Jayne Woodhead
Contact Details	07795 825106

Community Nursing Services

District Nurses visit housebound patients that have complex health care needs. Patients that are able to be transported are expected to attend treatment rooms.

Hours of Operation	7 day/24 hour service
Contact Details Core Hours (8am-6pm)	07917 106263
Contact Details Evening/Night (6pm-8am)	07917 106263

Only **priority 1/urgent patients** are seen at night i.e. palliative care requiring symptom management, blocked catheters and patients requiring prescribed medication at agreed intervals.

Quest for Quality Service

CHFT has a well-established multi-disciplinary team consisting of community matrons, pharmacist, therapist and consultant geriatrician who caseload residents in all residential and nursing homes in Calderdale. The team's main role is to reduce the number of calls made to general practitioners to prevent avoidable admissions. They use Telecare and Tunstall Telehealth to promote health and wellbeing to the residents within the care homes. Throughout the COVID-19 pandemic an enhanced service was implemented. This enhanced service is being commissioned to be in place permanently.

The team have a responsive function to the care homes dealing with calls that would have been received by a GP and managing the residents. They also provide support to the care home staff to better manage their residents through training and education. Every Care Home will have a named GP.

The pharmacist role has greatly helped with reviewing patient medication, reduction in polypharmacy and education and training of care home staff.

Hours of Operation	9am-6pm, 7 days a week
Lead	Liz Morley

Contact Details	07917 086450

Community Matron Service

Community Matrons provide a service to people with Long Term Conditions (LTC) who have complex health and social care needs which without effective case management are likely to result in the individual having repeated and avoidable hospital admissions and increased lengths of stay in hospital and frequent contact with primary care services.

They are based in localities with District Nursing Teams.

Hours of Operation	8.30am-4.30pm, Mon-Fri
Lead	Caroline Lane

Locality	Base	Matron	Contact Details
Upper Valley	Todmorden Health Centre	Beverley Jessop Sarah Howden	07795 252396 07901 518171
Lower Valley	Church Lane Surgery Rastrick	Rachel Clegg/ Sheila Kalanovic Mandy Kazmieski	07795 801112 07795 825037 07795 825084
South Halifax	Stainland	Jenny Dyson	07795 825139
North Halifax	Beechwood	Julie Norris Victoria Smith	07770 734748 07584 522297
Halifax Central	Lister Lane	Sheryl McGinn/Louise Watson	07769 365247 07717 347547

Specialist Nursing

There are a range of specialist nursing services that support people in community settings.

Service Area	Hours of Operation	Lead Nurse	Contact Details
Bladder and Bowel	7.00am-4.30pm Mon-Fri	Sharon Holroyd	01422 252086
Respiratory	8.30am-4.30pm 7 days/Week	Sue Scriven	01422 307328
Heart Failure Cardiac Rehab	9.30am-5.30pm Mon-Fri 7.30am-4.30pm Mon-Fri	Ian Ormerod Clair Jones	07500 553892 01422 224260/ 07713 739144
Parkinson's	9.00am-5.00pm Mon-Fri	Paula Roberts	01484 712515
TB	9.00am-5.00pm Mon-Fri	Mary Hardcastle Dale Richardson	07824 343770 07795 825070 01422 307307
Lymphoedema	9.00am-5.00pm Mon-Fri	Sarah Wilson	01422 350755

Respiratory Team

During the winter period the Respiratory team will increase their working hours until 8pm and double capacity at the weekend to have two members of staff instead of one. This will enable the team to provide further focus upon key services offered to reduce pressures on the hospital:

- ESD – facilitating patients going home as soon as possible with support from the respiratory team 7 days a week
- Admission avoidance from ED 7 days a week, 9am-8pm and will also support Kirklees residents to be discharged directly from ED into locala services
- Crisis management for community patients via the SPA. Direct telephone access for patients 7 days a week
- Admission avoidance from the community 7 days a week

Hours of Operation	8.30am-4.30pm 7 days a week
Lead Nurse	Sue Scriven
Contact Details	01422 835195

Cardiac Rehabilitation Services

There will be increased capacity which will support extended working hours Monday – Thursday supporting the Cath Lab. This will allow the team to facilitate earlier discharges. When the Cath Lab sessions are scheduled for Saturdays this will be mirrored by the team facilitating patient flow. In focusing upon facilitating earlier discharges this would also allow the team to offer Cardiac rehab at the weekend which could reduce readmissions.

Early Supported Discharge for Stroke

This team provides support to enable patients who have had a stroke to be supported at home to reduce length of stay and increase function by facilitating people to be as active as possible. An enhanced service will be in place from November as part of the innovation scheme plans.

Hours of Operation	8.30am-5.00pm Mon-Fri
Lead Therapist	Sally Grose
Contact Details	01422 358146

Therapy Services

Therapy services provide interventions across in-patient, intermediate care and Community Services and will work flexibly across all areas to provide support where pressures manifest during the winter period.

Lead Manager	Debbie Wolfe 07825902363

Community Falls Service

The Falls Prevention Team is part of the Support and Independence Team who assess and advise people over the age of 50 who have had a fall or who are worried about their balance and frightened of falling. The team raise public awareness of falls and how to prevent them, identify older people who are at risk of falling using a simple five question screening tool, undertake detailed falls risk screening and refer patients to appropriate services to help, manage the risk of falling, provide education and advice to older people including advice on physical activity, diet, footwear and environmental hazards. The team provide strength and balance groups in local settings and /or tailored exercises in older people's homes.

Hours of Operation	8.30am-5.00pm, 5-day service
Lead Therapist	Claire Folan
Contact Details	07879 447218

Senior Managers in Community Healthcare Division

Senior Managers on-call rota contact Calderdale Royal Switchboard on **01422 357171.**

Senior manager contact details are as follows:

Name	Role	Work mobile
Michael Folan	Acting Director of Operations	07785416708
Helen Rees	Assistant Director of Finance/	07500761369
Liz Morley	Associate Director of Nursing	07747 630989
Debbie Wolfe	Head of Therapies and Service Manager for OP Physio, MSK, Podiatry, Orthotics, Speech and Language Therapy, Dietetics Children's Therapies	07825 902363
Caroline Lane	Matron for Community Nursing	07713739144
Susan Scriven	Matron for Specialist Nursing	07770542879
Caroline Smith	General Manager- Therapies	07741004547
Claire Folan	Community Therapy Services Manager	07879447218
Karen Turkington	Inpatient Therapy Manager	07468708613

Wellbeing Support /
Winter Season

The well being of the Trusts staff is extremely important, especially due to the pressure/anxiety caused by the COVID-19 pandemic. Additional support as described below is now in place.

Transportation and 4X4 Vehicles in Severe Weather

Roads that are impassable to cars due to ice or heavy snow are sometimes accessible to four-wheel-drive vehicles. The Estates Department have access to a 4X4 vehicle. The Hospital Transport Service can also arrange to hire 4X4 vehicles through their vehicle contractor, Arrow.

The following voluntary organisations in Yorkshire and the Humber have access to 4X4 vehicles:

- St John's Ambulance
- British Red Cross
- Yorkshire 4X4 club (4X4 Response)
- Age UK

It is essential that community nursing teams are able to travel to visit service users in their homes. The adult community nursing team managers maintain a list of staff with 4X4 vehicles and ensure that the nursing teams have access to 4X4 vehicles in instances of severe winter weather.

The adult community nursing teams also work closely with Calderdale Council Adult Social Care to make best use of resources.

Equipment Ordering and Provision

Patients in the community may require equipment to keep them safe, assist daily living skills and improve mobility/function in their own home.

Physiotherapists, Occupational Therapists, Nursing Teams and the Crisis Intervention Team are regular referrers to access equipment. Equipment is arranged via the Loan Stores for Calderdale patients and the service is based at Unit 13, Ainley Top Industrial Estate, Ainley Bottom, Elland, HX5 9PJ.

Loan Stores Hours of Operation	8.00am-4.30pm Monday-Friday 8.00am-12.00pm Saturday
Lead Manager	Andrew Mould
Contact Details	01422 261396

Escalation plans and business continuity plans

There are escalation plans that have been developed to support operations across all divisions. Many of these have been updated due to learning from the COVID-19 pandemic outbreak and many have to be updated/changed as the resurgence of COVID-19 impacts on the ability of the plan to deliver the response required and maintain safety. All escalation plans are found on the intranet, the ED and Paediatric escalation plan will be included in the On-Call Manager's Pack.

Each clinical division has identified the critical patient services they provide. Directorates have undertaken business impact analysis to identify what service functions can be reduced or suspended and have developed business continuity plans that describe the process for reducing non-critical activity and using the capacity generated to sustain critical patient services. All Business Continuity Plans will be updated following learning from COVID-19 pandemic outbreak.

Cancer Pathway and Elective Pathway

The cancer agenda and targets will be maintained throughout winter. Elective surgery and cancer have rarely been cancelled due to bed pressures previously and this will continue to be the standard we adhere too however triggers are being developed which will be agreed with the Executive Director Team on when through resurgence of COVID-19 phase 3 plans will be reduced/adjusted/stepped down.
Attendance at MDT's and performance will be maintained over Christmas time and throughout winter. This will be managed by authorisation/monitoring of the number of Consultants that are off at any one time over this period.

12. Severe Winter Weather

Overview			
Business Impact			
• Absence of staff because they cannot get to work • Difficulty for staff and patients to travel around and between sites • Difficulty for community staff to access patients homes • Increase in minor injuries from slips, trips and falls • Reduced patient transport service • Difficulty discharging patients because reduced public transport, patient transport or impassable roads to their homes or other healthcare facilities • Difficulty for suppliers to get supplies to hospital			
Proactive strategy			
• Adverse winter weather plan in place and reviewed. • Weather forecasts and gritting information published on the local authority websites. • Stockpile of salt/grit for car parks and access ways to Hospital sites. • Access roads to CRH and HRI are on Local Council Highways Priority Gritting Routes. • Yorkshire Ambulance Service winter plan. • Secure contingency 4x4 vehicles through voluntary services to transport staff to and from their place of work. • Community staff advised to work to nearest location to their homes			
Reactive strategy			
• Implement flexible working arrangements where possible (adult community nursing) • Implement the joint surge and escalation plan • Contact Local Council Highways to request roads are gritted for essential appointments and discharges (this will not always be possible). • Provide accommodation for essential staff who cannot get home from work • Request that the hospital transport service collect essential staff and bring them to work (this will not always be possible)			
Trigger	**Received by**	**Immediate action**	
Met Office Cold Weather Alert	Estates/Deputy Chief Operating Officer	• Cold weather alerts will be forwarded to members of the winter (surge) planning group for onward circulation to departments. • Clinical Site Commanders will assess the consequences for discharges • The Calderdale & Huddersfield Solutions have a planned process for maintaining the Hospital grounds. • Review by the outpatients and surgical management teams of impact on performance.	
YAS PTS notification that journeys are affected or have been stopped	Clinical Site Commander		
Significant number of out-patient DNA	Outpatient manager		
Staff absence reporting	Department managers	• All members of staff should make an early assessment of travel plans during inclement weather. It is the responsibility of staff to exhaust every potential transport arrangement that will enable then to attend for duty. • Staff accommodation for inclement weather will be supported by the Trust as in previous years via the Accommodation Manager • All service areas will maintain up-to-date contact lists for all their staff • Managers will use the Trust's adverse weather policy and the carer leave policy to manage staff absence. • Staff will be reallocated according to service need.	

Impact / Likelihood	1	2	3	4	5
1					
2				X	
3					
4					
5					

Cold Weather Alerts

Alert trigger	Trust Actions
OPEL 1 Winter Preparedness	• Work with partner agencies to co-ordinate cold weather plans • Work with partners and staff on risk reduction awareness • Plan for a winter surge in demand for services • Identify those at risk on your caseload
OPEL 2 Alert and readiness (60% risk of severe weather)	• Communicate public media messages • Communicate alerts to staff and make sure that they are aware of winter plans • Implement business continuity plans • Identify those most at risk • Check client's room temperature when visiting
OPEL 3 Severe Weather Action	• Communicate public media messages • Activate plans to deal with a surge in demand for services • Communicate with those at risk regularly • Ensure that staff can help and advise clients • Signpost clients to appropriate benefits • Maintain business continuity
OPEL 4 Emergency Response Exceptionally severe weather of threshold temperatures breached >6days	• Activate emergency management arrangements • Communicate public media messages • Activate plans to deal with a surge in demand for services • Communicate with those at risk regularly • Ensure that the hospital sites are kept clear and accessible • Maintain business continuity

Road Clearance

In the event of severe winter weather requiring roads to be cleared of snow and ice Kirklees Council will clear the pavement outside HRI to the boundary of the hospital site as part of its planned snow clearance operations. Acre Street and Occupation Road are on priority gritting routes. The access roads to CRH (Dryclough Lane, Godfrey Road, Dudwell Lane and Huddersfield Road) are all on priority gritting routes. Information on the priority gritting routes can be found at:

http://www2.kirklees.gov.uk/winterUpdates/default.aspx
http://www.calderdale.gov.uk/transport/highways/winter-service/index.html

There may be occasions in severe winter conditions where the hospital requires urgent deliveries such as medical gases and the site road access is impassable. In these situations the Local Councils may assist with road clearance where possible.

Kirklees Council will be operating "gritter twitter" this winter which gives real time information on the council's response to the winter forecast. This information can be used to plan journeys and has been used by schools to assess whether or not to open. The link to twitter is can be found at the Kirklees Council weblink above. Calderdale Council regularly update their website with information about planned gritting routes during periods of severe weather.

Kirklees Council will do what is possible to help ambulances with gaining access to patients that require urgent treatment / transport to outpatient appointments and hospital discharges. Examples of urgent outpatient treatments include renal dialysis and administration of drugs for life threatening conditions. Any assistance will be on the basis that the hospital confirms that the situation is urgent. Kirklees Council Highways can be contacted 24hours a day on 0800 7318765. Any Trust patient phoning the council to ask for help will be directed to contact the relevant hospital department. The hospital department will inform the patient flow team who will be responsible for liaising with Kirklees Council Highways.

Calderdale Council Highways commit to responding to requests from the emergency services only but may be able to assist in the event of an urgent request from the Hospital to grit a particular highway. The Calderdale Council Highways can be contacted via the Street Care / Customer Care number 0845 2457000.

Managing absence

The Trust's Adverse Weather Policy will be followed at all times to ensure that there is consistency across the organisation in the event that severe winter weather causes staff to be later, absent or work excess hours.

In the event that essential staff have difficulty getting to work and there are no alternate travel options, including car sharing or public transport, it may be possible for the hospital transport team to collect staff from their homes. Where staff have difficulty getting home from work and there are no other options hospital provided transportation is also an option. It may also be possible to provide additional staff overnight accommodation. Requests for additional hospital transport services or accommodation should be made by a matron or general manager to the General Manager of Operations and Facilities.

The adult community nursing team work flexibly in winter. Healthcare workers visit patients closest to their home address and are able to work from an alternative location that is closer to their home address.

Useful contact information

Organisation	Contact Name	Telephone / Email
4X4 Response	24hr call out number	Available in patient flow office
Calderdale Council Highways		01422 288002
		OOH 01422 288000
Calderdale Council Emergency Planning Team		01422 393134
CHFT Accommodation		

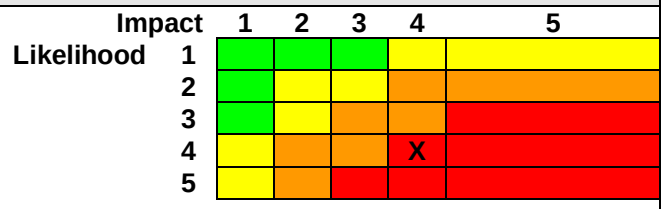
		Via General Office
CHFT Hospital Transport Service		Via help desk
Kirklees Council Emergency Planning Team		01484 221000
Kirklees Council Highways		01484 414818
St John's Ambulance	24hr pager	Via switchboard

13. COVID-19/Seasonal influenza Risks

Overview

Business Impact

- Absence of staff due to influenza illness/COVID-19
- Spread of the virus to staff due to ineffective use of personal protective equipment
- Lack of available supplies of personal protective equipment
- Increase costs of delivering care because of requirement of FFP3 masks and fit testing in some clinical areas
- Lack of available side rooms to isolate infectious patients
- Lack of available capacity on intensive care units to treat flu patients with serious illness
- Closure of ward areas and loss of bed days due to outbreaks of infection
- Increased monitoring and reporting requirements for flu-related activity
- Impact on delivery phase 3 plans
- Patient clinical and safety outcomes



Proactive strategy

- Immunise staff for seasonal flu
- Test staff with COVID-19 symptoms or family member. Advice on isolation through Occupational health and staff absence due to the is managed by line managers
- Screen all staff as they arrive on duty- SOP in place
- Community staff continue support people to stay at home
- Restate the risks and infection control requirements for managing flu patients
- Key messages reinforced by community staff
- Purchase additional supplies of face masks, gowns and goggles
- Create and manage a stockpile of FFP3 masks
- Fit test staff who may be required to use FFP3 face masks (medical, nursing and physiotherapy staff working in A&E, ICU, Respiratory and MAU)
- Near patient testing in A&E for patients with suspected seasonal flu

Reactive strategy

- Promote key flu messages for patients (if you've got influenza or COVID-19 symptoms, stay at home)
- Follow standard infection control precautions for managing flu/COVID-19 positive/highly suspicious patients
- Reassign or redeploy staff in high-risk groups as appropriate
- Implement the joint surge and escalation plan
- Implement the escalation plan for critical care if required

Trigger	Received by	Immediate action
DH reporting - proactive	DIPC	• Alert forwarded by email rule to Director of Operations, Chief Nurse, Director of Infection Prevention and Control. • Staff in the Emergency Departments and out patient departments will remind relevant patients to have their flu jabs if they have not already done so. • Implement management of flu arrangements.
Surge in flu related activity	ED matron/CD	
Surge in COVID-19 admissions	Infection control team	

Infection Control

There is an expected surge of patients with 'flu' in 2019/20. Guidance through public health and CHFT internal IPC team including the lead clinician will be managed through the Pandemic Influenza Planning Group with all key partners within CHFT. A table-top exercise will take place prior to winter to ensure the Plan is robust and any learning shared and acted upon prior to winter, all divisions will be represented.
Point of care testing will be available however due to the COVID-19 pandemic the Trust is working with ICS partners to establish new pathology platforms and new strategies that will enable both influenza and COVID-19 testing.
Patients who need isolating will have a respiratory isolation sign should be displayed on the side room door (further information on isolation of patients is available in the Isolation policy section K). All staff must wear personal protective clothing (PPE) when entering the side room. When performing aerosolising procedures staff must wear an FFP3 mask and eye protection. Transfer and movement of patients around the hospital should be kept to a minimum.

In the event that there are number of admissions with confirmed or suspected influenza it may become appropriate to cohort patients in a single bed bay or ward area. The IPC team will be instrumental in developing the operational plan when cohorting is required.

Some members of staff will be at greater risk from influenza because of a pre-existing medical condition or pregnancy. The risks to staff should already have been identified and managed through existing occupational health protocols

Personal Protective Equipment

Wards and departments should ensure that they have sufficient supplies of personal protective equipment including gloves, plastic aprons and surgical masks.

A central stockpile of surgical masks, thumb in loop gowns and eye protection is established on each site. The stockpile is managed by the materials management team and accessible to the relevant wards and departments.

FFP3 masks or the positive pressure hood are required for specific infectious diseases (MERS and by staff performing cough inducing procedures for patients with suspected or confirmed infectious condition spread via respiratory secretions. FFP3 masks must be worn when performing the following procedures:

- Intubation, extubating and related procedures (e.g. manual ventilation and open suctioning)
- CPR
- Bronchoscopy
- Surgery and post-mortem procedures involving high speed devices;
- Some dental procedures (e.g. drilling);
- Non-invasive ventilation (e.g. bi-level positive airway pressure and continuous positive airway pressure ventilation)
- High-frequency oscillating ventilation; Induction of sputum.

Staff performing these types of procedures will include staff in ED, theatre, respiratory ward, ICU, and the acute floors in addition to staff groups such as Anaesthetists, Intensivists, endocopists and physiotherapists (chest). Many wards and departments stock these masks and the following wards are 'top up' areas:

HRI = SAU, acute floor, 18, ICU, Emergency Department

CRH = acute floor, 3, 5, ICU and Emergency Department

The PPE Workstream was established in the first wave of the COVID-19 pandemic outbreak, this workstream will continue and oversee all areas in relation to PPE.

Fit Testing for FFP3 Masks

Prior to using an FFP3 mask the make/model and size of mask MUST be fit tested to the user to ensure a seal can be attained and the member of staff will be safe. Face masks come in various shape sizes so users can determine the most effective.

There are competent 'fit testers' in most clinical areas within the Trust who can carry out the assessment (register held on the intranet). Fit test kits are available from the IPC team for competent fit testers to use. It is the responsibility of the fit testers in each area to fit test their staff and to record the make model and size of mask that they require. Staff who have been fit tested are adding onto the equipment training database by the fit tester or the staff members manager.

Where a member or staff does not successfully fit test with the FFP3 mask used by the Trust, each management team must put in place appropriate risk mitigation measures to protect the member of staff from being exposed to a respiratory infection at work. This may involve:

- Training to use the positive pressure hood
- Reassigning to an alternative task

Positive pressure hood systems have been purchased for use in the emergency departments on both sites. Training is required prior to use by a competent user.

Critical Care Escalation Plan

The Local Critical Care Network has developed a critical care network escalation plan that includes triggers and escalation levels (see appendix 1). The Trust Critical Care Escalation Plan details the arrangements for increasing level 3 capacity in the event of a surge in demand.

14. Christmas and New Year Bank Holidays

Staffing

The clinical divisions will have arrangements in place to ensure staff cover on the bank holidays over the Christmas, New Year period and the during this period when there is anticipated surge in emergency/acute demand. There will be senior divisional management cover over the Christmas and New Year period.

Reduced services

The Christmas and Bank Holiday arrangements for different services will be shared in the on-call pack which will be available in each Patient Flow office. Copies of the operational arrangements for theatres and clinical support services over the Christmas and Bank Holiday period will be again available for the on-call teams over the Christmas and New Year period.

Partner organisations

The Christmas and New Year cover arrangements for primary care, social care and safeguarding will be shared with the on-call teams for the Christmas and New Year period and stored in the patient flow offices on both CRH and HRI sites.

Communications

The Communications Team will issue media statements during winter to reinforce key health messages.

When there is a community outbreak of diarrhoea and vomiting a press release will be issued promoting basic hand hygiene and asking the public to stay away from hospital if possible because they risk passing on an infection to vulnerable patients.

Prior to the Christmas and New Year period a press release will be issued reminding the public them when it is appropriate to use primary care services rather than accident and emergency departments and to stock of home medicines cabinets prior to the holiday.

In the event of a significant infection outbreak the Trust communications team will work with Calderdale and Greater Huddersfield CCG to implement a media and communications strategy utilising key messages which will include advice for visitors.

Training and Implementation of the Winter Plan

The Divisional Director of Operations and identified leads for winter planning have overall responsible for ensuring that those with identified roles in the plan are familiar with the protocols set out in this document. This will be achieved by;

- Involvement of leads from each division in winter planning
- Discussion at the appropriate divisional committees
- Cascade of messages to key staff groups through email circulation and Trust news

- Publication of related documents on the Preparing for Emergencies section of the staff intranet
- Publication of the plan on the Trust intranet; and
- To improve capability and resilience in CHFT senior management/clinical teams there will be a number of Table-top exercises to test the winter plan.

Trust Equalities Statement

Calderdale and Huddersfield NHS Foundation Trust aims to design and implement service policies and measures that meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender race, disability, age, sexual orientation, religion or religious/philosophical belief or marital status.

Monitoring Compliance with this procedural document

The Deputy Chief Operating Officer and Divisional Director of Operations in collaboration with key service winter leads are responsible for the successful implementation and monitoring of the winter plan. The plan and its effectiveness will be reviewed throughout the winter period and learning shared and acted upon. The Urgent Care Board membership will also play a key role in the review process. This plan however will be reviewed and updated as required on a monthly basis, this may be due to NHSE guidance, learning from the COVID-19 pandemic or in response to the escalating position with the pandemic resurgence.

Associated Documents/Further Reading - Intranet

The Trust has a number of policies and plans that would be used in dealing with problems caused by winter conditions. They are both clinical and non-clinical and some are season-specific and others are for general use:
All can be found on the intranet- link
https://intranet.cht.nhs.uk/non-clinical-information/emergency-preparedness-resilience-response-local-secuirty-management-specialist/

a. Adverse weather policy
b. Pandemic influenza
c. Major Outbreak of Infection Policy
d. Emergency Management Arrangements
e. Escalation guidelines for the maternity units
f. Discharge Policy/Transfer of Care Policy

There are also some whole system plans that will be implemented as appropriate:
g. Joint Surge and Escalation & Winter Plan (2019/20 plan still in development)

APPENDICES

1. Critical Care Escalation

Appendix one critical care.docx

2. Criteria and SOP for open and referral to flexible capacity (whilst we have no plan to open escalation beds, beds are closed at times due to outbreaks and a checklist should be used when re-opening them)

Checklist on opening additional beds.docm

3.Paediatric Escalation Plan, Advanced Paediatric Nurse Practitioner Escalation Plan and Maternity Escalation Policy

Surge and Escalation final copy.docx

4. Trauma Surge

HRI trauma surge pathway.docx

5. Pandemic Influenza Plan

CHFT_Pandemic_Flu_Plan_v_4_draft_17.10.20

6. Streaming Pathways from Triage

Streaming Pathways from Triage V2.docx

7. Frailty SDEC Pathways/Criteria

PROTECT – PERSONAL DATA & OPERATIONAL

SDEC ED PATHWAY - FINAL.docx

SDEC Criteria Second Draft.pdf

8. ED Escalation Plans

Escalation Protocol CRH Amber ED.docx

Escalation Protocol CRH Green ED.docx

Escalation Protocol HRI Amber ED.docx

Escalation Protocol HRI Green ED.docx

9. Winter Innovation Scheme dashboard

R0406- Winter funding dashboard.xls

10. Flow Dashboard

R0494-Flow Dashboard 2021.xlsx

2. Emergency Preparedness and Security Annual Report

Calderdale and Huddersfield NHS Foundation Trust

COVER SHEET

Date of Meeting:	Thursday 5 November 2020
Meeting:	Board of Directors
Title:	Emergency Preparedness and Security Annual Report
Author:	Bev Walker
Sponsoring Director:	Helen Barker
Previous Forums:	

Actions Requested:
To assure the Board that the agreed process for submission of a statement of assurance to the relevant NHS England and NHS Improvement Regional Head of Emergency Preparedness and Security has been adhered to.

Purpose of the Report

This year's annual assurance return required a different process than in previous years. All NHS organisations will already be undertaking reviews of their response to the first wave of COVID-19 and embedding learning into arrangements ahead of any possible second wave.

Acute Trusts were asked to submit a statement of assurance to the relevant NHS England and NHS Improvement regional head of EPRR by 31 October 2020.

This statement included:

1) Progress made by organisations that were reported as partially or non-compliant in the 2019/20 process

2) The process of capturing and embedding the learning from the first wave of the COVID-19 pandemic

3) Inclusion of progress and learning in winter planning preparations

Key Points to Note

The report CHFT submitted responded to the requirements of the statement of assurance:

1. *Progress made by organisations that were reported as partially or non-compliant in the 2019/20 process.*
   CHFT declared substantial compliance with the 2019/20 EPRR Assurance Core Standards therefore we do not need to evidence any progress made however, of the 2 outstanding standards; one has now been achieved.

2. *The process of capturing and embedding the learning from the first wave of the COVID-19 pandemic*

The Trust has undertaken a number of activities to build on learning from the Covid-19 pandemic and build it into its reset plans for the next 12 months.

These include:

- Production of a Business Better than Usual (BBTU) paper for the organisation with programmes of work underway.
- The Trust is awaiting the full version of the Covid 19 Impact assessment commissioned by CMBC
- The Trust is taking the learning from a significant piece of engagement work undertaken by Healthwatch across Calderdale and Kirklees. This work provides valuable information on the views of our population which will be fed into our reset planning.
- All staff working from home still have access to organisational documents through VPN
- Good communication arrangements for all staff working from home using Microsoft Teams
- Establishment of single point of contact emergencies inbox (Incident Control Centre (ICC)) which emergency planning lead and on-call managers/Directors have access to

3. *Inclusion of progress and learning in winter planning preparations*

As in previous years there is also a wider programme of winter planning and assurance. This work will draw on existing processes, including this one, to supplement assurance conversations. The 2020/21 process seeks to ensure this learning is embedded in winter preparedness.

The Trust has conducted some winter scenario training with Divisional teams to test out the revised Winter Plan for 2020/21 following on from the learning from the pandemic (Winter Plan 2020/21 and feedback from the scenario training available as evidence). Alongside our partners at the A&EDB in August 2020 it concluded work to develop its Winter Reset Plan.

EQIA – Equality Impact Assessment

The EPRR assurance paper aims to implement measures that meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender race, disability, age, sexual orientation, religion or religious/philosophical belief or marital status.

Recommendation

This report is submitted to the Board of Directors to provide assurance that the that the agreed process for submission of a statement of assurance to the relevant NHS England and NHS Improvement Regional Head of Emergency Preparedness and Security has been adhered to.

Calderdale and Huddersfield NHS Foundation Trust

EPRR annual assurance report 2020

This year's annual assurance return requires a different process than in previous years. All NHS organisations will already be undertaking reviews of their response to the first wave of COVID-19 and embedding learning into arrangements ahead of any possible second wave.

Acute Trusts are asked to submit a statement of assurance to the relevant NHS England and NHS Improvement regional head of EPRR by 31 October 2020.

This statement should include:

1) Progress made by organisations that were reported as partially or non-compliant in the 2019/20 process

2) The process of capturing and embedding the learning from the first wave of the COVID-19 pandemic

3) Inclusion of progress and learning in winter planning preparations

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Response from Calderdale & Huddersfield NHS Foundation Trust (CHFT):

1) Not applicable - CHFT declared substantial compliance with the 2019/20 EPRR Assurance Core Standards, of the 2 that were outstanding; one has now been achieved as per the action plan previously submitted.

2) The Trust has undertaken a number of activities to build on learning from the Covid-19 pandemic and build it into its reset plans for the next 12 months.

   These include:

- Production of a Business Better than Usual (BBTU) paper for the organisation.

  The learning over recent months must inform future service delivery models to embed and sustain the examples of positive transformation and enable the future delivery of 'Business Better than Usual'. It is also important that this learning informs transformation programmes of work that were already in progress prior to the COVID-19 pandemic, such as the CHFT ten-year digital strategy and the reconfiguration of hospital services. During May and June 2020 CHFT undertook engagement to listen to people's reflections on the service changes implemented and experiences during the pandemic and to ask about their aspirations for future service delivery. For each element of the plan, the leads have built on learning and architecture developed during COVID-19 to ensure this is built into the reset plans (Business Better than Usual Paper available as evidence)

- Programme of work from the BBTU will include:

  Integration & Partnerships - There is a reported cultural shift with people taking whatever actions are necessary to support patients. Integrated models implemented at pace. e.g. discharge to assess, care home support, joint work with hospices, electronic prescribing & pharmacy delivery, joint approach with Calderdale PCNs managing MSK referrals.

  Remote Patient Appointments - Digital or telephone appointments consultation has been the first option during the pandemic for patient access. Rapid spread of clinical assessment service, virtual and telephone appointments, straight to test, patient-initiated follow ups, one-stop clinics with reduced numbers attending for ftf appointments.

  Needs based Prioritisation - There is need for prioritisation based on people's needs and risks taking account of health inequalities. System wide transparent, ethical and needs based criteria to model demand and capacity will be required - including mechanisms for communicating with patients.

  Workforce - Positive feedback about the focus on support for colleagues' well-being and requests for this to continue. This support has been directed through 3 workstreams, Peer to Peer support, wellbeing support and Partners & other support (Risk assessment tool and PowerPoint presentation available as evidence). Redeployment of staff has enabled the development of new skills and there are requests to retain this option to enrich job roles, spread learning, and support service integration e.g. ODAs in ICU, specialist nurses in DN teams.

  Homeworking - The option of working from home has brought reported benefits: enabling social distancing, improved productivity, home-life balance and positive impact on climate change. There is general agreement that working from home where it is possible is desirable and must be embedded as a future way of working.

  Clinical communication, virtual MDTs & Education - Generally, this has worked well and needs to become the new normal – reducing travel and improving attendance.

  Preventative Models - Shifting the balance from reactive to proactive and preventative interventions that will support patients and families in managing their health and long-term conditions.

  Direct Assessment - New pathways have delivered benefits such as social distancing, infection control and patient experience / outcome e.g. gynae, ENT, ophthalmology, paediatrics frailty.

  Pathology - Redesign the service considering options for delivery in the community (e.g. phlebotomy) and to take account of changing patterns of demand.

  Estate - The need for zoning /segregation of patient care and social distancing will continue in the future and will need to inform estate development.

  Digital Options for Visitors - Continue to provide as an option.

  In addition to the BBTU:

- The Trust is awaiting the full version of the Covid 19 Impact assessment commissioned by CMBC
- The Trust is taking the learning from a significant piece of engagement work undertaken by Healthwatch across Calderdale and Kirklees. This work provides valuable information on the views of our population which will be fed into our reset planning.
- All staff working from home still have access to organisational documents through VPN
- Good communication arrangements for all staff working from home using Microsoft Teams
- Establishment of single point of contact emergencies inbox (Incident Control Centre (ICC)) which emergency planning lead and on-call managers/Directors have access to

3) ***Inclusion of progress and learning in winter planning preparations***

As in previous years there is also a wider programme of winter planning and assurance. This work will draw on existing processes, including this one, to supplement assurance conversations. The 2020/21 process seeks to ensure this learning is embedded in winter preparedness.

The Trust has conducted some winter scenario training with Divisional teams to test out the revised Winter Plan for 2020/21 following on from the learning from the pandemic (Winter Plan 2020/21 and feedback from the scenario training available as evidence). Alongside our partners at the A&EDB in August 2020 it concluded work to develop its Winter Reset Plan. The context for the work is:

- A perfect storm - winter likely to be our most challenging yet; COVID-19 legacy, peaks, seasonal flu, other winter-related conditions – set within context of huge reductions in capacity and social distancing (face to face care, support offers, beds etc.), deepened health inequalities and financial pressure.
- Leaning from the first wave - disproportionate impact on; people living in deprived areas, BAME population, those in certain occupational groups, people with long term conditions, and those who have not accessed essential physical and mental healthcare during the pandemic.
- Learning from the huge economic/employment impact of COVID-19 on families and businesses, which will take exacerbate the impact of winter
- Recognising that this is not a challenge for one part of our system. We have learned that we work best together - taking learning from the work we did together during the first pandemic peak

The Board talked to the system in order to learn lessons agree plans; (Third Sector, Overgate Hospice, CMBC, KMC, YAS, LCD, Locala, SWYPFT, CHFT, Kirkwood Hospice, GPs, and WY Community Pharmacy). This resulted in a set of priorities which were boiled down to identify key success factors that would get us through winter. This resulted in an action plan.

The plan is structured around the 3 key characteristics of high performing systems developed by both the CQC and McKinseys:

a) Prevention and pro-active support to enable people to stay well and independent at home
b) Swift and appropriate access to care and support where people require a step-up, urgent or crisis response is needed
c) Step down support for people who need transitional or ongoing care; at home or in a temporary or new residence

The 17 key actions set out below were exception reported to the Board in September and all are progressing. However 4 key actions were identified for particularly focus in terms of criticality (identified in bold below):

1) Maximise support for vulnerable households and individuals, building on Covid architecture.
2) Support for unpaid carers
3) Strong wrap around multi-agency support to care homes
4) Access to menu of elective care offers
5) Ensure resilience in home care market
6) Rapid access to step up/step down community support, reablement, admission avoidance and follow-up,
7) Appropriate D2A and community bed capacity (IC, Transitional, EMI)
8) Clear and effective Directory Of Service, deliver 111First, with links to SPOCs/GTCs
9) GPs treating all their on-day demand
10) Greatest year for flu uptake; staff and population
11) Community based frailty and OPAT services (identify any others)
12) Protect A&E and hospital beds for those who most need them (minimising avoidable attendances and admissions) – Primary Care Networks data sets are being prepared showing variation in utilisation.
13) Access to appropriate End Of Life Care (hospice care; beds, outreach, respite)
14) Timely access to 111 and 999 capacity
15) Effective discharge, integrated discharge teams, delivery of new guidance, developing Trusted Assessors model and implementing Reason to Reside methodology
16) Effective Mental Health pathways; from A&E, C&YP, PD, SMI, EIP, IAPT, Psychology
17) Development of community based stroke rehabilitation beds

Each of the 4 priorities is set out in more detail below in relation to work ongoing in Calderdale. Given the timescales and the expectations of the winter to come, we need to identify the risks associated with delivery of each and what funding; recurrent or non-recurrent would be needed to ensure success. In this we would take account of funding we already have allocated to each.

a) <u>Strong wrap around multi-agency support to care homes</u>

- New joint CCG/CMBC programme in place to oversee both the commissioning and strategic development of an enhanced care homes model and the here and now support to the market includes QUEST Matrons, frailty team for Calderdale and Care Home Support Team for Kirklees.
- Programme includes implementation of new DES in primary care and delivery of expectation on IPC set out nationally.
- All care home residents are tested for COVID prior to discharge. New guidance is being implementedgh to identify specific care homes who will take COVID positive patients.

b) Rapid access to step up/step down community support, reablement, admission avoidance and follow-up, including

- Being developed as part of the new community model programme, focus is on developing rapid response offers 7 days per week, linked to Gateway To Care and bringing together/optimising current resources and capacity
- Already taking earning from the national 7 accelerator pilot sites (one being Kirklees), therefore would need to be a pilot to understand the local and national learning before a final model is agreed and commissioned

c) Appropriate D2A and community bed capacity

- Being developed as part of the Independent Living Model, would need to ensure effective menu of offers, and sufficient capacity across the range of; D2A/IC, EMI, nursing, residential bed

d) Effective discharge, integrated discharge teams, delivery of new guidance, developing Trusted Assessors model and implementing Reason to Reside methodology.

- Long-standing programme in Calderdale
- New guidance provides challenges in terms of delivery
- We are learning more about the Reason to Reside information and how we build this into our thinking. The Trust has developed a dashboard that pulls information from our Electronic Patient Record and is available for all staff to access (presentation and dashboard available as evidence)

The A&ED Board has established a new winter reset dashboard which will identify key metrics which will show success and issues associated with the winter reset activities.

3. Medical Revalidation and Apparisal Annual Report

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	Thursday 5th November 2020
Meeting:	Board of Directors
Title:	Revalidation and Appraisal of Non Training Grade Medical Staff
Author:	Sue Burton, Medical Education Manager
Sponsoring Director:	Dr David Birkenhead, Executive Medical Director
Previous Forums:	The Workforce Committee reviewed and discussed this report on Monday 19th October 2020
Actions Requested: The report is provided for assurance purposes.	
Purpose of the Report	
To update the Board on the GMC revalidation process and appraisal compliance for non-training grade medical staff for 2019/2020.	
Key Points to Note	
The annual appraisal process was suspended by NHSE on 23rd March 2020 as a result of COVID-19. 16 appraisals were not completed as a result of the suspension. On the advice of NHSE/NHSI these 16 have been classified as approved missed appraisals.	
EQIA – Equality Impact Assessment	
The completion of appraisals and the GMC revalidation process make an overall positive contribution to advancing quality in relation to colleague/patient safety across the NHS. The revalidation and appraisal process does not have a negative impact on equality for people with protected characteristics.	
Recommendation	
This report is submitted to the Board of Directors to provide assurance that the agreed processes for GMC revalidation and appraisal have been adhered to.	

Calderdale and Huddersfield NHS Foundation Trust

BOARD OF DIRECTORS – THURSDAY 5th NOVEMBER 2020

REVALIDATION AND APPRAISAL OF NON TRAINING GRADE MEDICAL STAFF

1. Executive Summary

The purpose of this report is to update the Board on the progress of the Trust's management of medical appraisal and revalidation. The report will also cover the 2019/20 appraisal and revalidation year (1st April 2019 – 31st March 2020).

Summary of key points:

- As at 31st March 2020, 396 doctors had a prescribed connection to Calderdale and Huddersfield NHS Foundation Trust (as compared to 373 on 31st March 2019).
- In the 2019/20 revalidation year (1st April 2019 – 31st March 2020) 101 non-training grade medical staff had been allocated a revalidation date by the General Medical Council (GMC), (as compared to 86 non-training grade medical staff in 2018/2019).

  The COVID-19 pandemic had no impact on the number of doctors who had a revalidation recommendation made in the 2019/2020 revalidation year since the final revalidation panel was held prior to the COVID-19 pandemic.
- Due to COVID-19 appraisals were suspended by NHS England and NHSI from 23rd March 2020. 16 appraisals were not completed as a result of the suspension. On the advice of NHSE/NHSI these 16 have been classified as approved missed appraisals.
- Based on headcount, 86.6% of non-training grade appraisals were completed and submitted in the appraisal year (93.3% 2018/2019). It is important to note that 13.4% of non-training grade medical staff were not required to complete an appraisal for a verified reason (appraisal suspension due to COVID-19, recently joined the Trust, long term ill health, maternity leave, recent return from secondment etc). This compares to 6.9% in 2018/2019.
- The completion rate for all appraisals required to be completed was 100%. However, this 100% compliance rate has to come with a warning. The Trust has never achieved a 100% compliance rate since accurate monitoring began in 2012. It is highly likely that one or two of the 16 doctors who did not complete an appraisal due to the COVID-19 suspension would not have completed their appraisal. For information our appraisal compliance for the previous two years was:

Appraisal Year	Appraisal Completion Rate	Number of Missed Appraisals
2018/2019	99.7%	1
2017/2018	99.7%	1

2. Background

2.1 Medical revalidation was launched in December 2012 to strengthen the way that doctors are regulated with the aim of improving the quality of care provided to patients. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.

Calderdale and Huddersfield NHS Foundation Trust

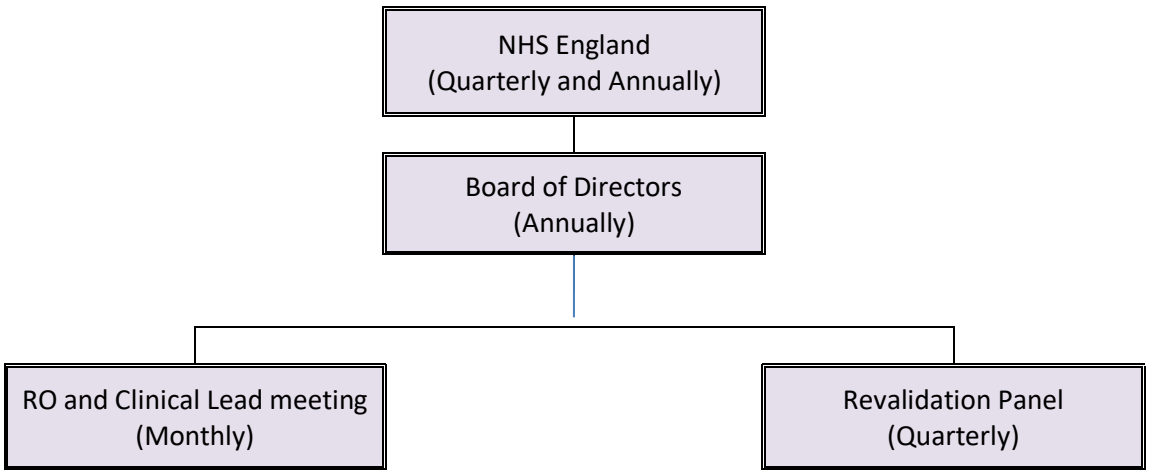
2.2 The Trust has a statutory duty to support the Responsible Officer (Executive Medical Director) in discharging their duties under Responsible Officer Regulations and is expected that the board will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;
- checking there are effective systems on place for monitoring the performance and conduct of their doctors;
- confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process;
- ensure that appropriate pre-employment checks are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

2.2 Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.

3. Governance Arrangements

3.1 The Trust's governance reporting structure for medical appraisal and revalidation is shown below:



3.2 **GMC Connect**

GMC Connect is the General Medical Councils database used by Designated Bodies (ie Calderdale and Huddersfield NHS Foundation Trust) to view and manage the list of doctors who have a prescribed connection with the Trust.

GMC is managed by the Revalidation Office on behalf of the Responsible Officer. The Trust's Electronic Staff Record (ESR) is used as the main source in relation to starters and leavers.

Calderdale and Huddersfield NHS Foundation Trust

4. Medical Appraisal and Revalidation Performance Data

Revalidation Cycles

4.1 The first revalidation cycle started in January 2013. The majority of doctors (with the exception of new starters and those whose revalidation has been put on hold by the GMC) completed their first revalidation cycle by 31st March 2018 and will have had a recommendation made about their fitness to practise by a Responsible Officer (for this Trust this is the Medical Director).

4.2 In the 2019/2020 revalidation year (Year 7) the Responsible Officer has made recommendations for doctors as follows: (see also Appendix A - Audit of Revalidation Recommendations).

Revalidation Cycle (Year 7)	Positive Recommendations	Recommendation Deferred **
Year 7, Quarter 1 (April 2019 – June 2019)	22	1
Year 7, Quarter 2 (July 2019 – September 2019)	26	0
Year 7, Quarter 3 (October 2019 – December 2019)	25	1
Year 7, Quarter 4 (January 2020 – March 2020)	26	0
Total:	**99**	**2**

** The reasons for the deferrals were insufficient evidence being presented for a revalidation recommendation to be made. This was usually due to the fact the doctors were relatively new to the organisation and did not provide sufficient or relevant evidence from previous employers for a recommendation to be made.

Medical Appraisal

4.3. Medical Appraisal underpins the revalidation process. Doctors are expected to complete five appraisals within the revalidation cycle.

4.4 The appraisal year runs from 1st April – 31st March. The table below shows the compliance rate at the end of the 2019/2020 appraisal year on 31st March 2020 (see also Appendix B – Audit of all missed or incomplete appraisals).

Due the COVID-19 pandemic the appraisal process was suspended by NHSE/NHSI on 23rd March 2020.

Grade	Number of doctors with prescribed connection to CHFT	Completed Appraisals (by 31/03/19)	Approved incomplete or missed appraisal	Unapproved incomplete or missed appraisal
Consultants (permanent)	267	253	14 6/14 not completed due to suspension	0
Staff Grade, Associate Specialist, Specialty Doctor (permanent)	70	56	14 5/14 not completed due to suspension	0
Temporary or short term contract holders (all grades)	59	34	25 5/25 not completed due to suspension	0
Total	**396**	**343**	**53**	**0**

(Doctors with a GMC prescribed connection to CHFT as at 31st March 2020)

5. Allocation of Appraisers

5.1 The Revalidation Office (part of Medical Education) allocates appraisers to appraisees and also allocates the month the appraisal should take place.

6. Quality Assurance of the Process

6.1 The process used to monitor the quality of the medical appraisers is for the doctors to rate their appraisal experience in relation to:

- The organisation of the appraisal;
- The appraiser;
- The appraisal discussion

All appraisals submitted as part of the revalidation process are reviewed thoroughly by the Revalidation Panel Quality Assurance Group. This involves a comprehensive review of the appraisal form (appraisal inputs and supporting information). (see Appendix C - Quality assurance audit of appraisal inputs and outputs (1st April 2019 - 31st March 2020)

6.2 The Clinical Appraisal and Revalidation lead also routinely quality assures sample of appraisals submitted (see Appendix C which shows the framework for quality assurance used)

6.3 Access, security and confidentiality

Historical appraisal folders, supporting information and all correspondence relating to the revalidation processes are stored on the Trust network drive. Access to the drive is restricted to the Responsible Officer, the Clinical Lead for Appraisal and Revalidation, the Revalidation Panel clinical members and the Revalidation Office administrative support. All appraisals and supporting information are stored on the PReP system which is ISO27001

accredited, GDPR compliant, 100% IG Toolkit compliant. Access to appraisals is in line with the Appraisal Policy for non-training grade medical staff.

6.5 **Clinical Governance**

Data is provided annually by the Trust to each appraisee to assist with the appraisal process. The DATIX incident reporting system provides basic information relating to serious incidents, complaints and claims where the doctor is named. The Health Informatics department also provide information relating to CHFT activity data, benchmarking data and attendance at audit.

7. Update

a) PReP – Appraisal Form

The PReP appraisal and revalidation e-portfolio was updated to incorporate a section on the Trusts Four Pillars and One Culture of Care asking appraisees to reflect upon how they apply these in their work.

b) Trained Appraisers

17 new appraisers completed their training in 2019 but 10 existing appraisers stood down (retirement, moving post, change of commitments). A further 14 doctors have registered to attend a training programme in November 2020. There are currently 56 trained appraisers.

8 Action Required of the Board

The report is provided for assurance purposes.

Dr David Birkenhead
Medical Director/Responsible Officer
August 2020

Calderdale and Huddersfield NHS Foundation Trust

Appendix A

Audit of Revalidation Recommendations (1st April 2019 - 31st March 2020)

(Template taken from 'A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report Template – June 2014)

Revalidation Recommendations made between 1st April 2019 and 31st March 2020

	Number
Recommendations completed on time (within the GMC recommendation window)	99
Late recommendations (completed but after GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	**99**
Primary reason for late/missed recommendations For late or missed recommendations only one primary reason may be identified	
No responsible officer in post	0
New starter/new prescribed connection established within 2 weeks of revalidation due date	0
Unaware the doctor had a prescribed connection	0
Unaware of the doctors revalidation due date	0
Administrative error	0
Responsible officer error	0
Inadequate resources or support for responsible officer role	0
Other	0
TOTAL SUM OF LATE AND MISSED RECOMMENDATIONS	**0**

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Appendix B

Audit of all missed or incomplete appraisals audit (1st April 2019 - 31st March 2020)

(Template taken from 'A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report Template – June 2014)

Doctors Factors (Total)	**Number**
Maternity leave during the majority of the 'appraisal due window'	2
Sickness absence during the majority of the 'appraisal due' window'	2
Prolonged leave during the majority of the 'appraisal due window'	2
Suspension during the majority of the 'appraisal due window'	0
New starter within 3 months of appraisal due date	31
New starter more than 3 months from the appraisal due date	0
Postponed due to incomplete portfolio/insufficient reporting information	0
Appraisal outputs not signed off by doctor within 28 days	0
Lack of time of doctor	0
Lack of engagement of doctor	1
Other doctors factors (describe) COVID 19	16
	53
Appraiser Factors (Total)	
Unplanned absence of appraiser	0
Lack of time of appraiser	0
Other appraiser factors (describe)	0
Organisational Factors (Total)	
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0

Appendix C

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Quality assurance audit of appraisal inputs and outputs (1st April 2019 - 31st March 2020)

(Template taken from 'A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report Template – June 2014)

Below is a breakdown of the appraisals audited via the Revalidation process. In addition 10% of all appraisals are audited by the Clinical Lead for Appraisal and revalidation.

Total number of appraisals completed		
346	Number of appraisal portfolios sampled	Number of the sampled appraisal portfolios deemed acceptable against standards
Appraisal Inputs	**Number audited**	**Number acceptable**
Scope of work: Has a full scope of practice been described?	86	86
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	86	82
Quality Improvement Activity: Is quality improvement activity compliant with GMC requirements?	86	84
Patient feedback exercise: Has a patient feedback exercise been completed?	86	85
Colleague feedback exercise: Has a colleague feedback exercise been completed?	86	85
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	86	86
Is there sufficient supporting information from all the doctors roles and places of work?	86	85
Is the portfolio sufficiently complete for the stage of the revalidation cycle	86	84
Appraisal Outputs		
Appraisal Summary	86	86
Appraiser statements	86	86
Personal Development Plan	86	86

Calderdale and Huddersfield NHS Foundation Trust

4. Annual Self Assessment Report for Health Education England

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	**5th November 2020**
Meeting:	Board of Directors
Title of report:	Placement Provider Annual Self-Assessment for Health Education England (HEE) 2019/2020
Author:	Sue Burton, Medical Education Manager
Sponsor:	Dr David Birkenhead, Executive Medical Director
Previous Forums:	The paper was reviewed and discussed by the Workforce Committee on Monday 19th October 2020.

Actions Requested

- The report is provided for assurance purposes.

Purpose of the Report

The HEE Quality framework identifies the standards that organisations are expected to have in place to provide a quality learning environment for our learners.

We are required to assess annually which standards are fully or partially in place via the use of an annual self-assessment review (SAR). The purpose of the report is to make the Board aware of the submission which has been made.

Key Points to Note

The Self-Assessment Report is intended to provide assurance to HEE that as a Local Education Provider, we are meeting their requirements for a quality training environment. We have yet to receive feedback from HEE following our submission but we have no reason to believe we will be considered non-compliant.

EQIA – Equality Impact Assessment

The training and education opportunities offered by CHFT and identified in the report are created to ensure that there are equal opportunities for people with protected characteristics. Consideration is given to any trainee with a disability to ensure their training needs are met and the necessary adjustments are made. Two trainees have been required to Shield as a result of COVID 19 risk factors, these may be related to protected characteristics and clearly impact on training opportunities.

Recommendation

This report is submitted to the Board of Directors to provide assurance that we are complying with the standards and domains as set out in the HEE Quality framework.

Calderdale and Huddersfield NHS Foundation Trust

BOARD OF DIRECTORS – THURSDAY 5TH NOVEMBER 2020

PLACEMENT PROVIDER ANNUAL SELF ASSESSMENT FOR HEALTH EDUCATION ENGLAND (HEE) 2019/2020

Executive Summary

The HEE Quality framework identifies the standards that organisations are expected to have in place to provide a quality learning environment for our learners.

We are required to assess annually which standards are fully or partially in place via the use of an annual self-assessment review (SAR). The SAR covers all learners within the Trust (Doctors in Training, Nursing and Midwifery students, Apprentices, Occupational Therapy, Physiotherapy, Pharmacy, Speech and Language Therapists etc).

The report covers the period 1st April 2019 to 31st March 2020. It was originally intended to be submitted to HEE in April but this was postponed by HEE due to COVID 19. The report does not cover any revisions made to teaching and training programmes as a result of COVID-19.

No major concerns have been submitted by the Trust and a summary of the report submitted is attached as Appendix 1.

Structure of the SAR

The report is submitted via an on line portal so the attached information is a summary of the actual report.

The main SAR is divided into four main sections (plus additional sections as agreed by the Regional Postgraduate Dean):

Section 1:	Organisational details and formal Board level sign off (to be submitted to the Board meeting on Thursday 5th November 2020).
Section 2:	Reporting against HEE 2019/2020 Priorities
Section 3:	Assurance and Exception Reporting
Section 4:	Financial Accountability
Additional Sections:	Equality and Diversity
	Serious Incidents and Coroners case support
	Libraries and Knowledge Services
	Patient Safety, Human Factors and Simulation
	SAS and Specialist Doctors.

The completion of the report has been co-ordinated by Sue Burton, Medical Education Manager. Subject Matter Experts completed the sections relevant to them.

Formal analysis of the Trusts SAR submission will be undertaken by HEE and triangulated with other evidence gathered (eg National Education Training Survey, GMC Survey, local HEE surveys, placement feedback etc). The combined picture is used to determine how well the Trust is fulfilling the requirements of the Learning and Development Agreement. The SAR is also used as an opportunity to identify and confirm best practice. Feedback from HEE will be discussed as part of the Monitoring the Learning Environment meeting held with the Trust.

Action Required of the Board of Directors

The report is provided for assurance purposes.

Dr David Birkenhead
Medical Director/Responsible Officer
October 2020

Appendix 1

Health Education Yorkshire and the Humber

HEE Priorities

HEE Domain 1:

Learning Environment and Culture, HEE priority for 2019/20 reporting in this domain is:

In your organisation, in which clinical service areas does clinical workload regularly impact adversely on your ability to deliver clinical training?

There are no areas where this is a clearly identifiable concern. There are occasions when we receive anecdotal reports or Exception Reports (for doctors in training) where an example is given of a training opportunity missed in the clinical environment due to workload pressures.

The results of the 2019 National Education Training survey indicate that there are no major concerns across the board in relation to the quality of training and the access to training (with particular reference to the responses to question 18).

What strategies do you employ to maintain both clinical service and training on a daily basis?

We have timetabled scheduled teaching programmes across the professions, where learners are given the time to attend protected, tailored sessions.

Attendance at training sessions is monitored and reasons for non-attendance sought in order to identify if work pressures are preventing learners from attending training.

We encourage learners to let us know if they are not receiving the training they need due to workload pressures via forums and specialty meetings.

We apply the standards for student supervision and assessment. The supervision arrangements in place for all groups aim to ensure that wherever possible clinical opportunities become training opportunities.

HEE Domain 2:

Educational Governance and Leadership, HEE priority for 2019/20 reporting in this domain is:

Many clinical services are undergoing review and change as part of the NHS Long Term Plan & People Plan, what governance steps have you put in place to ensure the required notification of any change in service is given to both HEE and the HEIs to ensure continued clinical placements within your organisation?

We feel we have a good working relationship with HEE and HEIs and have a track record of informing them of planned changes to our services. At a Trust level educational leads, College Tutors and Training Programme Directors are informed of any planned changes and have an opportunity to comment. Whilst the Trust reconfiguration will not change the scope of service delivery within CHFT, it will impact on the sites of delivery. Whilst we would expect an overall benefit to training, we would be happy to agree a more formal notification process as service plans develop.

Please describe how your organisation ensures the governance of education. Please email a copy of the organisational diagram or visual that describes the governance and team structures relating to education and training to the North Quality Analyst Team at nqat@hee.nhs.uk.

A Trust wide Education Committee was established in January 2020 the purpose of which is to ensure governance of education and to embed quality and accountability across all education services. This report goes to the Trust Workforce Committee and then to the Trust Board.

The Education Committee is multi-professional in its approach and has representation from all senior leaders who are involved with the planning and delivery of education across the organisation. It is chaired by the Director of Workforce and Organisational Development.

The Medical Education Committee which specifically manages Medical Education is a Sub-committee of the Education committee and is chaired by the Director of Medical Education.

HEE Domain 3:

Supporting and Empowering Learners, HEE priority for 2019/20 reporting in this domain is:

Please describe how your organisation provides support to medical trainees who submit Exception Reports or Code of Practice concerns?

The Trust has an Exception Reporting Procedure which is available on the Guardian of Safe Working intranet page and is also circulated to all doctors in training when they join the organisation. Doctors in training are aware of the timescales and processes for Exception Reports to be dealt with.

The Trust stresses to medical trainees and clinical divisions that the Exception Reports are a positive tool for identifying issues or problems and we encourage trainees to complete them.

The Educational Supervisors are advised on how to deal with reports submitted and provide any support required. The Guardian of Safe Working regularly checks the status of reports submitted and will follow up on those which have not been dealt with, liaising with the relevant doctor in training as necessary. The Guardian also ensures by checking with trainees that any support necessary is being provided. The Guardian also checks that any trend in Exception reports is acted upon by the clinical division(s).

How do you encourage trainees to identify Educational Exception Reports (e.g. loss of specific training session to cover clinical service gap) from ERs relating to working beyond regular hours?

The Guardian of Safe Working is very proactive in making the doctors in training and clinical divisions aware of the Exception Reporting process and encouraging them to submit reports if they have an educational concern. This is promoted via:

- Corporate doctor in training induction
- Junior Doctor Forum and attendance at Doctor in Training specialty teaching sessions.
- What's App message/Teams messages
- Attendance at Medical Education Committee Meetings, Clinical Audit sessions, Educational and Clinical Supervisor meetings and training sessions, LNC meetings and flyers.

The Director of Medical Education and College Tutors, again through induction and meetings with trainees stress the importance of highlighting any educational concerns they have through the Exception reporting system.

How have you used the 'Rest Monies' allocated to you from central funding to support doctors in training?

The Trust received £30,000 'rest monies' from NHSE.

Following consultation with the junior doctor representatives who are part of the Junior Doctors Forum it was agreed that the funding would be used to refurbish the Doctors Mess' on the Calderdale Royal Hospital and Huddersfield Royal Infirmary sites.

This involved the new flooring, complete redecoration and new furniture for both facilities. Kitchen facilities were also improved and new PCs installed in both venues for the use of the doctors in training.

The upgraded facilities have been well received by the doctors.

Please describe how your organisation provides support to learners to ensure they can access rest facilities, IT resources and pastoral support during their placement.

Rest Facilities: We have in place a procedure whereby learners who have worked a shift and feel too tired to travel home can access to a rest room (single bedroom). This is available on both hospital sites. We also have a Doctors Mess on each site and some clinical areas have rest/quiet rooms.

IT Resources: The Trust has:

- 24 hour accessible IT rooms in both Learning and Development Centres.
- IT suites in both Doctor's Mess.
- A well-equipped library with IT facilities
- Laptops which are available for loan from both Learning and Development Centres.
- A number of clinical areas have seminar/quiet areas where doctors can access laptops.

Pastoral Support:

Learners are made aware of the pastoral resources within the Trust (via induction, flyers and one to one meetings). These are:

- The learners own supervisor.
- Counselling
- Occupational Health
- 1 to 1 emotional and psychological support (arranged by the Trust within 24 hours of receiving the request)
- Mindfulness sessions
- Chaplaincy Team
- Freedom to Speak Up Team

We also make learners aware of the services offered by, or via, HEE.

How do you support academic learners?

The Trust has one academic FY1 post which is supported in line with the UKFPO requirements for a foundation post on the Academic Foundation Programme.

HEE Domain 4:

Supporting and Empowering Educators, HEE priority for 2019/20 reporting in this domain is:

MEDICAL TRAINING: Please provide details of the specific SPA time you allocate to individual trainers undertaking the roles of named Educational and Clinical Supervisor. Job planned 'one hour per week per trainee under named supervision' is the accepted standard and this is covered by the placement tariff sent with the LDA. Does your organisation meet this standard; if not, what tariff do you apply?

Allocation:

- 0.125 SPA time per trainee
- Maximum 4 trainees per consultant (unless extenuating circumstances*)
- There is in addition general provision in the overall SPA allocation of 1.5 core SPA for training activity.

We can demonstrate this by:

- Annual practice assessor updates/educator for practice assessors/educators/mentors facilitated by the University of Huddersfield hosted by Trust staff/premises.
- Practice supervisor preparation and updates are provided by a suite of options ranging from online/paper resources through to a face to face preparation course provided by Trust educators.
- Access to HEE funded practice assessor preparation course delivered via a distance learning programme by the University of Huddersfield.
- Personal and managerial responsibility through discussion at PDR and revalidation processes
- Professional development opportunities for Trust educators including PGcert in professional education
- Protected time to complete educational placement areas for all areas receiving undergraduate learners.
- Through robust learning needs analysis, staff training needs are supported to complete relevant programmes which enriches the student experience.

MULTIPROFESSIONAL TRAINING: Please provide details of the protected annual time for continued development you allocate to those providing educational roles over and above the time required annually for their continuing clinical development. What in house courses/support do you provide; what external courses do you regularly use?

HEE Domain 5:

Delivering Curricula and Assessments, HEE priority for 2019/20 reporting in this domain is:

With the introduction of new workforce roles (e.g. Physicians Associates) and increased numbers of Advanced Practitioners in training, together with an increased reliance on Locally Employed Doctors on service rotas, how do you ensure that doctors in training receive their required curricular opportunities and where necessary how are these needs prioritised?

Doctors in training continue to have their dedicated teaching times and programmes. We have increased the number of trainers and educators. We do not feel that training is compromised in anyway, in many respects it is enhanced due to the increased opportunities for multi-professional training which are available. Also, the number of times doctors in training have been unable to attend formal teaching sessions has reduced as a result of there being additional clinical staff on the ward.

The NHS People Plan identifies the need for increased placement numbers to accommodate the planned growth in student numbers to meet future workforce demand.

What plans do you have in place to accommodate increased student placements? What impact do you envisage this will have on your ability to maintain the learning experience provided to current students and to clinical service provision?

We have responded to national plans and we have significantly grown our capacity to support undergraduate learners. We achieved this by;

- Full capacity review
- Converting spokes to hubs
- Opening of new placements
- Move flexible deployment of students across the parts/stages of training
- Part of the Nursing and Midwifery strategy to continue to grow placement opportunities
- Additional corporate role to support capacity and sustainability work
- Utilising the new education standards to support new mentoring models
- Close partnership working with HEIs around allocation models

Impact/mitigation

- Increase demand on corporate support services and clinical teams – increased personnel within
- corporate teams. Ongoing work to maintain and increase practice assessor/educator/mentor numbers. The utilisation of electronic staff record (ESR) for accurate educator/mentor recording.
- Increased demand on HEI services
- Possible reduced opportunity for learning due to increased capacity – Mitigated by implementation of varied mentoring models and using a hub/spoke model of placement allocations. Opening of a breadth of placement opportunities to minimise impact at ward/department level. Utilising the SSSA education model of student support, supervision and assessment.

HEE Domain 6:

Developing a Sustainable Workforce, HEE priority for 2019/20 reporting in this domain is:

The People Plan identifies as a priority the need to tackle both 'The Nursing Challenge' (Chapter 3) and to create the workforce needed to deliver '21st Century Care' (Chapter 4). What plans for 2019-21 does your organisation have to meet these challenges from an educational and training perspective?

CHFT's plans include;

- Increased supply through nursing and midwifery programmes
- Accessing degree apprenticeships opportunities
- Increased trainee nursing associate numbers as part of the nursing workforce modernisation plans.
- Continued comprehensive review of placement capacity and support offered to remove barriers to facilitate expansion for future intakes.
- Continued international recruitment
- Return to practice opportunities
- Improving attrition on undergraduate programmes by developing a robust culture of support whilst learning.
- Transition programme from student to graduate employment
- To continue to train and deploy ACPs into the future workforce
- Annual learning needs analysis to identify training needs in the non-medical workforce. Develop a systematic approach to identify learning needs so that we can prioritise needs against available resource and ensure that delivery plans are in place.
- To continue to work with the NHSi retention programme
  - Nurse graduate programme; robust preceptorship to support all new healthcare practitioners including those in new roles.
  - Induction and onboarding processes
  - Internal transfer processes to allow the workforce to move and gain experience internally
  - Internally training programmes (AIMS, bespoke learning programmes)

Organisation top three successes and top three challenges

Please use this section to summarise three high-level successes your organisation is most proud of achieving, and list any challenges or prominent issues that HEE should be aware of.

Description of success	Description of Challenge
The Trust launched its Organisational Development strategy and made information widely available for colleagues through an interactive website called 'the Cupboard'. The strategy is based on 'one culture of care' where we care for each other in the same way compassionate way we care for our patients.	Workforce challenges in relation to shortage specialties, including Radiology. The Trust has however made significant progress in recruitment to shortage specialties over the last year.
Continuing use of technology to improve the way we care for our patients – increasing our digital capacity beyond the Electronic Patient Records system	Planning and re-design of new hospital services ensuing that and the future needs and requirements of our learners are met.
We continue to perform well with regards to the NHS performance standards including three core NHS Constitutional patient targets: referral to treatment times, the emergency care standard of waiting four hours or less in A&E and cancer referral times.	The capability to innovate in all aspects of training and education due to financial restraints

Please use this section to summarise three items of Best Practice your organisation is most proud of achieving, and the impact this has had within your organisation. Please Note: Best Practice will be shared with other organisations.

Description of Best Practice	Impact of Best Practice
Hospital Out of Hours (HOOP) is now fully embedded into the Trust. HOOP is a rapid response out of hours team to support the deteriorating patient and the Junior Doctors in managing urgent interventions. It uses an electronic task management system. When a task is required for a patient out of hours it is sent via electronic form to the HOOP co-ordinator (senior nurses with specialist skills). The co-ordinator then assigns the task to the most appropriate member of the team. These staff receive alerts on their devices with the relevant information about the location and condition of the patient and the task that is needed.	By using this electronic system we can ensure the right information gets to the right person in a timely fashion. Ward staff do not have to wait by phones for bleeps to be answered and clinicians are not interrupted by a bleep whilst seeing a patient. It has improved patient safety by ensuring swift responses to requests and it has reduced inappropriate tasks being undertaken by clinical staff. Doctors in training in particular have commented on the great support received by the HOOP team and the fact they are only asked to undertake tasks within their level of competence.
We organised and hosted the inaugural 'CHFT's Got Medical Talent' Awards. This is an opportunity to recognise and thank our doctors in training for their tremendous contribution to service	This builds upon the work started in 2018 to purposively work to improve our doctors in training sense of belonging to the organisation. The feedback was extremely positive with many doctors commenting that the whole process had made them feel part of a team
The training and deployment of our trainee nursing associates. Two graduate nursing associates have been successful in being accepted onto the National Florence Nightingale Foundation Nursing Associate Leadership Programme.	The role is impacting positively on patient experience and workforce development.

Organisation assurance statement and exception reporting against HEE Quality Domains and Standards

In this section, we are asking you to consider HEE Quality Domains and Standards and declare any areas where Standards are not met.

	Nursing and Midwifery Students (NMC)			Medical Training (GMC)			Pharmacy Training (GPC)			All Other Learners		
Domain 1: Learning Environment and Culture	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan
1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.	✓			✓			✓			✓		
1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviors.	✓			✓			✓			✓		
1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I).	✓			✓			✓			✓		
1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.	✓			✓			✓			✓		
1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.	✓			✓			✓			✓		
1.6 The learning environment promotes inter- professional learning opportunities.	✓			✓			✓			✓		

	Nursing and Midwifery Students (NMC)			Medical Training (GMC)			Pharmacy Training (GPC)			All Other Learners		
Domain 2: Educational governance and leadership	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan
2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.	✓			✓			✓			✓		
2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.	✓			✓			✓			✓		
2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.	✓			✓			✓			✓		
2.4 Education and training opportunities are based on principles of equality and diversity.	✓			✓			✓			✓		
2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.	✓			✓			✓			✓		

	Nursing and Midwifery Students (NMC)			Medical Training (GMC)			Pharmacy Training (GPC)			All Other Learners		
Domain 3: Supporting and empowering learners	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan
3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.	✓			✓			✓			✓		
3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.	✓			✓			✓			✓		
3.3 Learners feel they are valued members of the healthcare team within which they are placed.	✓			✓			✓			✓		
3.4 Learners receive an appropriate and timely induction into the learning environment.	✓			✓			✓			✓		
3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.	✓			✓			✓			✓		

	Nursing and Midwifery Students (NMC)			Medical Training (GMC)			Pharmacy Training (GPC)			All Other Learners		
Domain 4: Supporting and empowering educators	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan
4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.	✓			✓			✓			✓		
4.2 Educators are familiar with the curricula of the learners they are educating.	✓			✓			✓			✓		
4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.	✓			✓			✓			✓		
4.4 Formally recognised educators are appropriately supported to undertake their roles.	✓			✓			✓			✓		

	Nursing and Midwifery Students (NMC)			Medical Training (GMC)			Pharmacy Training (GPC)			All Other Learners		
Domain 5: Delivering curricula and assessments	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan
5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.	✓			✓			✓			✓		
5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.	✓			✓			✓			✓		
5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.	✓			✓			✓			✓		

	Nursing and Midwifery Students (NMC)			Medical Training (GMC)			Pharmacy Training (GPC)			All Other Learners		
Domain 6: Developing a sustainable workforce	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan	Met	Not Met	Action Plan
6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	✓			✓			✓			✓		
6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	✓			✓			✓			✓		
6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	✓			✓			✓			✓		
6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.	✓			✓			✓			✓		

2019/2020 Financial Accountability Report

Details of LDA Funding

A separate copy of the LDA Financial Section (Schedule E) was included in the email sent with the SAR. In this section please describe how the trust has utilised the HEE funding received via LDA payments.

I can confirm that funding listed in the LDA (Schedule E) has been utilised for its intended purpose? (Yes/No)

Yes

Additional in year funding already provided

Have you received any further funding not included in the LDA?

Yes – please note the funding listed below was in addition to the final LDA Schedule E as received in March 2020.

In this section please list any additional funding received from HEE, for example any regional or national funding received outside of the LDA payments. Please state the amount received, provide a high-level description of what this additional funding is for and please describe how the trust has utilised this funding.

Please state the amount received	**Please describe what this additional funding was for?**
£22,180	Widening Access to Specialty Training (WAST) funding. Invoiced directly for February/March 2020 to be funded through LDA in 2020/2021.
£150	Chemical Pathology GP Training Teaching Session by Dr Karen Mitchell – 8th October 2019.
£1,300	Training costs and assessor fee for AAA Technician.

Equality and Diversity Report

The HEE Quality Framework states clearly that education and training opportunities should be based on principles of diversity and inclusion.

The HEE equality, diversity and inclusion strategy reflects HEE's commitment to this important area of work and features strategy for HEE employees, as well as the opportunity to gather regional activity and influence wider. An example of this is the HEE workforce strategy, used to inform our work in developing a comprehensive system-wide understanding of workforce needs for the future. Diversity and inclusion will be integral in how we look to influence the healthcare system to achieve greater representation and social mobility.

As well as applying these principles across all professional groups, there is also a specific work stream and duty to consider and capture information for doctors in training. The GMC continue their work in equality and diversity, reflecting their standards; promoting excellence.

For medical education, the GMC and local offices continue to consider differential attainment; different rates of attainment between different groups of doctors. This work includes ethnicity and country of primary medical qualification.

How do you ensure that learners with different protected characteristics are welcomed and supported into the trust, demonstrating that you value diversity as an organisation?

Equality, Diversity and Inclusion is discussed at corporate induction; we introduce the three equality groups in the Trust and discuss the Inclusion charter.

If anyone who joins the Trust has protected characteristics which require adaptations to be made to their work pattern, environment or require additional support this will be discussed with the postholder/learner very early on.

In line with the Trust's 'Equality of Opportunity and Diversity' policy the Trust expects all of its employees to contribute to an organisational culture that embraces diversity and promotes equality opportunity.

Training programmes are available to all and aim to inform all staff about individual responsibilities and obligations under equality legislation, raise awareness about equal opportunities and diversity, provide guidance on how to translate policy into practice, eliminate any inequality that exists in order to ensure opportunities for career, personal and professional development are available to all. Finally, to develop an understanding of the procedures to be followed when dealing with allegations of harassment and bullying, discrimination and victimisation.

We also have an overseas community group.

How do you liaise with your trust Equality, Diversity and Inclusion Lead to:

Ensure trust reporting mechanisms and data collection take learners into account?

The Trust's reporting mechanisms and data collection takes into account all employees. The Trust regularly undertakes surveys for staff to participate in.

Implement reasonable adjustments for disabled learners?

The Trust has policies in place that include an Equality Impact Statement which state the Trust's aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce and to ensure that none are placed at a disadvantage over others.

Ensure your policies and procedures do not negatively impact learners who may share protected characteristics?

All our Trust policies are put through the Trust's EQUIP (Equality Impact Assessment Process) to assess the effects they may have on people from different protected groups within employment and services. We always aim to ensure that no individual is discriminated against by reason of their gender, gender reassignment, race, disability, age, sexual orientation, religion or religious/philosophical belief, marital status or civil partnership.

Analyse and promote awareness of outcome data (such as exam results, assessments, ARCP outcomes) by protected characteristic?

At present we do not analyses locally outcome data of doctors in training by protected characteristics.

How do you support learners with protected characteristics to ensure that known barriers to progression can be managed effectively?

The Trust, where appropriate ensures reasonable adjustments are made to the workplace (e.g. supporting provision of an electric wheelchair for a foundation trainee with mobility problems, adjusting rotas for doctors with health issues or if a requirement of pregnancy, adjusting working patterns for learners).

In addition to the above the Trust is committed to supporting the development of BAME colleagues within the organisation. The Trust now has an established BAME Network Group.

The Trust also has a LGBT Forum which holds regular meetings and is advertised across the organisation and is open to all staff members.

How do you educate learners on equality and diversity issues that may relate to themselves, their colleagues, or the local population of the trust?

Our Equality, Diversity and Inclusion approach focuses on education and awareness. We have three equality groups in the Trust and members of these equality groups support Black History Month, LGBT month, Inclusion Week by sharing experiences via Podcasts, meetings, events etc. We also have an inclusive leadership development programme which has two modules linked to Equality, Diversity and Inclusion (Inclusion Insights and Unconscious Bias).

How do you support your educators to develop their understanding of, and support for, learners with protected characteristics?

As above and with the mandatory completion of the Trust's Essential Skills Training Module on Equality, Diversity and Human rights.

Is there monitoring or strategies in place to look at those accessing progression opportunities, and those progressing into more senior roles?

We have an inclusive personal development programme called Empower, we promote moving forward programme, we invest in Inclusive recruitment and support project search.

What is the Trust view on data on progression in the Trust?

We monitor and analyse progression data monthly, we have a Workforce Race Equality (WRES) and Workforce Disability Equality Standard (WDES) action plan and form departmental actions plans as we worked through the results from the employee survey.

Are there any responses or resulting objectives to data held by the Trust?

WRES/WDES action plans can be found on the CHFT website as well as our 5 year approach to inclusion.

Does the Trust invest in additional Equality and Diversity training for some or all staff (i.e. more than statutory training)?

Yes

Are there any training or initiatives (in place or being considered) to learn from cases that have an E&D theme?

Yes, Inclusion Insights and Unconscious Bias

Supporting Learners at Coroners' Court and following Serious Incidents

To help HEE better understand how your organisation supports learners please complete the questions below.

Clinical Incidents

What system is used for reporting clinical incidents?

Datix Risk Management system

How is feedback on an incident given to the reporter?

This is provided via email which is generated from the incident findings and outcome and lessons learned boxes completed within the incident report in the Datix system. These are completed by the investigating manager.

What system is used for reporting Serious Untoward Incidents/ Never Events?

The Datix Risk Management system

Support for learners involved in a Serious Incident:

How does the Trust identify learners involved in a serious incident?

Identification of those involved in the incident is from the patient record. Broader learning for the wider organisation through dissemination of findings and lessons learned. Throughout the investigation where findings indicate individual learning. At the end of the investigation where wider organisational lessons are identified for sharing.

What is the target timescale for identifying learners involved in a serious incident?

The process to identify Learners starts as as soon as a report is submitted.

Who in the education team is notified about a learner involved in a serious incident (e.g. DME, FPD, ES, names CS, Clinical Lead, etc)?

For doctors in training the Medical Education Team (DME and MEM) are informed to notify the Educational Supervisor and HEE. For nursing and AHP colleagues, their line manager, and where indicated matron.

Who offers support to a learner involved in a serious incident (e.g. DME, FPD, ES, Named CS, Clinical Lead, Manager, PALS, Trust Legal Team, etc)?

In the first instance this is provided by the Educational Supervisor who involves others as required.

Describe briefly how support to a learner involved in a serious incident is delivered?

The Risk Team provides reassurance of purpose of investigation; to identify contributory factors and root cause, to mitigate risk and to learn lessons and their part is important to enable this process. Report is shared for reflection and learning. HEE is informed where doctors in training are involved in incidents so that they can receive appropriate support.

Describe briefly arrangements for debriefing/ support for other staff involved in a serious incident?

This is dependent upon the type of incident and severity. For example a child death, there will be a formal debrief and support offered for all staff involved in the care. For an incident involving a student or newly qualified nurse then this may be by the senior nurse or matron.

What guidance does the Trust offer about reflection on serious incidents?

The staff involved, are encouraged to reflect on the findings and learning from investigations, and the final report is circulated to all staff who contributed to the investigation for this purpose. Reflective practice is supported as described above by the clinical/educational Supervisor, line manager, matron.

Writing statements and giving evidence

Who advises and supports learners in the following:

Writing statements for an inquiry into a serious incident, root cause analysis, complaint, etc?

The Risk Team and the individual's Line Manager. The statement template includes a guide to completion.

Giving evidence to an inquiry into a serious incident, root cause analysis, complaint, etc?

For an interview to support a serious incident the purpose of the interview is made clear during introductions and the individual is offered the support of their line manager, consultant, and the Risk Team.

Coroner's statement and inquests

Support for learners involved in a Coroner's case:

How does the Trust identify learners involved in a Coroner's case?

On receipt of a statement request from HM Coroner, or if identified in a statement provided by the responsible consultant.

What is the target timescale for identifying learners involved in a Coroner's case?

Not applicable – see above

Who in the education team is notified about a learner involved in a Coroner's case (e.g. DME, FPD, ES, names CS, Clinical Lead, etc)?

The Director of Medical Education and Educational Supervisor.

Who offers support to a learner involved in a Coroner's case (e.g. DME, FPD, ES, Named CS, Clinical Lead, Manager, PALS, Trust Legal Team, etc)?

The Trust Legal Services team.

Describe briefly how support to a learner involved in a Coroner's case is delivered?

The Trust Legal Services team offers guidance on statement writing and, if called to give evidence, will meet the learner before the inquest to help them prepare for providing evidence in person, and accompany them on the day of the hearing.

Who offers advises and supports learners in writing statements for a Coroner's case (e.g. ES, DME, Trust Services, Legal Department, etc)?

The Trust Legal Services team.

Who advises and supports learners in giving evidence to a Coroner's case?

The Trust Legal Services team.

Do you publicise the advice about Coroner's hearings on the HEE Website?

No.

What training does your Trust offer on Duty of Candour?

An e-learning module is available but is not mandatory

Library Quality Process

Describe how your Trust is implementing the *HEE Library and Knowledge Services Policy*. To ensure the use in the health service of evidence obtained from research, Health Education England is committed to:

Enabling all NHS workforce members to freely access library and knowledge services so that they can use the right knowledge and evidence to achieve excellent healthcare and health improvement.

The Library and Knowledge Service (LKS) provides 24/7 access to online resources and academic support to all staff and students on placement as well as a physical library at The Calderdale Royal Hospital site.

Developing NHS librarians and knowledge specialists to use their expertise to mobilise evidence obtained from research and organisational knowledge to underpin decision-making in the National Health Service in England:

The LKS provides a clinical librarian service to the stroke team. We teach literature and critical skills techniques, individually or in conjunction with the R & D team. We provide evidenced based information to support clinical and academic work. We use Knowledge share current awareness alerts to keep staff informed of updates in their field of interest. We provide and maintain repository of staff publications for the R &D team.

HEE's Library and Knowledge Services Policy is delivered primarily through local NHS Library and Knowledge Services**.**

Please identify the budget allocated to your Library and Knowledge Service in the current financial year.

£208,524.00

If possible please identify the sources of this funding, differentiating for example between educational tariff funding and any contribution from your organisation.

Educational tariff only.

Please tell us about any areas of Library and Knowledge Services good practice that you would like to highlight.
We are part of a national QI and maternity guidelines group. We share our library impact stories https://kfh.libraryservices.nhs.uk/value-and-impact-toolkit/kfh-impact-tools/database/.

We apply for funding bids to support our users winning funding for library refurbishment, website development and an educational resource to support the SALT team within the last 18 months. We are Trust health and wellbeing champions delivering virtual Schwartz Rounds once a fortnight since the end of lockdown.

The Learning and Development Agreement that Health Education England has with your organisation states that for 2018- 19 the LKS should have achieved a minimum of 90% compliance with the national standards laid out in the NHS Library Quality Assurance Framework. LKS that scored below 90% submitted an action plan to Health Education England in March 2019 describing their planned improvements. If you submitted an action plan, please describe the improvements you have made against the plan.

We scored 93% in our 2018-2019 assessment. In 2019-2020 no assessment took place.

Patient Safety

Please advise up to three areas relating to patient safety agenda that you have worked on in the last two years and you are most proud of? Could these be applied regionally and be shared with HEE?

1) Following the initial implementation of EPR its functions have been extended and this has had led to associated improvements in patient safety.
2) Learning from deaths and reducing HSMR
3) Recognition of the deteriorating patient and escalation (including use of the Nerve Centre and Hospital Out of Hours Team)

In which areas would you like support from HEE? e.g. educational events, funding, specific areas of training such as quality improvement.

Funding to support the development of quality improvement through educational events.

Simulation

What is the governance structure in place within your organisation with regard to simulation- based education training?

From an organisational structure perspective simulation-based education (SBE) sits within Medical Education. However, the simulation team and facilities are used multi-professionally and is accessible to all clinical directorates/inter-professional groups within the Trust in addition to community services and the local hospices.

Who is the responsible Simulation Lead within the organisation?

There is currently a vacancy for a Trust Simulation Lead so the Director of Medical Education is acting as the Lead. Caren Reid, Simulation Technician (RSciTech) covers the day to day running of SBE.

Please describe your process for accessing education funding received for simulation and/or TEL bids and who is responsible for this?

Simulation has a trust budget of £25,000 per annum for consumables and maintenance of equipment. Major items are purchased via the capital planning process or up until recently via HEE bids eg ERIC.

The previous Simulation Lead and Medical Education Manager have always written and submitted bids.

Does your Trust offer multidisciplinary faculty training including specific simulation-based education debriefing in line with ASPiH standards?

Faculty training is multidisciplinary. Training is provided by existing faculty and the professionally registered Simulation

Technician who follows the ASPiH standards for SBE for training/ development/design/delivery/debrief.

Which directorates or inter-professional groups are actively engaged with simulation-based education within your organisation?

Simulation is accessible across all directorates and is practiced at a differing level across these. Particular programme development has been in Family and Specialist Services, Accident and Emergency, Medical Emergencies, Anaesthetics, Organ Donation, medical students, physician associates, physician associate students, nursing staff and nurse students

Programmes of simulated learning are implemented at FY1/2, Core Medical Trainees, physician associates, 4th and 5th year medical students and physician associate students

Nursing groups currently undertaking programmes incorporating simulated learning are qualified nurses, community and hospice nurses, overseas nurses, nursing associates, nursing apprentices and nurse students.

Student Nurses are also included in multidisciplinary events as an example A & E simulation which may occur whilst they are on placements in that area.

Allied Health Practitioners have their own programmes which are facilitated with support from within the service but are able to use the SBE facilities and equipment.

We are also involved in delivering regional events eg the HEE CMT ASCME Course.

How do you encourage equitable access to simulation for all staff? Add how is this monitored?

The facilities are available for all staff and learners who require access to SBE facilities and is publicised as such. We actively encourage departments to contact the Simulation Team to build and run SBE courses for their departments. All training is recorded in the Simulation diary, all training is evaluated and recorded.

Please describe strategic engagement and representation in simulation activity in the organisation i.e. board level, clinical governance, patient safety, incident reviews, quality improvement?

Simulation forms part of the Medical Education function and the Director of Medical Education reports to the Medical Director who provides feedback to the Executive Board on all issues relating to SBE.

Human Factors

Please describe the extent to which your HF training covers the following domains:

People – the individual & teamwork;

All our HF training covers this domain (HF in Risk Management Training, Foundation Trainee Human Factors day, SAS Human Factors training, Trust Work Together to Get Results programme, MDT team working on QI days, Simulation training, Systemic action plans in Root Cause Analysis Training, Effective Investigations).

Environment – the physical aspects of a workspace;

Simulation based training events – in clinical skills training environment and in situ training.

Equipment and technology;

Equipment and design in Root Cause Analysis training and simulation based training events.

Tasks and processes;

All our HF training covers this domain (HF in Risk Management Training, Foundation Trainee Human Factors day, SAS Human Factors training, Trust Work Together to Get Results programme, MDT team working on QI days, Simulation training, Systemic action plans in Root Cause Analysis Training, Effective Investigations).

Organisation;

Work Together to Get Results programme, Risk Management training and Root Cause Analysis.

Ergonomics and research methods;

Simulation Based training for ergonomic.

For the training delivered in the reporting period please also consider and describe the following:

The audience to which HF training is being delivered, including details of multi-professional staff;

Nursing, medical, AHP, managers, admin and clerical for Risk Management and Root Cause Analysis and Work Together to Get Results

Human Factor Days for foundation and SAS doctors

Nursing, medical and AHP for Simulation based events

Frequency of training, or whether ad hoc events;

Frequency is dependent on the session

Weekly: Simulation based training

Monthly: Risk Management, Root Cause Analysis, WTGR

3-4 times per year: Effective Investigation and Quality Improvement events

Annual: Foundation Human Factor Events

Ad Hoc: SAS Human Factor Events

Who are the faculty that deliver the training? Please describe their "HF expertise", professional background, specialty, whether they have job-planned time to deliver HF training.

It is dependent upon the course. It is a combination of trained internal facilitators and outside facilitators. Some are permanent training staff (eg for SBE), others are HR professionals who are trained trainers. Other facilitators are medical consultants with a special interest in the area.

What is the wider Trust context within which HF training is delivered. Is there a link between patient safety incidents, SI investigations, root cause analysis?

SI investigations/root cause analysis training is solely focused on human factors, contributory factors and ergonomics

To what extent is HF training seen as part of a wider patient quality and safety agenda or integrated into clinical governance structure/process?

It is seen as integral and HF training is being developed and extended across the organisation.

What Human Training requirements do you have as a Trust?

Additional funding to support Human Factor Training requirements for Learners would be welcome.

2020 Staff, Associate Specialist and Specialty Doctors (SAS) and Locally Employed Doctors (LEDs)

Use of funding to Support Staff, Associate Specialist and Specialty Doctors (SAS) and Locally Employed Doctors (LEDs) Faculty development

Please provide answers to the following questions. You may wish to include funding details, as required. For further information in relation to LEDs please review the following NACT document LEDs across the UK http://www.nact.org.uk/documents/national-documents/.

Number of SAS doctors and LEDs in thetrust:

Number of Specialty Doctors:	64
Number of Associate Specialists:	4
Number of Staff Grades:	4
TOTAL number of SAS doctors:	72
Number of LEDs (e.g. Trust Grade, Clinical Fellow):	56

Study leave budgets

Trust study leave funding allocation per SAS doctor (£):

Average £600 per annum

Trust study leave funding allocation per LED (£):

Average £600 per annum

There is no set amount allocated at present. Consultants do receive a similar amount on average. The Study Leave Policy is currently under review and it is anticipated that the annual allocation will be set

How do these allocations compare to the study leave funding allocation for consultants?

Please outline any examples of good practice or challenges regarding study leave budget allocations:

We have a good track record in study leave requests being approved and supported. There is discretion to allow study leave and funding to be approved (without using the individuals study leave or funding allocation) when it is felt the training they are attending can be disseminated to a wider group on their return.

We recognise the need to allocate a set study leave budget allocation for each doctor and we are in the process of agreeing this.

HEE SAS Development Funding received during the financial year 2018/19:

	Amount	**Details (if required)**
SAS Development Fund – Individual courses (£):	**£2,000**	18th March 2019 Personal Effectiveness (1 Day Course) 16 delegates
SAS Development Fund – Trust- hosted courses (£):	**£2,000**	10th April 2019 Personal Effectiveness (1 Day Course) 24 delegates
SAS Development Fund – Trust- hosted courses (£):	**£2,335**	8th October 2019 Empowering Patients (1 Day Course) 24 delegates
Funding for SAS tutor/ lead role (£):	**£2,335**	11th November 2019 Managing Energy Levels (1 Day Course) 23 delegates
Funding for SAS tutor/ lead role (£):	**£4,034**	17th and 18th February 2020 Advanced Teach the Teacher (2 day course) 16 delegates
Funding for SAS administrator role (£):	**Not claimed separately**	Approx 1 hour of Medical Education Manager time per week in total (although can fluctuate). Sufficient and appropriate support is available.
Any other funding received from SAS Development Fund (please give details):	**£6,500**	Costs for SAS Tutor (0.5 PA per week)
TOTAL funding received from HEE (£):	**£16,869**	

Identification of SAS doctor development needs

Please describe the process by which the development needs of SAS doctors within your organisation were individually and collectively identified:

The SAS Tutor is in regular contact with the SAS group via e mail.

Open workshops have been held to identify issues. These have been hosted by either the Chief Executive or Associate Medical Director.

We always seek comments and feedback from SAS doctors on course/events they would like to see delivered. This contributes to our good attendance record for each course delivered.

The SAS Tutor seeks feedback from the SAS group as to which courses or events will prove beneficial

CESR

Number of doctors currently being supported by the trust to work towards CESR application: 14

Number of doctors who completed a successful CESR application during the year April 2018 to March 2019: 2

SAS doctors as Clinical and Educational Supervisors

Number of SAS doctors who are GMC-approved Clinical Supervisors: 9

Number of SAS doctors who are GMC-approved Educational Supervisors: 9

Who decides which trainees have a SAS doctor as their named Clinical or Educational Supervisor?

Educational and clinical Supervisors are allocated by the College Tutor or Training Programme Director.

What governance arrangements are in place for SAS doctors who are Clinical and Educational Supervisors?

All Clinical and educational supervisors need to be accredited by the GMC. To this end we host regular Educational and Clinical Supervisor update programmes and ensure that the roles are discussed as part of the annual appraisal process.

SAS Doctors in Leadership Roles

Number of SAS doctors who are in leadership roles: 2

Please give details of the roles being undertaken:

Chair of the Local Neogtiating Committee Yorkshire SAS representative for the Royal College of Ophthalmologists.

Has the SAS Charter been implemented in the trust?

Yes
No
Partially

Please give details of any examples of good practice or challenges in implementing the SAS Charter:

Good Practice	Challenge
The Trust has introduced CESR posts where the role offers the appointees the experience and opportunities they require in order to achieve specialist registration (rotations through specialties, named supervisors, enhanced study leave etc). We are proactive in the development of the SAS doctors involved in education programmes, leading medical student placements, appraisers for non-training grade medical staff, educational and clinical supervision. All SAS doctors have a one to one meeting with a senior member of medical education as part of their induction. This covers training and development opportunities as well as the requirements for appraisal and revalidation	The Trust completed the BMA/NHSE SAS Charter monitoring tool and identified areas where action is required. There is a group, led by the Deputy Medical Director addressing these areas. The main issues raised by the SAS doctors have been: - To be recognised as the responsible senior clinician in charge of patient care. - Coding of patients to ensure attribution of activities to SAS doctors.

Please give details of any programmes or initiatives in place to support the development of LEDs:

Our LED doctors are offered the same teaching, training and development opportunities as the SAS doctors. We also, dependent upon their grade, offer LEDs opportunities to attend doctor in training, provide access to portfolios, educational supervision etc.

Please outline any examples of good practice in developing SAS doctors or LEDs which you would like to highlight:

Good Practice - Please outline any examples of good practice in developing SAS doctors or LEDs which you would like to highlight:	Challenges - Please outline any particular challenges in developing SAS doctors or LEDs:
The CESR programme and posts outlined above. Two former Trust SAS doctors completed the programme whilst with us and have been appointed to substantive consultant posts within the Trust.	Engagement with SAS and LED doctors can be difficult – encouraging them to participate in the programmes and opportunities available. Where successful this is well received but it would be good to increase involvement and identify more innovative ways of achieving this.
Our promotion of development opportunities has also resulted in two SAS doctors undertaking Teaching Fellowships.	
The availability of an SAS bursary to allow doctors to undertake courses/programmes which fall outside the remit of usual study leave.	

5. Minutes of Meetings

- Finance and Performance Committee meetings held 1.9.20 and 28.9.20
- Quality Committee meetings held 2.9.20 and 28.9.20
- Workforce Committee meetings held 19.10.20
- CHFT Annual General Meeting 7.10.20
- Charitable Funds Committee meeting held 26.8.2020
- Audit and Risk Committee held 21.10.20
- Council of Governors meeting held 22.10.20

Calderdale and Huddersfield NHS Foundation Trust

APP A

Minutes of the Finance & Performance Committee held on Tuesday 1 September 2020, 11.00am – 1.00pm Via Microsoft Teams

PRESENT

Gary Boothby	Director of Finance
Helen Barker	Chief Operating Officer
Peter Wilkinson	Non-Executive Director
Richard Hopkin	Non-Executive Director (CHAIR)

IN ATTENDANCE

Betty Sewell	PA to Director of Finance (Minutes)
Peter Keogh	Assistant Director of Performance
Philip Lewer	Chair
Stuart Baron	Associate Director of Finance

ITEM

103/20 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

104/20 APOLOGIES FOR ABSENCE

Apologies were received and noted for Owen Williams, Anna Basford, Kirsty Archer and Andrea McCourt.

It was also noted that Sian Grbin, Governor had left the organisation and the Chair will discuss with the Company Secretary a replacement.

105/20 DECLARATIONS OF INTEREST

There were no declarations of interest to note.

106/20 MINUTES OF THE MEETING HELD 3 AUGUST 2020

The Minutes for the Public and Private meetings held 3 August 2020 were both approved as an accurate record.

107/20 ACTION LOG AND MATTERS ARISING

The Action Log was reviewed and noted.

009/19: Use of Resources Update (UoR) – The Director of Finance confirmed that wherever possible the UoR workstreams continue to meet collating evidence to articulate our story and that work is on schedule to report back to this forum with formal review in November, as per the Action Log.

097/20: **Complaints Update** – Following concerns from the Chief Executive of the likely increase in Complaints the Chief Operating Officer confirmed we had not yet seen an increase. It was noted that all Divisions, except Medicine, are making progress with complaints and that Lindsay Rudge, Deputy Director of Nursing is working with the Medicine Division to help clear their backlog. It was agreed that Complaints would continue to be monitored closely as part of the Integrated Performance Report – **action closed**.

FINANCE & PERFORMANCE

108/20 INTEGRATED PERFORMANCE REVIEW – JULY 2020

The Assistant Director of Performance reported that the Trust's performance for July was a similar position as last month at 65%. It was noted that a number of indicators continue to be affected adversely by the COVID situation including Sickness, Diagnostics 6 week waits, ASIs and 52 week waits. It was also noted that Stroke and Cancer 31 day indicators also missed their targets for a second month although it was acknowledged that overall Cancer performance has been excellent managing to achieve many of the key indicators. It was confirmed that there will be a deep-dive into Stroke being one of the key indicators which the organisation has never consistently achieved. From a positive point of view, it was noted that the SAFE domain had returned to a GREEN rating.

The following highlights were also noted: -
Caring – we are still awaiting the replacement of the Friends & Family Test which may take another 2 to 3 months. It was noted that the revised process will hopefully give the opportunity for feedback from patients.
Effective – remains GREEN although there has been a rise in C-diff.
Responsive – Emergency Care was just below 95% for July.

For clarity it was confirmed that those who are shielding are not included in the Sickness Absence figures. In terms of Delayed Transfer of Care, it was noted that it is a cause for concern, and it has been escalated in terms of a system approach. Regarding the Readmission rates it was noted that the plan is to split frailty from non-frailty to get a clearer picture. It was reported that we have re-joined the Frailty Collaborative and the Trust will be taking part in the first cohort of an Optimiser Programme. Specific work has been carried out within the Trust and we benchmark well nationally in terms of frailty readmissions, however, internally it has been suggested that there could be an opportunity to re-instate our Task & Finish Group.

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

109/20 OUTCOME BASED PERFORMANCE

The Committee **NOTED** the contents of the paper, the progress to date and the forward plans.

110/20 STABILISATION AND RE-SET PLAN (PRESENTATION)

The Chief Operating Officer provided a presentation of the Trust's Phase 3 stabilisation and re-set plan. Helen Barker started by outlining the process for the planning submission, which was noted by the Committee. The key principles for the re-set plan were highlighted as follows:

- Patient and Staff safety a priority
- Resilience for surge and winter
- All de-escalation to have a rapid escalation plan
- PPE, equipment and consumable availability
- Estate and Workforce redesign essential
- Understand interdependencies
- Ensure learning reviewed and embedded
- Needs based
- Incorporation of priority action plans

In addition, the expectations and assumptions were described in detail. The presentation continued covering areas such as: Activity, Opportunities, Operations, Winter Planning, Community Care, Workforce, Bed Modelling and IPR updates.

The Chief Operating Officer went on to summarise the areas which are outstanding. It was noted that the key unknown is the size of the financial envelope and once this has been identified it is likely that plans will need to be re-visited.

The key risks were highlighted within the presentation as:-

- Workforce fatigue and overall resilience
- Demand exceeding plan
- System unable to secure 82% Non-elective admissions
- Mental Health ability to respond
- Transfer of care position further deteriorates
- Flu/Norovirus/Cdiff outbreaks
- COVID19 surge
- Significant increase in acuity
- Impact on Full Business Case development

The Chief Operating Officer asked for the Committee to recognise the excellent work that Helen Gaukroger, Assistant Director of Finance had made towards the submission.

The Chair thanked Helen Barker for her presentation and the detail which was included. The presentation had been circulated during the meeting and attendees were asked to reflect further on the content and to forward any comments to Helen Barker prior to the Board meeting to be held 3 September 2020. It was recognised by the Committee that this would be an area for on-going debate and discussion.

The Committee **NOTED** the contents of the presentation and acknowledged the input from Helen Gaukroger, Assistant Director of Finance.

111/20 MONTH 4, FINANCE REPORT

The Director of Finance reported that Month 4 was in line with previous months which assumes a breakeven position will be achieved for at least the first four months of the financial year, the following headlines were also noted: -

- Year to date the position is at breakeven after assumed receipt of £9.65m of retrospective top up funding.
- The Trust has incurred costs of £11.97m in relation to Covid-19, of which £3.14m relates to gowns which were purchased by the Trust on behalf of the region. The underlying cost of Covid-19 from a Trust perspective is therefore £8.83m.
- We continue to be underspent on Agency and year to date Capital.

It was noted that the principle of centrally funded COVID costs will continue, however, this will be a prospective top-up funded on allocation which may not necessarily be at the same rate and may result in a shortfall.

The Committee **NOTED** the Month 4 Finance Report.

112/20 DRAFT RE-FORECAST SUBMISSION (VERBAL)

The Director of Finance informed the Committee that due to late submission of guidance the financial teams are still working through the assumptions and the financial costing. It was noted that we are working to the deadline set by the Integrated Care System (ICS) of close of play today.

From the point of view of the finance regime, up until the end of September, we continue to be funded on a retrospective basis, however, going forward a financial envelope for the remainder of the year will be issued to the ICS. Guidance has been promised this week and that the national submission of the overall plan is due by the end of September.

The following points regarding the Re-forecast were noted:-

Independent Sector – clarification regarding who will pay for the independent sector is still unclear.

Incentives – the target has been allocated as a system yet the guidance suggests that penalties and incentives will be applied to individual organisations. It is not clear where funds from penalties are held, it could be locally at CCG level or nationally. Our assumption is that we will not be penalised.

Capital – includes:

- Allocated funding for A&E
- Allocated funding for critical infrastructure
- Allocated funding for Diagnostics
- Our assumption is that there is no requirement to submit a revised Capital Plan at this stage.

It was noted that our challenge is to be clear about what we have and have not included in our re-submission. Discussions took place regarding the governance process to agree the plan, however, it was agreed that until further information/guidance is received a process cannot be formalised. However, the detailed submission will be reviewed at the next Finance & Performance Committee.

ACTION: To review the detailed Re-Forecast submission at the next meeting – **GB/KA, 28/9/20**

113/20 FINANCE & PERFORMANCE ALLOCATED BAF RISKS

The Chair referenced the schedules included in the papers and confirmed that the risk relating to Climate Change would be picked up by the Transformation Board. It was agreed that the format received would be used in future papers. The Chief Operating Officer informed the Committee that in relation to the Performance Risk the score has been increased from 12 to 20 which links, in part, to the Board decision to treat patients on a clinical need basis as opposed to waiting time. In terms of the Finance Risk Scores, these were reviewed and agreed.

ACTION: To liaise with the Company Secretary to ensure the timing of BAF discussions link to Board meetings on the Work Plan – **BS**

Post-meeting note – A timetable has been received and the Work Plan will be updated accordingly.

GOVERNANCE

114/20 DRAFT MINUTES FROM SUB-COMMITTEES

The following Minutes were reviewed:

- Draft Minutes from the Capital Management Group held 11 August 2020
    - Helen Barker asked if the Backlog Maintenance Plan would be shared as it would be helpful to understand the plan from an Estates perspective in terms of Operational impact. Stuart Baron confirmed that there is a paper to share with Executives before the commencement of any work.
- Draft Minutes from the Commercial Investment & Strategy Committee held 23 July 2020
- Key Matters from the THIS Executive Board held 26 August 2020
- C&GH A&E Delivery Board – July & August

The Chair welcomed the summaries of points for escalation to the Committee and thanked the sub-Committees for producing these.

The Committee **RECEIVED** and **NOTED** the key points of escalation.

115/20 WORK PLAN 2020/21

The Work Plan and the following forthcoming items were highlighted: -

- Review of Commercial Strategy - HPS & THIS
- Review of Procurement – Process & Opportunities

Post-meeting note: It was felt that the Review of Procurement should be discussed by the CHFT/CHS Joint Liaison Committee to include building in KPIs and to link with UoR.

The Chair commented that certain key themes relating to Finance and Operations coming out of the various Business Better Than Usual (BBTU) key Workstreams were likely to be built into the Work Plan.

ACTION: To build into the Work Plan the BBTU Workstreams with key themes relating to Finance and Operations once agreed – **RH/BS, going forward**.

The Work Plan was **NOTED** by the Committee.

116/20 MATTERS TO ESCALATE TO THE BOARD

The following points will be escalated to Board: -

- The key focus was Phase 3 Stabilisation and Re-Set Plan
- Points noted from the IPR
    - Concerns around Stroke
    - SAFE domain back in GREEN
    - Some issues relating to the Delayed Transfer of Care
    - Challenges around re-admissions
- Finance – a continuation of previous months, however, the uncertainty is the financial envelope and the Re-Forecast for the remainder of the year.
- BAF Risks – the Committee agreed with the rating of the 4 risks assigned to F&P

117/20 REVIEW OF MEETING

The Chair commented that the meeting had been dominated, quite rightly, by the Phase 3 Stabilisation and Re-Set Plan and that if anyone still had any comments they should feed-back to the Chief Operating Officer.

118/20 ANY OTHER BUSINESS

No other items raised.

DATE AND TIME OF NEXT MEETING:
Monday 28 September 2020, 11am – 1pm, via Microsoft Teams

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Minutes of the Finance & Performance Committee held on Monday 28 September 2020, 11.00am – 12.45pm Via Microsoft Teams

PRESENT

Anna Basford	Director of Transformation & Partnerships
Gary Boothby	Director of Finance
Helen Barker	Chief Operating Officer
Richard Hopkin	Non-Executive Director (CHAIR)
Owen Williams	Chief Executive

IN ATTENDANCE

Andrea McCourt	Company Secretary
Betty Sewell	PA to Director of Finance (Minutes)
Kirsty Archer	Deputy Director of Finance
Peter Keogh	Assistant Director of Performance
Philip Lewer	Chair
Stuart Baron	Associate Director of Finance

ITEM

119/20 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

120/20 APOLOGIES FOR ABSENCE

Apologies were received and noted for Peter Wilkinson and Rosemary Hoggart

121/20 DECLARATIONS OF INTEREST

There were no declarations of interest to note.

122/20 MINUTES OF THE MEETING HELD 1 SEPTEMBER 2020

The Minutes for the Public meeting held 1 September 2020 were approved as an accurate record.

123/20 ACTION LOG AND MATTERS ARISING

The Action Log was reviewed and noted.

009/19: Use of Resources Update (UoR) – The Deputy Director of Finance assured the Committee that work continues, and that a report will be available for the next meeting.

097/20: **Complaints Update** – It was agreed that this action is now closed, however, the Chief Executive updated the Committee that following the appointment of an Assistant Director of Patient Safety, progress would be reviewed again in 3 months' time. The Chair commented that Complaints would continue to be monitored closely by Quality Committee and by this Committee as part of the IPR.

108/20: Stroke Deep-dive – The Chief Operating Officer confirmed that this has been an on-going RED performance and as such would be reviewed at the next Committee meeting – **PK, 2/11/20**

Sub-Committee post meeting notes :

- For clarification it was noted that the Backlog Maintenance Plan had been discussed at WEB and subsequently at Commercial Investment & Strategy Committee on the 24 September 2020.
- The Review of Procurement will be taken to the CHFT/CHS Joint Liaison Committee (JLC) as this forum have a number of KPIs and SLAs against

Procurement. The Minutes from the JLC will in turn be presented to this Committee.
- BBTU Workstreams will initially be reviewed by the Transformation Board who will determine which workstreams will be assigned to which Board Committee.

112/20: Re-forecast Plan (Financial Plan Month 7–12, 2020/21) – The Director of Finance reminded the Committee that it was less than 2 weeks since the Re-set Financial Plans were announced along with the rules for the remainder of the year. Since that time, conversations have continued both nationally and locally to try to interpret the guidance. The Deputy Director of Finance presented slides to the Committee which would be uploaded to Convene following the meeting.

The following headlines from the presentation were noted as follows: -
- Allocation to ICS for Months 7 to 12 is just under £2.2bn
- Latest position is a £61m shortfall against the system allocation, this latest position excludes the £23m CHFT accounting transaction and the £5m Airedale allocation.
- The £61m gap is split: £24m CCG gap based on their proportion of the allocation and £37m provider gap, of which £29m relates to 'other income'.
- This leaves CHFT with a £5m gap against our indicative allocation.
- It has since been raised that the initial indicative allocation did not include YAS and it was agreed that this would be re-visited to recognise YAS in the split of funding.

The assumptions along with potential risks and next steps were described as per the presentation.

The Director of Finance explained that we are not in an ideal position and more national and regional conversations are due to take place this week. The ICS deadline of the 5 October 2020 was noted and that extra time had been built into the Board Development Session scheduled for Thursday 1 October 2020 for further discussion.

ACTION: The Committee agreed in principle that the Re-forecast Plan will be discussed at the Board Development Session, however, an additional F&P was not ruled out – **RH/GB**

ACTION: The presentation to be uploaded on to Convene – **BS, action closed**.

Phase 3 Re-set Update – The Chief Operating Officer updated the Committee that the Trust have continued with the principle that plans need to keep both our patients and staff safe and we are still regarded as being at the lower end of percentages. The Trust has carried out a lot of due diligence regarding the baseline, however, there are several anomalies with what is counted nationally and what is counted locally. We are confident from an outpatient perspective we could get up to 96% of outpatient activity and 81% of day case and inpatients and in some areas 100% of diagnostics. With the increase in COVID cases 25 beds have been included and we have already reached that level.
The Director of Finance highlighted that at the Commercial Investment & Strategy Committee held 24 September 2020 there had been a briefing regarding the additional staffing required to deliver the activity which amounted to approximately

£9m. It was noted that the request is to recruit to these posts recurrently and the recruitment process will commence. As part of the governance process a paper will come back to this forum.

ACTION: To provide Finance & Performance Committee with a paper for consideration and approval regarding the recruitment of additional staff – **GB, 2/11/20**

A question was raised with regard to the critical infrastructure investment, the Associate Director of Finance explained that a paper outlining the detail of spend had been shared at Commercial Investment & Strategy Committee, this will also be shared with the Chair and Non-Executive Director of the Finance & Performance Committee.

ACTION: To share the Critical Infrastructure Investment paper with the Chair and Non-Executive – **SB, asap**

FINANCE & PERFORMANCE

124/20 MONTH 5 FINANCE REPORT

The Director of Finance reported that there has been an extension to the NHSI plan which assumes a breakeven position will be achieved for at least the first six months of the financial year. Year to date the position is at breakeven after assumed receipt of £11.66m of retrospective top up funding: £9.65m has been approved for Months 1-4, with a further £2.01m required for Month 5.

The Chair asked about the Cash position and whether supplier payments are being dealt with promptly. The Director of Finance assured the Committee that improvements have been made, however, the main delay relates to the prompt receipting of goods. To support this the Finance Team have commissioned an animation that has been created to improve the understanding by colleagues of the Procurement to Pay process and the importance of timely receipting. In addition, the Trust came out well following a benchmarking exercise across West Yorkshire.

It was noted that the high-level risk scores within the Finance Report have stayed the same, but the narrative has been amended. It was requested that for future meetings the correct BAF risks should be included which excludes the Climate Change risks and should include the Performance risks.

The Committee **NOTED** the Month 5 Finance Report.

125/20 INTEGRATED PERFORMANCE REVIEW – JULY 2020

The Assistant Director of Performance reported that the Trust's performance for August was 65.3% consistent with the previous 2 months. It was noted that several indicators continue to be affected adversely by the COVID situation including Diagnostics 6 week waits, ASIs and 52 week waits. It was also noted that we have seen some improvement in Stroke and Cancer 31-day indicators in month.

The Summary Hospital-level Mortality Indicator (SHMI) has gone above 100 for the first time in over 12 months for the 12-month rolling position to April. It was noted that there is further work to be done and discussions took place at WEB where it was agreed that this is not COVID related.

In terms of the Outcome Based Indicators the following additions were highlighted:-

- Surgical Site Infections
- Diagnosis of cancer/grade of tumour
- Mortality
- National Early Warning Scores (NEWS)
- Frailty

With regard to Cancer, it was noted that the overall impact of the reduced numbers presenting for diagnosis at hospital will take a few months to feed through.

It was noted that we have seen some stabilisation of the overall performance score, the question was asked as to whether this could go down as COVID patients increase and could this impact over the next few months? The Assistant Director of Performance was hopeful that some key indicators such as cancer screening and diagnostics 6-weeks could improve and there is no expectation that our performance score will deteriorate.

It was acknowledged that SHMI had been discussed in detail in other forums, however, it was asked could our COVID performance have any contribution to our scores? It was noted that this information relates partly to the pre-COVID period and, therefore, should not be attributed solely to COVID, although the Trust will ensure that we carry out our due-diligence on this. The Chief Operating Officer raised a concern from a Community Team perspective that they have an increase in patients who are going directly from diagnosis to palliative care, this is something which will be picked up by the Community Division.

ACTION: To schedule time on the Work Plan to focus in more detail on the Outcome Based Indicators – **RH/BS**

The Committee **NOTED** the Integrated Performance Report for August and Outcomes Based Indicators.

Outpatient Improvement Work – The Chief Operating Officer informed the Committee that NHSI had approved the Meridian proposal and work has commenced. The clinical and booking teams have responded positively with regard to their approach and with the fact that we are actively progressing this piece of work. Longer term reviews with Meridian have been built into the plans and the success will be the sustainable. It was noted that any improvement in this area was not included in the Phase 3 plans.

ACTION: To receive further feedback with the conclusions from the Meridian review at the end of November – **HB, 30/11/20**

126/20 CHFT PARTICIPATION IN NHS BENCHMARKING 2020/21

The Chief Operating Officer reported that approval by the Committee was required following the recommendation at Data Quality Board not to participate in NHS benchmarking for 20/21. The following key points from the report were highlighted:-

- Limited value of benchmarking comparisons with other Trusts throughout the COVID period.

- Significant clinical and operational resource requirement for each submission at a time of increased operational pressures to reset and stabilise.
- Commitment to a robust internal response to GIRFT process to provide benchmarking data.

The only variance will be Pharmacy who have almost completed their benchmarking exercise and will continue for 20/21 but will not participate in 21/22.

The Committee **APPROVED** the recommendation not to participate in the NHS Benchmarking for 2020/21 but to strengthen the internal GIRFT process.

ACTION: To schedule the Minutes of the CHFT/THIS Contract Review Meeting on to the Work Plan going forward - **BS**

GOVERNANCE

127/20 DRAFT MINUTES FROM SUB-COMMITTEES

The following Minutes were received by the Committee:

- Draft Minutes from the Cash Committee held 13 July 2020
- Draft Minutes from the Capital Planning Group held 15 September 2020
- C&GH A&E Delivery Board held 8 September 2020
- Draft Minutes from the Huddersfield Pharmacy Specials (HPS) Board held 21 September 2020

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

128/20 WORK PLAN 2020/21

The Work Plan was discussed, it was agreed that the Review of Commercial Strategy for HPS and THIS will be re-scheduled on the Work Plan for 30 November 2020.

The Work Plan was **NOTED** by the Committee.

129/20 MATTERS TO CASCADE TO THE BOARD

The following points will be cascaded to Board: -

- Status of the Re-forecast Plans and the significant gap at ICS level to be addressed. The deadline of the 5 October was noted and the Plan will be to considered further at the Board workshop on Thursday 1 October 2020.
- Phase 3 Re-set Plans – concerns were flagged regarding the increase in COVID in-patients and the 25 beds built into that plan.
- £9m recruitment built into the Plan which will be discussed at a future F&P Committee for consideration and approval.
- Month 5, in line with previous months with a year to date top up of circa £11.6m
- High level and BAF Risks – no change at this stage
- IPR 65%, making good progress in developing Outcome Based Indicators.
- Stroke/Cancer – making progress, SHIMI is an area for concern.
- NHS Benchmarking for 2020/21 – the Committee approved the proposal to withdraw from the 2020/21 Benchmarking programme.

130/20 REVIEW OF MEETING
There were no points to note.

131/20 ANY OTHER BUSINESS
There were no further items raised.

DATE AND TIME OF NEXT MEETING:
Monday 2 November 2020, 11am – 1pm, via Microsoft Teams

Calderdale and Huddersfield NHS Foundation Trust

QUALITY COMMITTEE

Wednesday, 2 September 2020

STANDING ITEMS

127/20 WELCOME AND INTRODUCTIONS

Present

Denise Sterling **(DS)**	Non-Executive Director **(Chair)**
Ellen Armistead **(EA)**	Executive Director of Nursing
Dr David Birkenhead **(DB)**	Medical Director
Andrea Dauris **(AD)**	Associate Director of Nursing, Quality and Safety
Christine Mills **(CM)**	Public-elected Governor
Maxine Travis **(MT)**	Senior Risk Manager
Rachel White **(RW)**	Assistant Director of Patient Experience
Michelle Augustine **(MA)**	Governance Administrator **(Minutes)**

In attendance

Carol Gregson **(CG)**	Associate Director of Digital Health / CNIO (item 131/20)
Corinna Hampshire **(CH)**	Matron – Surgical Division (attending for Rachel Rae & item 142/20)
Anita Hill **(AH)**	Medication Safety Officer (attending for Elisabeth Street & item 135/20)
Helen Hodgson **(HH)**	Matron – Medical Division (item 133/20)
Azizen Khan **(AK)**	Assistant Director - Human Resources (attending for Jason Eddleston)
Philip Lewer **(PL)**	Chairman (observing)
Maggie Metcalfe **(MM)**	Associate Director of Nursing - Medicine (item 143/20)
Elizabeth Morley **(EM)**	Associate Director of Nursing - Community (item 140/20)
Dr Julie O'Riordan **(JOR)**	Divisional Director – FSS Division (item 141/20)
Robert Ross **(RR)**	Chief Medical Engineer (item 132/20)
Vicky Thersby **(VT)**	Safeguarding Lead (item 136/20)

Rachel White was introduced to the meeting, as the new Assistant Director of Patient Experience.

128/20 APOLOGIES

Jason Eddleston **(JE)**	Deputy Director of Workforce & Organisational Development
Karen Heaton **(KH)**	Non-Executive Director / Chair of Workforce Committee
Andrea McCourt **(AMcC)**	Company Secretary
Rachel Rae **(RR)**	Associate Director of Nursing - Surgery
Lindsay Rudge **(LR)**	Deputy Director of Nursing
Elisabeth Street **(ES)**	Clinical Director of Pharmacy
Lucy Walker **(LW)**	Quality Manager, Calderdale & Huddersfield CCG

129/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

130/20 MINUTES OF THE LAST MEETING, ACTION LOG AND MATTERS ARISING

The minutes of the last meeting held on Monday, 3 August 2020 were approved as a correct record.

The action log can be found at the end of the minutes.

QUALITY PRIORITY UPDATES

131/20 CLINICAL DOCUMENTATION

Carol Gregson (Associate Director of Digital Health) was in attendance to provide a progress update following last month's report on performance relating to the clinical digital record and metrics obtained that do not provide assurance to the Trust that record keeping is of a high standard.

The previous paper had recommendations signed off by the Quality Committee, and as a result, a draft action plan (appendix B) was produced in support of continued improvement in the inputting of data into the digital record. Alongside this, the Digital Health Team are formulating an optimisation plan which supports digital record keeping improvement.

The initial draft of the action plan was reviewed, and an update provided following a work together to get results (WTGR) workshop last week to understand the barriers to producing good digital record. This resulted in securing support from nine colleagues to review this focused work moving forward.

The Chair thanked CG for providing a clear outline of the work underway and asked if any Allied Health Professionals are involved to provide multi-disciplinary focus on this work. CG stated that this resource is being looked into through the optimisation plan, to include as many staff working groups as possible.

AD stated that this is a comprehensive and sustainable action plan that will hopefully be maintained through the proposed changes. It was asked when these improvements would start to be realised, and CG reported that a small task and finish group will be started to implement some quick improvements, however, in the long-term, the optimisation plan aims to change culture with staff, as attempts made with improvement measures in the past were not sustainable.

With regard to cultural change, the Chair asked how easily this will be disseminated thoroughly across the Trust, and CG stated that this will be difficult, however, commitment and support from higher levels of the Trust should help drive this forward.

132/20 MEDICAL DEVICES

Robert Ross (Chief Medical Engineer) was in attendance to present appendix C, providing an update on compliance for medical device training and maintenance.

The current position of divisional medical device training was provided as:

- Calderdale and Huddersfield Solutions (CHS) 79% (amber)
- Community 78% (amber)
- Families and Specialist Services 74% (red)
- Surgery and Anaesthetics 67% (red)
- Medicine 61% (red)
- Corporate 50% (red)

The compliance target of 95% is not being achieved, and a plan is needed to rectify this position and work towards achieving and maintaining the target. This is essential to patient and staff safety.

The current position for medical device maintenance is:

- High risk 82.45% (target 80%)
- Medium risk 75.4% (target 70%)
- Low risk 58.84% (target 60%)

RR reported that compliance with the low risk devices changes on a daily basis, and compliance is now over 60%. The only way to improve compliance is to change staff habits and behaviours, and for ward areas to take ownership of the equipment that is used by the staff in that area. In order to do this, a plan is proposed to increase equipment availability to individuals by increasing maintenance provided to the required levels, which will increase patient safety.

This process was done last year in the Community division, and over a period of eight months, compliance was increased by over 11%, which was a substantial change in the available equipment that was fit for purpose, and a significant increase in patient safety.

By working with divisions on a phased approach, the plan is to carry out an audit of all devices in the Trust by ward area, and any that require maintenance are immediately removed, maintained and returned for use. This can be achieved quite quickly when the equipment is presented to the medical engineering service. The asset management system can also be updated with the current location, which can be agreed with the ward / department manager, which will provide a true reflection of the equipment available to use. Access to the equipment asset management system, the active tracking system (put in place during COVID), and the active temperature monitoring system can also be given to the ward / department manager at this point.

The Chair asked if there was any learning from the work done with the Community division that would be useful to try and roll out across the Trust. RR responded that engagement and working closely with the department managers, enabled the medical engineering service to facilitate the maintenance of their equipment and react to their needs fairly quickly.

RR requested that divisions identify an equipment lead for each ward or department area, who will be assisted by the medical engineering service throughout the audit process, with training on how to use the asset management system to review equipment that is currently allocated to their area, and how to identify equipment that it out of date and needs presenting for maintenance.

EA requested that medical devices training and any issues relating to equipment location is a regular item on the divisional Patient Safety and Quality Board agendas, and also placed on divisional risk registers.

Action: Medical devices training and maintenance to be added to PSQB agendas as a regular item
Medical devices training and maintenance to be added as a risk on divisional risk registers

RR was thanked for the report and given the opportunity to return to the Quality Committee in future with an update if progress was not being made.

OUTCOME: The Quality Committee were in support of recommendations made.

133/20 FALLS RESULTING IN HARM

Helen Hodgson (Matron) was in attendance to present appendix D providing the background and starting point to the quality initiative of reducing the number of falls resulting in harm at CHFT over the next 12 to 24 months.

The Trust is part of the National Audit of Inpatient Falls (NAIF) that reviews all patients who have fallen and sustained a fractured neck of femur. The results of this audit suggest that if organisations have strong leadership and involvement from the senior team, a 20-30% reduction in the number of falls amongst patients can be achieved. The Trust are aiming to achieve a reduction of 10% in the first 12 months, then build on the target year on year to create a sustained decrease in falls resulting in harm.

A sustained decrease in the number of falls was achieved 12-18 months ago, however, this has increase recently, due to staffing and COVID-19. One of the key factors is to achieve the targets of multi-factorial (nursing, medical and physio) assessments to reduce harm falls, which result in a fractured neck of femur or subdural haematoma.

A multi-disciplinary Falls Collaborative is in place, and prior to COVID-19, there was good engagement from physiotherapists, nursing and medical teams, and representation from both the medical and surgical divisions. The key is to ensure that learning from past incidents are embedded, however, it is not clear whether a robust system is in place to ensure that this is done. Falls champions have been changed to falls link practitioners to try to get them into a similar role to the tissue viability and infection control link practitioners, and quarterly falls workshops which were due to take place prior to COVID-19, are still planned, to ensure all inpatient areas are up to date with current practices and ensure learning from any inpatient fall is disseminated and actioned. Support from the Quality Committee will be key to improve patient safety.

The Chair asked why only a 10% reduction in falls was anticipated. HH stated that this was seen to be more realistic and achievable in the first 12 months from a quality improvement perspective, as opposed to the full 20% reduction, which was proposed to be attained over 24 months. EA also asked whether our 10% reduction ambition was in line with our partners' targets, as 10% seemed low.

In terms of best practice, the Chair also asked whether any of our peer Trusts are maintaining a reduction in falls. HH reported that following a visit to the West Yorkshire Learning Forum in July 2019, CHFT were performing well and sustained the reduction against other local Trusts, however, this has since decreased. HH stated that recent benchmarking data can be added to the monthly falls dashboard in order to monitor performance against other Trusts.

It was also stated that the equality impact assessment for the report would need to be completed as it would have an impact of this group of patients.

Action: HH to take comments back to the Falls Collaborative to reconsider the 10% reduction target and to provide further assurance to the Quality Committee.

Action: The equality impact assessment to be completed.

Action: Benchmarking data from other Trusts to be added to the monthly falls dashboard.

HH was thanked for the report and given the opportunity to return to the Quality Committee in future with an update if progress was not being made.

134/20 CLINICAL PRIORITISATION

Dr David Birkenhead (Medical Director) provided a verbal update on the work which took place over the last few weeks regarding clinical prioritisation, which is currently an important issue in relation to the delays experienced by outpatients as a result of COVID-19.

There are three stages of work, firstly consisting of the initial prioritisation of patients who were delayed. A process was developed through the Clinical Reference Group (CRG) to prioritise patients into one of five groups depending on the need for an appointment, and whether they should be seen via remote consultation (telephone or video) or face-to-face. That work has already started with clinicians validating waiting lists according to those priorities. Prioritisation is currently done on an Excel spreadsheet, and would be preferred if this was done within the Trust's Electronic Patient Record (EPR) system to ensure a permanent record of validation prioritisation. The current issue is that there is no link between the parts of the EPR used by clinicians and the parts of the EPR used by the appointment centre. Implementation of a new piece of software in the EPR is anticipated in the next month, dependent on testing, which will allow prioritisation to be done and sighted by both groups.

The second stage of work is how patients who have a delayed appointment are supported, and how we are assured that those patients are not deteriorating whilst waiting for an appointment. Work on a buddy system for those patients is ongoing, where the patients are contacted and assessed by a non-clinician via a screening questionnaire to ascertain if they are stable or whether they are deteriorating. A dashboard is being developed to have oversight and assurance of the validation. Clinical validation is taking place immediately for urgent patients (those who have passed their appointment date) and within six weeks of a delayed appointment for non-urgent patients.

The third stage of work is around providing capacity in the outpatient clinics to see patients, which will be aided by the new infection control guidance.

The Chair asked about the frequency of the buddy system and the assessments by non-clinicians. DB stated that this will be a single assessment to ensure that patients are aware that they have not been abandoned and have someone that they can contact and be supported by. If patients are deteriorating, recommendations can be made to bring their appointment forward or seek further support from their GPs.

EA reported that the CQC will be less interested in the targets around elective activity and more interested in systems and processes for corporate oversight of any patients at risk, as a result of being on a waiting list. We have ambitious targets on phase 3, but in achieving those, we need to ensure that capacity needs to be mapped to those with greatest clinical need.

OUTCOME: The Quality Committee noted the update.

SAFE

135/20 MEDICATION SAFETY AND COMPLIANCE GROUP REPORT

Anita Hill (Medication Safety Officer) was in attendance for Elisabeth Street (Clinical Director of Pharmacy) to provide an update from the Medication Safety and Compliance Group (appendix E), highlighting:

- Medication incidents – there was a noted downward trend in medication incidents due to a fall in patient numbers due to COVID-19, rather than a reduction in the number of incidents that were occurring. There is now a recovery and a spike in prescribing incidents, which may be due to a new outpatient provider who is engaging and reporting more in terms of interventions that they are noting from reviewing prescriptions.
- Controlled Drugs – a series of incidents relating to controlled drugs (CDs) are now being picked up as an organisation, with meaningful discussions taking place both internally and externally. The CQC have been critical in how the organisation managed controlled drugs in the past, and it is anticipated that when they return, they will review this again. A lot of work has taken place in the governance around controlled drugs with the CD sub-group and changes to practice put in place.
- Electronic controlled drugs register – funding has been secured and now in a position to start working with a project group to take this forward.
- Active temperature monitoring – Work ongoing with the medical engineering team with the installation of asset tags in medication storage areas. The electronic system will help with support in terms of cold storage of medicine and also the ambient temperature monitoring of locations to provide assurance that medicines are fit for purpose
- Medication storage – spot checks have been taking place to understand what the CQC may notice, and proactive discussions are being had with colleagues. An issue was picked up around medicines storage in trollies which has been escalated to nursing colleagues. Work with internal audit is currently on hold due to not being able to visit areas but is still part of work plan.
- Medical gases – medical gases, in particular oxygen, has been in for forefront for the past six months and work is ongoing with the medical gases and non-invasive ventilation group to support the organisation. Plans for extra training are being rearranged for designated nursing officers (DNOs) and designated medical officers (DMOs) in order to have more

clinical staff available to support if there were any medical gas emergencies. Work is also ongoing with the Health and Safety Committee to ensure colleagues who are exposed to nitrous oxide either directly or through the use of Entonox, are undertaking checks to ensure they their exposures are within safe limits

- Medication patient safety alerts – Work is already underway on the safety alert relating to risk of death from unintended administration of sodium nitrite, due for completion by November 2020; and discussions are to take place regarding work to be done for the alert on steroid emergency care to support early recognition and treatment of adrenal crisis in adults, due for completion in May 2021.

MM commented that the pharmacy and nursing staff are now working much better together, which is due to the Medication Safety and Compliance Group, the controlled drugs sub-group and Elisabeth Street and Anita Hill.

The Chair noted from the report the areas that had not completed the departmental assessments in relation to exposure tests for nitrous oxide and Entonox and asked what is being done about those areas. AH reported that a further area, radiology, was missing from the list, and that this is being discussed through the families and specialist services patient safety and quality board (PSQB) meeting and it is anticipated that this will also go back to the Health and Safety Committee. The Chair also asked if there was a timeframe for which the assessments needed to be completed. AH stated that this will be taken back to the division to check, but states that it needs to take place in the next few months.
Action: AH to find out timescales for when assessments need to take place.

In relation to the matter of medication storage, the Chair asked if this would be a small issue to rectify or whether it would be a bigger issue for the organisation. AH stated that some work has taken place with Ian Kilroy (Resilience and Security Manager) to look at medication storage. 18 areas were visited, and as a Trust, there is a risk as the storage units do not meet the current legislation for metal cupboards. Some areas are following good practice; however, some areas are still using kitchen-type wooden cupboards with weak locks. This is being followed up by the Medication Safety and Compliance Group.

AH was thanked for the report.

136/20 SAFEGUARDING CHILDREN AND ADULTS ANNUAL REPORT

Vicky Thersby (Safeguarding Lead) was in attendance to present the safeguarding children and adults annual report 2019/2020 at appendix E, which provides an overview of the national and local context of safeguarding and areas of practice across the Trust, as well as providing assurance on key performance activity and information on how statutory responsibilities are met, any significant issues of risks and how they are mitigated.

Safeguarding is part of every ward, department and interfaces with all divisions, through attendance at patient safety and quality board (PSQB) meetings, orange panels and involved in falls and medication incidents.

Key points to note are:

- CHFT have met its statutory, regulatory and contractual obligations ensuring that statutory posts have been filled throughout the year.
- CHFT has met its statutory responsibilities in relation to Prevent.
- Adult Safeguarding has seen an increase in referrals that meet the section 42 criteria of the Care Act 2014 made by CHFT staff into the multi-agency policies and procedures. The continued number of referrals provides assurance that there are robust reporting arrangements in place and that staff are aware of safeguarding procedures. There was a dip in March 2020 which was in line with the reduction in hospital attendances, however, this began to rise again in April 2020.

- There is a positive awareness of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). 87% of DoLS applications are now made by the ward, with only 33 requiring minor amendments, which is a big achievement.
- The Mental Capacity (Amendment) Act received Royal Assent in May 2019 and introduces the Liberty Protection Safeguards to replace Deprivation of Liberty Safeguards (DoLS). The Minister of State announced post pandemic that they now aim for full implementation of by April 2022. It is anticipated that the codes of practice will be available early next year, when it will be clearer on what needs to be planned for the coming year. There will be resource implications in relation to new posts and training in relation to Liberty Protection Standards.
- CHFT and SWYPFT have continued to work in partnership formally through the Service Level Agreement, the scheme of delegation and the joint clinical working protocol. CHFTs Mental health Operational Group and Safeguarding Committee receive data and assurance that our mental health act processes are robust and effective.
- CHFT are fully compliant with the National Mortality Review Programme (LeDeR) and have taken part in NHS Improvement learning disabilities standards pilot data collection in 2019 and 2020.
- CHFT have maintained mandatory reporting in relation to Prevent and Female Genital Mutilation (FGM). These training figures have maintained above 90% compliance.
- Nationally there are concerns regarding the impact of the restrictions in place in relation to COVID-19 since March 2020, and how this will impact in relation to increased and unseen domestic abuse. The Safeguarding team responded to concerns raised by the Government and have disseminated information and created a safeguarding Covid-19 intranet page whilst maintaining the service throughout the pandemic.
- The Calderdale's Children Looked After team, at the start of COVID-19, were told to stop completing review health assessments for some of the most vulnerable children and young people in the community. It caused some confusion in the safeguarding team, but sent every 18-25 year old care leaver a letter at the start of the lockdown offering advice and support and how to contact the team, with up to date public health information which included advice around handwashing etc.
- Safeguarding training is a mandatory requirement for all staff. Whilst overall compliance compared to last year remains stable and above 90%; level 3 safeguarding adults and Children's training did not reach the Trust target of 90% by March 2020 (this has now been achieved as of June 2020) and also increased safeguarding supervision by 35%, which is another big achievement
- As part of this year's report, a safeguarding strategy has been developed, which links with the six principles of safeguarding and linked with what the key objectives will be over the next two years. These are in relation to empowerment, prevention, proportionality, partnership, accountability and protection.
- The recommendation for the Quality Committee is to note the key highlights of the annual report and the strategy for 2020-2022, which will continue to drive forward and embed the safeguarding agenda across the organisation.

EA commented that safeguarding is a very complicated subject, and that the report is much clearer and presented in an easier way this year.

The Chair asked whether the extra work entailed for the additional resource to implement LPS by 2022 has been scoped. VT reported that there are links with other provider organisations as to what that will look like in practice. Work is ongoing with The Mid Yorkshire Hospitals NHS Trust and other local hospitals for some consistency. Links have also been made with South West Yorkshire Partnership NHS Foundation Trust (SWYFT) and is anticipated to be a significant piece of work, however, until the codes of practice are published next year, it is not known what it would look like.

The Chair also commented on the patient story that was included in the report in relation to human trafficking, which was a very powerful story, highlighting the complexity and depth of work undertaken by safeguarding.

137/20 HIGH LEVEL RISK REGISTER

Maxine Travis (Senior Risk Manager) presented appendix G which was discussed at the Risk and Compliance Group on 6 August 2020.

The top risks on the risk register scoring 20 and above (see below), will go through a deep dive through the Risk and Compliance Group to understand how long they have been on the risk register, what the controls and gaps are in the mitigations and to assess that risk rating to ensure it is where it should be.

- **7454**: *Radiology Staffing Risk* **(score 20)**
- **2827**: Over-reliance on locum middle grade doctors in the emergency department **(score 20)**
- **6345**: *Nurse staffing risk* **(score 20)**
- **7078**: *Medical staffing risk* **(score 20)**
- **7689**: *Waiting for diagnostics, operations and outpatients (COVID)* **(score 20)**
- **7683**: *Lack of isolation capacity (COVID)* **(score 20)**

Risk 2827 has been on the high-level risk register since 2011, and will be the first risk reviewed at the Risk and Compliance Group in September 2020, to assess the controls and gaps, and review the risk rating in more depth and understand the complexities of the risk and why it has been at that level for such a period of time, and if it is the right place to be. A suggested risk to be reviewed at a subsequent Risk and Compliance meeting is the one relating to medical devices, asset tracking, maintenance of medical devices and staff training compliance.

Risk 7689 relates to the earlier item on clinical prioritisation and the work ongoing to validate outpatients. The impact of this on patient harm and clinical incidents is being awaited.

All seven new risks proposed for addition to the high-level risk register in August 2020 were as a result of the COVID-19 pandemic. The COVID-19 risk register has 90 risks in total and goes through the COVID incident management team (IMT) on a weekly basis and reports through to the Board of Directors. Work is ongoing to align all the COVID-19 risks to the 40-plus workstreams in order for them to lead on the governance and oversight of risks owned by workstreams.

138/20 QUALITY AND SAFETY STRATEGY

Ellen Armistead (Executive Director of Nursing) presented appendix H giving an overview of a strategy of our quality and safety workstreams, governance activities and priorities.

The title of the strategy is 'CHFT Quality and Safety Strategy 2020-2022 – One culture of care: learning and improving'. One of the gaps in the strategy is the improvement of clinical quality and governance, which is one of the focuses of the strategy.

EA briefly summarised and set the context of the strategy, including the 10-year and one-year strategy; the shared definition of quality; results of a 3R session; principles; delivery; and governance framework. Within the governance framework, there are two new groups:

- Corporate Patient Safety and Quality Board (PSQH) – the purpose is to gather and have oversight of intelligence at divisional level and triangulate learning across and up and down the divisions and relevant sub-groups. The group will have standard agenda items that recognise the role of the Quality Committee and the quality priorities, with a consistent dashboard of metrics that are used throughout the organisation. The divisional Patient Safety and Quality Boards will strengthen and expect divisions to have more consistency.

- Learning and Improvement Review Group (formerly the Serious Incident Review Group) – this group has been in place for some time and will now be expanded to provide on a quarterly basis, a further opportunity to triangulate intelligence, with a high level of challenge and reflection as to the success of the strategy, taking into account how patients feel and what colleagues are saying.

The governance structure shows the meeting arrangements already in place; and the reporting of quality priorities based on the CQC domains, as well as the refreshed focused quality priorities.

The next steps are to agree the workplan for the quality committee to reflect the strategy; share the strategy through the divisions; define the approach to work together get results to improve; set up the learning and improvement review group and the corporate Patient Safety and Quality Board; develop the quality metric dashboards to ensure consistent reporting; review reporting arrangements to avoid duplication with the Integrated Performance Report; review all risk registers and mitigating actions and to review the Strategy in quarter 1 going forward.

AD thanked EA for the welcomed strategy which shows clarity and the consistency needed regarding the quality journey.

The Chair stated that the strategy is clear on the engagement and involvement required and outlines the work to be focussed on. It was also asked when the strategy is due to be launched. EA stated that the strategy will be presented at a quality masterclass next week and plans to launch at the beginning of October following the next Quality Committee meeting.

Action: Any comments on the strategy, to be forwarded to EA outside of the meeting.

139/20 INTEGRATED PERFORMANCE REPORT

Ellen Armistead (Executive Director of Nursing) provided a brief update on appendix I which has already been discussed at the Finance and Performance Committee.

The concerns to highlight were in relation to the cancer 31 days indicator, but overall, cancer performance is excellent. There are issues on diagnostic 6 week waits and the 52 week waits, as a result of delays due to COVID-19. The safety domain has returned to a green rating, following for the first time last month, a red rating for the domain.

With regard to workforce, the return to work interviews are not at their target, and there is a possibility for discussions between the Workforce and the Quality Committee regarding assurance around this. There are plans in place to move the integrated performance report to a more outcome-focussed metrics, and to focus on the potential duplication between the integrated performance report and the quality reporting.

Infection Prevention Control (IPC) training is also not at target and given that IPC is a critical element, work is ongoing to remedy any shortfalls.

The Chair noted the concern with the return to work interviews and two areas of recruitment that are still not achieving the target.

Action: DS to follow this up with the workforce committee.

WELL-LED – Q1 PATIENT SAFETY AND QUALITY BOARD REPORTS

140/20 COMMUNITY DIVISION

Elizabeth Morley (Associate Director of Nursing) was in attendance to present appendix J highlighting that during quarter 1, the division saw a significant increase in the prevalence of category two and three pressure ulcers and correlated with an increase rate of referrals of patients that were approaching end of life. The other cohort of patients with increasing

pressure ulcers were those who declined a visit from a healthcare professional due to a fear of COVID-19. A lot of work is ongoing in the division around reassuring patients.

The division had no open red incidents and one complaint was received during the quarter.

AD mentioned the high numbers of pressure ulcers in relation to non-concordance and asked how non-concordance is defined. EM stated that a meeting took place last week and work is ongoing with tissue viability and other professionals around the non-concordance policy, and further updates will be provided in the next report.
Action: Feedback on the development of non-concordance to be provided in the next quarterly report.

The Chair noted the rise in incidents in the last few months and asked if there were any themes. EM stated that the themes were pressure ulcers and falls, which are not unusual in the community division, but falls predominantly occur in one setting and education work is ongoing with CHFT staff in that setting.

The Chair also mentioned the Quest / frailty / OPAT (outpatient parenteral antibiotic therapy) pathways, which have produced successful outcomes and benefits, and asked what numbers are expected in terms of avoiding hospital admissions. EM stated that during COVID-19, the numbers were low, which was thought to be that staff numbers were low, however, going forward in winter planning and business cases, it is hoped to treble the numbers. Around 15 admissions were avoided for patients who could have IV antibiotics without having hospital admission, but there would have been more if the capacity was available to deliver the service

OUTCOME: The Quality Committee received and noted the report

141/20 FAMILIES AND SPECIALIST SERVICES (FSS) DIVISION

Dr Julie O'Riordan (Divisional Director) was in attendance to present appendix K highlighting the processes that were changed due to COVID-19.

Paediatrics and gynaecology saw a significant reduction in acute inpatient activity as a result of less patients in hospital as well as the reduction in elective patients, however, gynaecology surgery for fast-track and urgent patients have continued. Paediatrics worked with ENT to devise new pathways to support paediatric ENT surgery at CRH.

Maternity services continued throughout COVID-19 and changed the way they worked by introducing a combination of face-to-face and virtual appointments.

Pathology changed the way how the laboratories and staff worked, particularly in microbiology, where staff moved from other parts to support the testing facility.

Phlebotomy introduced an appointment rather than a walk-in service to allow for appropriate social distancing.

Radiology services have been impacted by the constraints of infection prevention and control (IPC) and social distancing, affecting the number of examinations that can be performed and the service continues to work closely with clinician colleagues as part of the outpatient reset work to ensure acute and elective examinations can be safely delivered.

Outpatients stopped face-to-face appointments and changed to telephone appointments, which continues to work and increase. It has been a challenge to getting face-to-face appointments back up and running due to staff being redeployed due to social distancing. The booking and appointment centre have also been challenged to how they work and still work in progress. The division have an external company to support the trust to improve efficiency and numbers through outpatients.

Incidents reviews continued through weekly orange panel meetings, with an initial dip in orange incidents being reported, but that soon returned to usual numbers and carry out investigations.

The Chair reported that a matter relating to the phlebotomy service will be followed up with JOR at a later point.

OUTCOME: The Quality Committee received and noted the report

142/20 SURGERY AND ANAESTHETICS DIVISION

Corinna Hampshire (Matron) was in attendance to present appendix L.

- PSQB was stepped down in March and April but was swiftly reinstated in May 2020 via Microsoft Teams.
- Orange Panel meetings were maintained throughout the pandemic on a weekly basis, with specialist colleagues invited to capture all the required information in investigations.
- Directorate DMT's have been maintained throughout the pandemic on a monthly basis.
- Risk registers have been reviewed both in the PSQB and DMT setting with regular challenge and oversight from the Quality Governance Lead.
- The divisional response to COVID-19 was the division developing a staffing plan and deploying over 200 staff members from across the organisation into Critical care with a plan in place that would support up to 48 level 3 beds. This was supported by a training and education plan.
- Elective surgery has continued to be stepped down with limited theatre lists running in order to provide treatment for urgent/time sensitive trauma and some cancer cases, maternity provision was also made.
- Most outpatient appointments were reviewed and converted to virtual appointments where clinically relevant. This is a new way of working that could remain and benefit us and our patient's long term.
- Through Q1, the Patient Safety and Quality Board noted that the lack of theatre activity brought significant concern to the division in terms of clinical outcomes for patients awaiting treatment and/or surgery. Other concerns raised were in regard to the CRH/ITU theatre staffing and the ENT tier one on-call rota gaps. The division is working towards mitigating the risk as much as possible and risk registers are reflective of that.
- Incidents - there were a total of 359 incidents reported in quarter 1, a reduction of 107 from the last quarter. This could be due to the reduction in activity due to the pandemic. The top five occurring types of incidents include Pressure Ulcers; slips, trips and falls; Medication; Infection Control and Assessment/Treatment/Diagnosis. Three red serious incidents occurred in the quarter, which were detailed in the report.
- Falls – there were a total of 70 falls reported during the quarter, with a visible increase in falls, particularly across trauma and orthopaedics and general surgery. 56 of those falls were unwitnessed, and some factors may have played a role in the increase in falls, including the pandemic.
- Pressure ulcers – there were 90 pressure ulcers reported in the quarter, with 34 reported in ICU. COVID-19 has meant that Critical Care has had to care for a high volume of seriously ill and often intubated patients. The patients had high acuity and the skill mix and experience of the staff deployed onto the wards may have impacted the increase. The Surgical Assessment Unit reported 13 pressure ulcers, and wards 19 and 21, both trauma and orthopaedics wards, also reported high incidents. The division are working with the Tissue Viability Nursing team to improve pressure ulcer care.
- COVID-19 incidents – there were a total of 39 COVID-19 specific incidents reported, and the majority of those incidents took place in Critical Care during the peak of the pandemic.

- Complaints – there were a total of 11 complaints during quarter 1, which was a significant decline in comparison to the 30 received in quarter 4. This could be due to less patients attending the hospital for clinic appointments/treatment throughout the pandemic.
- Incident and complaints actions – there were a total of 359 outstanding actions from complaints in quarter 4, and a lot of work has been undertaken to improve this and currently at 160 outstanding actions, with plans to reduce this even further.
- Risk register – in quarter 4, there were seven COVID-19 risks, which currently stands at 18, and there were four high-level risks, which now stands at eight. This demonstrates both the volume and complexity of risks that the pandemic has brought about, particularly as we now attempt to 'reset'.
- Patient experience – COVID-19 has affected the experience of being an inpatient or the family of someone who is an inpatient. As an organisation, the continued effort to reduce the spread of infection, but as a result of the suspension of visiting this has affected both our patients and their relatives, however, the Trust has acted quickly and instigated digital visiting across wards, which has resulted in excellent patient feedback.

As the organisation moves through and beyond this pandemic and into 'business better than usual', there is no doubt of the division's commitment to deliver the best service and outcomes for patients in what has been a very difficult and challenging set of circumstances.

RW queried the vacant position of the patient experience and quality support, and whether the position was sustainable. CH reported that the post will be advertised, and RW wondered how much holding that position has impacted on the ability to move some of the work forward, especially the learning of complaints. CH reported that Helen Marsh (Quality Governance Lead) has been carrying out both her new role as Quality Governance Lead and the patient experience support role.

MT thanked CH for presenting the comprehensive report and made an observation on the positive cross-references being made between the risk entries and the narratives on learning.

OUTCOME: The Quality Committee received and noted the report.

143/20 MEDICAL DIVISION

Maggie Metcalfe (Associate Director of Nursing) was in attendance to present appendix M, highlighting the elements for keeping the base safe through COVID-19 by:

- Reinstating Patient Safety and Quality Board and the directorate board meetings, with modified agendas throughout
- Orange panel meetings being maintained and continued to review the risk registers
- Pressure Ulcers - Tissue viability Nurse (TVN) meetings have started and these are proving very effective. A divisional pressure ulcer improvement plan has been making very good progress, and TVN link practitioners are now in place.
- Changes made throughout COVID-19 were:
  - Stroke beds – guidance published stating that patients who were receiving acute rehab were safer to be rehabilitated in the community, so during the period, patients for rehab were discharged into community and the rehab beds were closed within the hospital. It has now been deemed that the risk to the patients of not receiving the acute rehab in comparison to contracting COVID-19 is less, so a paper is being written. The acute rehab that was taking place in the community probably was not to the same intensity as the hospital, so work is ongoing with the community division to look at the provision
  - Oncology / haematology outpatients – there has been a huge move to video conferencing and telephoning for patients, and only clinically-urgent patients being seen face-to-face. The 24/7 helpline for oncology and haematology has helped with hospital avoidance / attendance and because of this, the service is being expanded.

- Emergency Departments - Both departments have seen an increase in staff morale and the additional staff who were deployed to work in the departments have embraced the challenge and have been a pleasure to work with. All teams have integrated well and have even been asked for potential permanent employment.

- Incidents – there were 470 incidents reported in the quarter, with slips, trips and falls being the highest cause. The division has seen an increase in falls for a number of reasons, and a lot are taking place in the bed areas of the hospital and are unwitnessed. This could partly be due to the fact that there are no visitors, as they tend to stop patients from falling out of bed. To mitigate this, some work on bay nursing is underway to observe the patients better.

- Four serious incidents were reported in the quarter:
  - Delay in commencing CPAP (Continuous positive airway pressure). The patient had a cardiac arrest and died.
  - Wrong site surgery (Never event)
  - A mental health patient who attempted a hanging on the ward and found in cardiac arrest. Successful resuscitation, transferred to ICU
  - Unsafe transfer from HRI to CRH, peri arrest on arrival, intubated and transferred to ICU

MM noted the acuity of patients with pressure ulcers, particularly through the isolation period where there were a lot of elderly patients self-isolating at home, and some of those patients were probably not eating, drinking or looking after themselves as they should, their skin integrity was not as expected once they came into hospital, therefore there has been an increase in pressure ulcers, however, work is ongoing on this.

Complaints – a significant reduction in complaints were noted during COVID-19, which are increasing again. Work is underway to try to improve complaints compliance, and looking to have additional training for investigators, and a flowchart with timescales attached to start implementing and ensuring that complaints are back on track.

The Chair was pleased to note the ongoing commitment to closing complaints, and to identify additional trained investigators to take on that work.

OUTCOME: The Quality Committee received and noted the report.

RESPONSIVE

144/20 BI-MONTHLY QUALITY REPORT

Andrea Dauris (Assistant Director of Quality and Safety) presented appendix N, providing an ongoing oversight of the quality agenda and the emerging issues that need to be considered.

The report is now in line with the agreed format, which was agreed pre-COVID, where a new approach was tested regarding the levels of assurance and gives a high-level overview and reflects how quality assurance is reported moving forward. The frequency of the report has also changed to a bi-monthly report, and slightly out of sync with the Board of Directors meetings, therefore this report will be submitted to the Board tomorrow, and the workplan will be amended to ensure the report is received and commented on at this Committee before being presented at the Board going forward.

- Complaints – this remains a concern for the Trust and will be a key part of the stabilisation and reset workstreams. This will need a commitment across the organisation working in partnership to progress this.
- CQC engagement meetings and ongoing assurance regarding: Progression of investigations, open enquiries, incidents of interest to CQC, Personal and Protective Equipment, COVID-19 Service Provisions, Reset Plans, Changes to Governance due to COVID-19. Full assurance demonstrated with the Infection Prevention and Control

Assurance Framework. MD8 (medical staffing) and SD9 (Emergency Consultant cover) remain at a limited assurance position with plans to address expanded upon within the report.

- An improving position in response to central alerting system (CAS) alerts, and the CQC report described the organisation as an outlier with 19 overdue alerts. This has now reduced to five outstanding alerts, and work is ongoing to sustain that position going forward and working through a standard operating procedure for alerts coming into the organisation to strengthening our position going forward.
- Pressure Ulcers – three areas of limited assurance note an improving position with reasonable assurance across five areas. The reporting of pressure ulcers have now changed within the integrated performance report – there are now category 2, category 3, category 4, unstageable and deep tissue injury (DTI) pressure ulcers, which will impact on our numbers, but is reflective of where we need to be nationally in terms of reporting and the action plan will also reflect that work going forward.
- Assessment of Dementia Screening – assurance remains limited
- Nutrition and hydration – assurance remains limited
- Management of inquests – assurance is limited

The recommendation is for the Committee to note the contents of the report and activities across the Trust to improve the quality and safety of patient care.

AD was thanked for the report, and the Chair mentioned the quality priorities and the two-way dialogue with the Patient Safety and Quality Boards and the expectation for their reports to include some narrative on progress of the quality priorities.

Any feedback and comments on this approach were asked to be forwarded to AD

POST MEETING REVIEW

145/20 MATTERS TO REPORT TO THE BOARD OF DIRECTORS

- Process for closer monitoring of the focused quality priorities and updates received from some today
- First draft of the quality and safety strategy received
- Patient Safety and Quality Board quarter 1 reports received

146/20 REVIEW OF MEETING

What went well….

- A full agenda has been managed well and conversation taken place on those elements
- The quality of some of the reports have been outstanding

What could be better……

- Still a challenge on the agenda and the amount of work to cover. The size of the agenda is being managed
- Getting the papers circulated on time as a lot of are being chased passed the deadline

147/20 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

148/20 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix O, and will be amended to include the quality priorities, as well as the risks from the Board Assurance Framework. Some thoughts on how

to conduct the deep dives and how to have some rigour in the process will be brought to the next meeting.

NEXT MEETING

Monday, 28 September 2020 at 3:00 – 5:00 pm on Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON WEDNESDAY, 2 SEPTEMBER 2020

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
UPCOMING ACTIONS				
2.9.20 (132/20)	**QUALITY PRIORITY - MEDICAL DEVICES**	Divisions	**Action 2.9.20: Medical devices training and maintenance to be added to PSQB agendas as a regular item** **Update September 2020: MA has now added medical device training to all Patient Safety and Quality Board workplans - COMPLETED** **Action 2.9.20: Medical devices training and maintenance to be added as a risk on divisional risk registers** **Update September 2020: MA to check with all divisions that this is on risk registers.**	**UPDATE DUE Monday, 28 Sept 2020**
2.9.20 (133/20)	**QUALITY PRIORITY – FALLS RESULTING IN HARM**	Helen Hodgson	**Action 2.9.20: HH to take comments back to the Falls Collaborative to reconsider the 10% reduction target and to provide further assurance to the Quality Committee** **Action 2.9.20: The equality impact assessment to be completed.** **Action 2.9.20: Benchmarking data from other Trusts to be added to the monthly falls dashboard.**	**UPDATE DUE Monday, 28 Sept 2020**
2.9.20 (135/20)	**MEDICATION SAFETY AND COMPLIANCE REPORT**	Anita Hill	**Action 2.9.20: AH to find out the timescales for when departmental assessments in relation to exposure tests for nitrous oxide and Entonox need to take place.**	**UPDATE DUE Monday, 28 Sept 2020**
2.9.20 (138/20)	**QUALITY AND SAFETY STRATEGY**	Ellen Armistead	**Action 2.9.20: Any comments on the strategy, to be forwarded to EA outside of the meeting.**	**UPDATE DUE Monday, 28 Sept 2020**
2.9.20 (139/20)	**INTEGRATED PERFORMANCE REPORT**	Denise Sterling	**Action 2.9.20: DS to follow up concern with the return to work interviews and two areas of recruitment that are still not achieving the target, with the Workforce Committee.**	**UPDATE DUE Monday, 28 Sept 2020**
3.8.20 (121/20)	**QUALITY COMMITTEE ANNUAL REPORT ACTION PLAN**	**Chair**	**Action 3.8.20: An action plan will be submitted to the Committee once the results have been reviewed.**	**UPDATE DUE Monday, 28 Sept 2020**
1.7.19 (120/19) 2.3.20 (41/20)	**SERIOUS INCIDENTS DEEP DIVE**	Maxine Travis	**Action 1.7.19**: OW to be invited to a future meeting to present next steps. **Update 29.7.19:** Work is ongoing to review systems and processes, with an action plan being pulled together. **Update 30.9.19:** A three-month update was provided – see item 176/19 **Action 30.9.19**: Further update to be provided in six months' time, and maybe earlier if improvement and sustained change is not noted. **Update 2.3.20:** Following discussion on target timescales of between 25 to 40 working days for responding to complaints, it was queried why the same timescale cannot be delivered for serious incidents. **Action 2.3.20: Deep dive into serious incidents to take place.**	**UPDATE DUE Monday, 28 September 2020**
5.2.20 (21/20)	**OUTPATIENTS IMPROVEMENT PLAN**	Kimberley Scholes	**Action 5.2.20:** Progress on actions from the outpatient's improvement plan to be provided in April 2020. **Update June 2020: Awaiting steer from Executive Director of Nursing due to a number of amber/red actions which need clarity in the context of COVID-19**	**UPDATE DUE Monday, 28 September 2020**
29.6.20 (103/20)	**INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK**	David Birkenhead	It was stated that in the future, it would be good to get an update on how the recommendations have been implemented, and DB agreed that an action plan with an assurance statement against the 10 standards and any new guidance that has been issued, can be brought back to the Committee. **Action 29.6.20**: Action plan to be brought back to the Committee at a later date. **Update August: Progress report will be made available for 28 September 2020 meeting**	**UPDATE DUE Monday, 28 September 2020**
ACTIONS DUE LATER IN THE YEAR				
2.9.20 (140/20)	**COMMUNITY DIVISION REPORT**	Community division	**Action 2.9.20: Feedback on the development of non-concordance in relation to pressure ulcers to be provided in the next quarterly report.**	**DUE Monday, 30 November 2020**
CLOSED ACTIONS				
3.6.19 (108/19) 1.7.19 (123/19) 29.7.19 (action log) 30.9.19 (action log) 2.12.19 (action log) 6.1.20 (action log) 2.3.20 (40/20) 3.8.20 (113/20)	**MENTAL HEALTH POLICY** Lindsay Rudge (Deputy Chief Nurse) reported that the three year mental health strategy, which is being developed in line with the Trust strategy and aligns to the Treat as One document, will be submitted to the Weekly Executive Board, and be brought to the next Quality Committee meeting in July.		**Action 3.6.19**: Mental health strategy to be received next month **Update June 2019:** Mental Health Strategy to be forwarded to Committee for comments to Lindsay by 15 July 2019 **Update 29.7.19:** This item to be deferred as further engagement needed. A draft paper for arrangements in the organisation will provide assurance to the Quality Committee on standards expected. A definitive paper will be available at the end of September. **Update 30.9.19**: Update provided – see item 177/19 **Action: 30.9.19**: Written update to be provided in October 2019 **Update November**: For strategy to be deferred to December **Update 2.12.19:** Report still in draft and due for submission to Quality Committee in January 2020 **Update 6.1.20**: Strategy still in development – to be deferred to next meeting. **Additional update:** Strategy to be deferred to March, along with the Policy and training plan **Update 2 March 2020**: See item 40/20. The draft strategy and terms of reference were presented. Comments on the terms of reference to be forwarded to LR in the next 2 weeks. **Action 2.3.20**: Any comments on the terms of reference to be forwarded by Monday, 16 March 2020. **Action 2.3.20**: The amended terms of reference along with the mental health policy and training plan to return to Quality Committee for the next meeting **Update June 2020:** It has been agreed that the strategy, terms of reference, mental health policy and training plan will be presented at the meeting on 3 August 2020 **Update 3.8.20:** The mental health policy was drafted by Janet Youd (Emergency Nurse Consultant) and Vicky Thersby (Safeguarding Lead), however, the development was slowed down due to colleague deployment during the pandemic. Work is also ongoing on the Policy with partners at South West Yorkshire Partnership NHS Foundation Trust and their mental health act legal team, which has caused a further delay, however, this is nearly complete. A copy of the stabilisation and reset operational group terms of reference will be circulated to the Committee. **Action 3.8.20: Stabilisation and reset operational group terms of reference to be circulated - COMPLETED**	**CLOSED Monday, 2 Sept 2020**

QUALITY COMMITTEEE ACTION LOG FOLLOWING MEETING ON WEDNESDAY, 2 SEPTEMBER 2020

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
2.3.20 (43/20) 3.8.20 (114/20)	**CLINICAL RECORD KEEPING** **(as part of CQUINS update)**	Lindsay Rudge	**Action 2.3.20**: Paper to be provided on clinical record keeping **Update June 2020:** It has been agreed that the clinical record keeping paper will be presented at the meeting on 3 August 2020 **Update 3.8.20:** LR confirmed as being an immediate focus of delivery of improvement to drive performance back to expected levels. It was also stated that a progress update and action plan can be provided at the next meeting. **Action 3.8.20:** Progress update to be provided to the next Committee meeting. **Update 2.9.20: See item 131/20**	**CLOSED** **Monday, 2 Sept 2020**
3.8.20 (119/20)	**COVID-19 HEALTH AND WELLBEING RISK ASSESSMENT**	**All**	**Action 3.8.20**: Any comments on the COVID health and wellbeing risk assessment update on mitigations and next steps to be forwarded to SD. - **COMPLETED**	**CLOSED** **Monday, 2 Sept 2020**
3.8.20 (120/20)	**QUALTIY ACCOUNT – FIRST DRAFT**	**Andrea Dauris**	**Action 3.8.20:** Any comments on the first draft of the Quality Account to be forwarded to AD by Monday, 17 August 2020. **COMPLETED**	**CLOSED** **Monday, 2 Sept 2020**

Calderdale and Huddersfield NHS Foundation Trust

QUALITY COMMITTEE

Monday, 28 September 2020

STANDING ITEMS

149/20 WELCOME AND INTRODUCTIONS

Present

Denise Sterling **(DS)**	Non-Executive Director **(Chair)**
Doriann Bailey **(DBy)**	Assistant Director for Patient Safety
Jason Eddleston **(JE)**	Deputy Director of Workforce & Organisational Development
Karen Heaton **(KH)**	Non-Executive Director / Chair of Workforce Committee
Andrea McCourt **(AMcC)**	Company Secretary
Christine Mills **(CM)**	Public-elected Governor
Elisabeth Street **(ES)**	Clinical Director of Pharmacy
Dr Cornelle Parker **(CP)**	Deputy Medical Director
Maxine Travis **(MT)**	Senior Risk Manager
Lucy Walker **(LW)**	Quality Manager, Calderdale & Huddersfield CCG
Rachel White **(RW)**	Assistant Director for Patient Experience
Michelle Augustine **(MA)**	Governance Administrator **(Minutes)**

In attendance

Dr Elizabeth Loney **(EL)**	Associate Medical Director (item 162/20)
Dr Rehan Naseer **(RN)**	Clinical Director for Medical Specialities (item 153/20)
Kimberley Scholes **(KS)**	Business Manager – FSS Division (item 154/20)
Janet Youd **(JY)**	Emergency Nurse Consultant – Corporate (item 155/20)

Doriann Bailey was introduced to the meeting, as the new Assistant Director of Patient Safety.

150/20 APOLOGIES

Ellen Armistead **(EA)**	Executive Director of Nursing
Dr David Birkenhead **(DB)**	Medical Director
Andrea Dauris **(AD)**	Associate Director of Nursing, Quality and Safety
Lindsay Rudge **(LR)**	Deputy Director of Nursing

151/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

152/20 MINUTES OF THE LAST MEETING, ACTION LOG AND MATTERS ARISING

The minutes of the last meeting held on Wednesday, 2 September 2020 were approved as a correct record.

The action log can be found at the end of the minutes.

AD HOC REPORTS

153/20 INVITED SERVICE REVIEW - RESPIRATORY

Dr Rehan Naseer (Clinical Director for Medical Specialities) was in attendance to present the results from an invited service review undertaken by the Royal College of Physicians in March 2019, following never events which related to oxygen outlets.

The action plan, as detailed at appendix B, was generated following the review.

All actions are now complete or on track, with the exception of action 10 which was previously completed - t*he Trust should urgently consider replacing the locum consultant with a substantive consultant and prioritise recruitment in order to have eight substantive respiratory consultants and a seven-day service*. A Consultant had been appointed; however, they are due to leave the Trust and a plan to appoint by February 2021 is now in place.

RW asked if any projects had a focus on improving patient experience. RN reported that the projects related to COVID, are to develop a COVID follow-up clinic and COVID information leaflet with access to national websites to try to improve patient experience. Patient feedback is also discussed in the quality meetings, as well as any feedback from patient complaints, etc and how to improve patient care

CP stated that the actions were put in place following a never event, then a further two never events prompted a detailed review and part of this invited service review. It was asked if any retests or challenges around staff skills, training and awareness have taken place recently to be assured that this could not happen again. RN responded that in terms of staff skills and awareness and training, those are now part of the current training carried out regarding oxygen and non-invasive ventilation. In terms of physically checking that the ports remain closed off, this will need to be double-checked.

AMc asked what was found following the equality impact assessment which was stated as complete on the front of the report. RN stated that this section was completed by a colleague and agreed to follow-up on the outcome.

DBy had an interest in the lessons learnt and wanted to understand how they were shared across teams and if there were any plans for further audits to assess the embedding of those lessons learnt. RN stated that the report was shared within the nursing, consultant and quality meetings, as well as the newsletter on shared learning within the division. In terms of an audit to understand the learning, this has not been carried out, however, an audit can be completed to ensure that lessons have been understood. DBy asked for a copy of the results once completed.

The Chair thanked RN for reporting a positive, detailed report.

OUTCOME: The Quality Committee received and noted the action plan.

154/20 OUTPATIENT IMPROVEMENT PLAN

Kimberley Scholes (Business Manager for FSS division) was in attendance to provide an update on progress with the outpatient action plan as at appendix C.

Since work on the action plan began, there have been significant changes in outpatients due to COVID-19. All actions, both the open and closed were reviewed, with no closed actions needing to be reopened, however, there have been significant changes in the actions still outstanding.

In relation to staffing, one area of the action plan was to review staffing from a nursing point of view, knowing that over time, there would be more virtual clinics, e.g. telephone or video; however, due to COVID, this has now changed completely in terms of virtual capacity. In relation to nursing, this has completely changed due to colleagues being redeployed to support the segregated emergency departments and wards, and this is an ongoing process. Another area of staffing was to have a model for booking, and there is now an outpatient booking service in the appointment centre. This is currently ongoing as a result of COVID due to workload changes, cancellations, re-bookings, etc, and a third-party company – Meridian - is currently in the Trust working with specialties.

Another change has been around capacity. There are increased waiting lists for both new patients and follow-up patients, therefore mitigations have been increased with work around prioritising both new and follow-up patients, and ensuring the capacity is used not just for

patients waiting the longest, but also for patients who are clinically most urgent and in need of being seen. Clinicians have been working closely with GPs and getting their input to review referrals, ensuring they are appropriate; signposting patients to different routes of care where necessary, treating patients in different ways, and different ways of working such as clinical assessment clinics. Work is ongoing with the transformation team on patient-initiated follow-up (PIFU), which involves patient input on when they need to be seen.

KS reported that current concerns are around capacity and data quality issues.

AMcC queried the term '*reasonable assurance'* in the report and asked whether the update was reflective of the assurance rating. Another question was whether there was any understanding of the impact of the equality impact assessment. KS reported that as part of the restart, each specialty was expected to complete the equality impact assessment via the Incident Management Team (IMT) meeting.

In relation to the original 50 recommendations presented on the action plan to the Quality Committee in February 2020, the Chair asked if the third-party company Meridian were also reviewing these actions. KS confirmed that the company were not reviewing the actions, but reviewing issues from a productivity point of view, and how to best utilise capacity, booking teams and streamlining. The Chair asked for the status of the action plan, and KS agreed to follow this up and report back.

KH stated that this report was a summary of the action plan that was previously presented and had a question around access issues. The report's summary stated, *'the pause due to COVID-19 will provide an opportunity during recovery to transform the service going forward'.* It was asked if the plans could be seen as it would be useful to see the progress of the transformation. It was asked that further detail is provided in the report, which would then improve the reasonable assurance rating.

ACTION: A more detailed report and the status of the original action plan was requested

155/20 MENTAL HEALTH POLICY

Janet Youd (Emergency Nurse Consultant) was in attendance to present the Policy for the Care of Patients with Mental Health Disorders as detailed at appendix D1 and D2.

The key issues are that it links to a joint protocol with partners at South West Yorkshire Partnership NHS Foundation Trust around administration of the paperwork to ensure that the Mental Health Act when applied at CHFT, is within the legal framework. The Policy is about promoting safe care and dignity for patients who present with mental health disorders, and within the Policy, it links to separate guidance for specialist areas, therefore the Policy for Children and Young People will have separate legislation regarding the Children's Act. There are also different clinical guidelines in different areas, therefore a risk assessment will be carried out if the guidance is updated and the Policy will remain as it.

ES stated that some work is being done with admission consultants and queried about consent with checking patient's clothes and bags for medication that they can self-harm with. The Policy mentions consent for checking bags and clothes for objects that can be used for self-harm, however, it was asked whether insulin pens, tablets and illicit drugs could be added to the Policy if possible. JY agreed to this and stated that at the next Mental Health Strategy Group, a separate document around guidance for searching will be proposed.

RW raised the point about referring to other duties that are applicable when reviewing Policies and practices. It was asked that we ensure that reference is made to our continuous quality improvement duty and also to patient experience when reviewing Policies. JY agreed with the comment and reported that this is the first draft of the Policy and that patient dignity is at the heart of this which is concurrent with the World Health Organisation recommendations around mental health, also that one of the CQC lines of enquiry around mental health is on user

feedback, and links with the NCEPOD 'Treat as One' report from 2017, which centres around patient experience.

The Chair thanked JY on the amount of work undertaken to get the Policy to where it is and would support ongoing the review and development of new Policies to include reference to continuous quality improvement and patient experience.

The Chair also asked JY of any likely challenges regarding implementation of the Policy. JY stated that the big drivers will be around staff awareness, staff training specifically about understanding mental health issues and ensuring that that robust, timely, user feedback is gathered. It will also need to link with the complaint's procedure, risk management and how the risks are mitigated in a dignified way for patients. It will require a culture change going forward.

OUTCOME: The Quality Committee noted the Policy and the further work to be undertaken before approval.

156/20 SERIOUS INCIDENT DEEP DIVE

To be deferred – see action log.

SAFE

157/20 QUALITY PRIORITY – NOSOCOMIAL SPREAD INCLUDING INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK ACTION PLAN

To be deferred – see action log.

158/20 MEDICATION SAFETY AND COMPLIANCE GROUP UPDATE

ES presented an overview of medication safety issues reported at the Medication Safety and Compliance Group in July and August 2020, as detailed at appendix G.

There was an increase in medication incidents in August 2020, however, there was also a decrease in harm, which shows a healthy reporting culture. The majority of the incidents were administration and prescribing issues, and four incidents recorded in August 2020 which resulted in moderate patent harm were detailed in the report and are currently being investigated. The Controlled Drugs sub-group meeting was cancelled due to apologies and lack of divisional representation, and a request was made for attendance at the group to ensure quoracy and consistent communication to divisions.

ES reported that a paper was submitted to the Weekly Executive Board and the Health and Safety Committee regarding the concerns and complexities with medical gases. One issue raised was testing of colleagues who worked in areas with Entonox and Nitrous Oxide. There are still areas that have not completed risk assessments and follow-ups are being made to the areas that still require them carried out. Work is ongoing with Occupational Health to embed a Standard Operating Procedure for ensuring tests are carried out on a yearly basis.

The Chair raised concerns with the medical gas issues and the three areas which have not yet nominated a lead for risk assessments and asked who the most accountable person would be to get this resolved. ES stated that the new Health and Safety Officer recently in post will be assisted by people already involved in this to resolve.

DBy had a query regarding the medication incidents and prescriber involvement and asked if there was any correlation with prescriber issues and the pharmacy preparation and dispensing. ES reported that a piece of work is ongoing to look at handwritten prescriptions in outpatients to see what can be done to move that forward. It was also stated that there are issues where the outpatient dispensing service are struggling to read handwritten prescriptions.

KH reported concern on the inconsistency with medication safe storage as this has been reported on many occasions. Divisional representation at the Controlled Drugs subgroup was also mentioned by both KH and the Chair, stating that attendance is very important in order to support the work ongoing.

The Chair noted that it was very useful to see the medicines management newsletters, which included high-quality and important information, and asked if there was any evidence that colleagues are reading and applying the information within the newsletters. ES reported that they are used and read out at handover meetings but is not sure on how often this happens as it is not tested, but hopes that it happens more in areas where specific incidents have occurred.

OUTCOME: The Quality Committee received and noted the report.

RESPONSIVE

159/20 QUALITY PRIORITY – IMPROVE RESOURCES FOR DISTRESSED RELATIVES / BREAKING BAD NEWS RELATING TO END OF LIFE CARE

To be deferred to the next meeting.

160/20 QUALITY PRIORITY – END OF LIFE CARE

CP provided a verbal update on this quality priority around the provision of compassionate and patient-centred end of life care which is seen as a high priority for the Trust.

In achieving this priority, the needs of both the patient and their families and carers does not vary in quality because of an individual's characteristics, by ensuring care providing is individualised, timely and relevant.

This is being aligned with work done in the community, the hospital and the hospice with the systems resilience group priorities, which is a wider piece of end of life care. The three priorities are:

- Identification of people in the last 12 months of life, and high-quality communication with them in order to deliver excellent care;
- Co-ordinated, timely and equitable access to good care
- Exemplary care in the last hours and days of life

A work together, get results (WTGR) session was set up in February 2020 where work was undertaken with specialist palliative care teams with representatives from the hospice and the community. This resulted in three priorities for the team which align with the three mentioned above:

- Robust education to enable an early and end of lift conversation
- Seven day working across the system resulting in an outstanding CQC rating
- A mixed-skill team which mirrors caseload

Following the initial surge of COVID-19 and the output of the first WTGR session, three workstreams were agreed, which will be overseen by the Steering Group over the next 12-18 months:

- Advanced care planning and the electronic palliative care coordination system (EPaCCS)
- Improving training and education for end of life care
- Seven-day speciality palliative care input for inpatients and community, to include the specialist end of life care beds that were implemented during COVID

Workstream leads have now been assigned, and a second WTGR session took place last Thursday. It was also mentioned that the Chief Nurse is keen that getting it right first time (GIRFT) methodology is utilised in palliative care.

The Chair thanked CP for the update and requested a further update before the end of the financial year.

161/20 INTEGRATED PERFORMANCE REPORT

CP reported on appendix J and highlighted that the Summary Hospital-level Mortality Indicator (SHMI) has increased to over 100 for the fist time in over 12 months, and will be re-based during COVID, along with Hospital Standardised Mortality Ratios (HSMR). Healthcare Evaluation Data (HED) who publish the data, will remove COVID deaths from the statistics going forward, however, that should not mask the fact that prior to COVID from November 2019 to March 2020, the Trust's mortality position had worsened.

In association with that, there have been three red SHMI alerts around gastrointestinal bleeding, other gastrointestinal issues and cardiovascular malignant arrythmias particularly ventricular fibrillation, therefore mortality reviews are being conducted on those outliers to understand what might be going on. Five amber alerts were also received which show a trend towards potential issues in those areas.

There is some concern, however, it is not known what is causing the upward trend. The previous trend around 18 months ago was related to palliative care coding issues and depth of coding around discharges, making it an artificial inflation of mortality. Unfortunately, none of those apply this time and there may be a genuine upstroke in mortality. A paper is being submitted to the Mortality Surveillance Group in October.

CP also mentioned the clinical prioritisation work which relates to the pause in outpatients during the first COVID surge. Consultants were carrying out a review of patients with a delay of 12 weeks or more, and placing them in one of five categories to ensure they were prioritised with no harm results:

Category 1 - Required to be seen urgently within two weeks
Category 2 - Required to be seen urgently within six weeks
Category 3 - Required to be seen urgently within 12 weeks
Category 4 - Advice to the GP and can potentially be delayed a certain number of months
Category 5 - Discharge

This piece of work is ongoing and there are issues on how this is being recorded as it is done on a spreadsheet which does not link directly to the electronic patient record (EPR) and is designed to capture any risk or potential harm as part of those delays.

A buddy system has also been developed, whereby a non-clinical person becomes the designated contact for patients. Once the patient's outpatient review has been established as delayed, the non-clinical person contacts them to explain this and then becomes their future contact.

RW queried what the key lines of enquiry being adopted in the mortality specific review were, and CP welcomed a further discussion on this.

EFFECTIVE

162/20 CLINCIAL AUDIT UPDATE

Dr Elizabeth Loney (Associate Medical Director) was in attendance to present the clinical audit programme for 2020 / 2021 as detailed at appendix K.

In the last six months, there has been a significant change in clinical audit and the mandated clinical governance half-day meetings, which were cancelled, resulting in audits not being able to be presented, however, some groups continued to have non-mandated clinical governance meetings, particularly in Obstetrics, Gynaecology and Paediatrics, and in September 2020, the medical division and general surgery held their governance meeting. A paper was submitted to the Incident Management Team (IMT) regarding the restart of mandated governance meetings hopefully from November 2020.

With regard to audit submissions, there are national audits to which the Trust is mandated to or need to submit data to, and most of these continued during COVID in some form. Many of the audits in the surgical division continued at the discretion of the data inputters, some audits were placed on hold, for example the stroke audit and diabetes audits, and now starting to begin again.

Another piece of work undertaken was the implementation of the national data opt-out. The regulation was due to come into force in March 2020, was then moved to October 2020, and has now been deferred to the end of March 2021. Patients can opt-out of having their data shared for non-treatment purposes, by signing the opt-out which is on a national database. This database is not held by the Trust; therefore, the clinical audit team contacted each of the national data organisations to ask them whether the data submitted falls under the national opt-out regulation or not. This has been a huge piece of work for the clinical audit team and thanks were conveyed to them for carrying that out. Further work has taken place with the information governance team and the health informatics service to produce a standard operating procedure for people to submit their data to the national spine to check whether patients have opted out. One way to work around this, is to have all patients consented to have their data shared as part of research and training at the time of their procedure. This is currently work in progress and can apply to other areas of patient care.

External audits were put on hold and now restarting, and an audit of clinical audit by Audit Yorkshire is due to take place next month.

Clinical Audit Awareness Week is taking place in November 2020, and the Trust would like to run an audit competition to highlight the excellent work taking place across the organisation and to allow colleagues to present their audits at an hour's session over lunchtime, to everyone in the Trust.

CP confirmed that the governance half-days will recommence from November 2020 and colleagues will be able to cancel clinical elective commitments as required, to attend the requisite number of governance sessions per year.

MT stated that within serious incident and divisional orange investigations, the findings from those investigations and output are being triangulated with clinical audits and feeding into various task and finish working groups.

OUTCOME: The Quality Committee received and noted the report.

CARING

163/20 ANNUAL COMPLAINTS REPORT

RW presented the 'Making complaints count' annual report at appendix L, which will form part of an appendix following the complaints review which is currently ongoing.

The report highlights the pause on NHS complaints during COVID, however, an improved position in relation to complaints closed on time was not noted.

A review is currently underway which will be reported to the Executive Board in November 2020, and any comments were welcomed. It was proposed that the draft report is initially

submitted at the Quality Committee with an opportunity for detailed discussion during protected time at the next meeting.

DBy asked whether the review will be revising the team structure to dedicate a lead on this, as this has been an issue for the organisation, and improvements need to be demonstrated to the CQC that the staffing and infrastructure are in place to take this forward. RW stated that the intention is to carry out an intensive review, looking at the governance and reporting structure, the team and their workload and opportunities to streamline.

WELL-LED

164/20 PROPOSED APPROACH FOR DEEP DIVES WITHIN THE BOARD ASSURANCE FRAMEWORK

RW presented a proposed approach for deep dives within the Board Assurance Framework, at appendix M.

A process is needed to understand risks and risk registers, by carrying out a deep dive to ensure they are applicable and meaningful going forward. The key questions to be asked were set out in the proposal, and RW asked if AMcC would oversee the process. There are five risks where the Quality Committee will lead and two risks where the Workforce Committee will lead with a supporting role from the Quality Committee.

AMcC reported continued support with the population of the Board Assurance Framework into Boards and Committees, and historically, the risks sit with the risk owner only, and the purpose of this process is to use the Committees to review the risks and provide assurance about the risks to the Board. The Board Assurance Framework reports to the Board of Directors and the Audit and Risk Committee three times a year, so it is not as regular as the risks and are more strategic and long-term. AMcC stated that the planning of the review of each risk and challenges to the risks would need to be done at the meeting and would need Committee ownership.

The Chair stated that the plan from the next Quality Committee, is to review a different Board Assurance Framework risk, using the proposed framework for the deep dives. JE reported that the Workforce Committee regularly review and interrogate their Board Assurance Framework risks.

AMcC also asked that the Committee consider any new risks for the Board Assurance Framework based on strategic objectives.

165/20 DUTY OF CANDOUR INTERNAL AUDIT REPORT

MT reported on the internal audit results of the second stage of duty of candour as detailed at appendix N.

The second stage of duty of candour takes place at the end of the investigation for a divisional orange investigation or a serious incident investigation, and ensures that the legal obligation in terms of duty of candour were delivered within the set timescale of 10 days, and whether the content of the letter was sufficient to deliver that.

The audit provided significant assurance and made a number of minor and moderate recommendations to further improve that assurance. These were detailed in the report.

Discussion on the definitions of first and second stage duty of candour took place, with MT describing the processes, and DBy agreed to follow this up with MT outside of the meeting.

166/20 QUALITY COMMITTEE ACTION PLAN

The Chair reported on the Committee's self-evaluation which was completed earlier this year, resulting in the action plan at appendix O describing the Committee's actions to improve effectiveness.

One of the concerns was receiving papers in on time and it was asked if anything needs to be done differently to help people who are submitting reports.

KH commented that the Committee has a forward planned schedule, and it is assumed that authors are made aware of upcoming meetings and given a prompt for their reports. MA confirmed the process; however, some reports are last-minute, which results in papers not being read in detail in order for a robust conversation at the meeting.

DBy stated that the culture of tabling reports just before a meeting needs to be eradicated and that report authors need to prioritise reports as it impacts on the Committee being able to move critical agenda items forward.

RW specified drawing a line under the submission date and if a paper has not been provided, then it needs to be removed from the agenda, and holding each other account.

The Chair was pleased of the support of the Committee and welcomed any further comments on the action plan.

POST MEETING REVIEW

167/20 MATTERS TO REPORT TO THE BOARD OF DIRECTORS

- Update on the invited service review for respiratory with all actions completed or in progress
- Update on the Mental Health Policy and further work needed before approval
- Medication Safety Compliance Group concerns with the medical gases and non-attendance at the Controlled Drug sub-group from divisions
- The increased Summary Hospital-level Mortality Indicator in over 12 months from the integrated performance report.
- Received the Annual Complaints report

168/20 REVIEW OF MEETING

What went well….

- The reports which were submitted were succinct, focussed and allowed for discussion
- Members introducing themselves before reporting
- Scrutiny of reports with positive challenge by members
- Had constructive debate and challenge

What could be better……

- Getting the papers circulated on time to achieve standard of circulating papers 7 days in advance.

169/20 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

170/20 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix P which will be refreshed in light of developments of the governance structure, and the agendas will include the quality priorities and the Board Assurance Framework deeps dives on a monthly basis.

NEXT MEETING

Monday, 26 October 2020 at 3:00 – 5:00 pm on Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 28 SEPTEMBER 2020

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
OPEN ACTIONS				
2.9.20 (132/20)	**QUALITY PRIORITY - MEDICAL DEVICES**	Divisions	**Action 2.9.20:** Medical devices training and maintenance to be added as a risk on divisional risk registers **Update September 2020: MA to check with all divisions that this is on risk registers.**	**Reminder sent on 19 October**
2.9.20 (133/20)	**QUALITY PRIORITY – FALLS RESULTING IN HARM**	Helen Hodgson	**Action 2.9.20: HH to take comments back to the Falls Collaborative to reconsider the 10% reduction target and to provide further assurance to the Quality Committee** **Action 2.9.20: The equality impact assessment to be completed.** **Action 2.9.20: Benchmarking data from other Trusts to be added to the monthly falls dashboard.**	**Reminders sent on 1 October and 20 October – no response received as yet**
5.2.20 (21/20)	**OUTPATIENTS IMPROVEMENT PLAN**	Kimberley Scholes	**Action 5.2.20:** Progress on actions from the outpatient's improvement plan to be provided in April 2020. **Update June 2020:** Awaiting steer from Executive Director of Nursing due to a number of amber/red actions which need clarity in the context of COVID-19 **Action 28.9.20: A more detailed report and the status of the original action plan was requested**	**Reminder sent on 19 October – no response received as yet.**
29.6.20 (103/20)	**INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK**	David Birkenhead	It was stated that in the future, it would be good to get an update on how the recommendations have been implemented, and DB agreed that an action plan with an assurance statement against the 10 standards and any new guidance that has been issued, can be brought back to the Committee. **Action 29.6.20**: Action plan to be brought back to the Committee at a later date. **Update August:** Progress report will be made available for 28 September 2020 meeting **Update Sept: To be deferred**	**Due on next agenda on 29 October 2020**
FORTHCOMING ACTIONS				
3.8.20 (121/20)	**QUALITY COMMITTEE ANNUAL REPORT ACTION PLAN**	Chair	**Action 3.8.20: An action plan will be submitted to the Committee once the results have been reviewed.**	**DUE Monday, 30 November 2020**
2.9.20 (140/20)	**COMMUNITY DIVISION REPORT**	Community division	**Action 2.9.20: Feedback on the development of non-concordance in relation to pressure ulcers to be provided in the next quarterly report.**	**DUE Monday, 30 November 2020**
1.7.19 (120/19) 2.3.20 (41/20)	**SERIOUS INCIDENTS DEEP DIVE**	Maxine Travis	**Action 1.7.19**: OW to be invited to a future meeting to present next steps. **Update 29.7.19:** Work is ongoing to review systems and processes, with an action plan being pulled together. **Update 30.9.19:** A three-month update was provided – see item 176/19 **Action 30.9.19**: Further update to be provided in six months' time, and maybe earlier if improvement and sustained change is not noted. **Update 2.3.20:** Following discussion on target timescales of between 25 to 40 working days for responding to complaints, it was queried why the same timescale cannot be delivered for serious incidents. **Action 2.3.20: Deep dive into serious incidents to take place.** **Update September: MT reported that a conversation with the new Assistant Director for Patient Safety will need to take place regarding plans going forward with serious incident investigation capacity. This item to be deferred.**	**TBC**
CLOSED ACTIONS				
2.9.20 (132/20)	**QUALITY PRIORITY - MEDICAL DEVICES**	Divisions	**Action 2.9.20: Medical devices training and maintenance to be added to PSQB agendas as a regular item** **Update September 2020: MA has now added medical device training to all Patient Safety and Quality Board workplans - COMPLETED**	**CLOSED Monday, 28 Sept 2020**
2.9.20 (138/20)	**QUALITY AND SAFETY STRATEGY**	Ellen Armistead	**Action 2.9.20: Any comments on the strategy, to be forwarded to EA outside of the meeting.** **Update September: This has now been submitted to the Board and cascaded throughout the organisation shortly.**	**CLOSED Monday, 28 Sept 2020**
2.9.20 (139/20)	**INTEGRATED PERFORMANCE REPORT**	Denise Sterling	**Action 2.9.20:** DS to follow up concern with the return to work interviews and two areas of recruitment that are still not achieving the target, with the Workforce Committee. **Update September 2020: JE confirmed that the action has now been followed up. JE also assured the Quality Committee that the Workforce Committee reviews the whole spread of the workforce domain targets, particularly those concerning sickness absence and recruitment. The Workforce Committee is aware of the variance in compliance on the recruitment targets as well as the ongoing difficulties with the return to work interviews and will be reviewing them as business as usual.**	**CLOSED Monday, 28 Sept 2020**
2.9.20 (135/20)	**MEDICATION SAFETY AND COMPLIANCE REPORT**	Anita Hill	**Action 2.9.20:** AH to find out the timescales for when departmental assessments in relation to exposure tests for nitrous oxide and Entonox need to take place. **Update October: See item 158/20. These must be completed annually but as no areas have had these done, all of them need doing asap**	**CLOSED Monday, 28 Sept 2020**

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE
Review of Quality & Performance Report (Workforce)

Held on Wednesday 19 October 2020, 3pm – 4pm

VIA TEAMS

PRESENT:

David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Karen Heaton	(JH)	Non-Executive Director (Chair)
Sharon Senior	(HS)	Staff Side Representative
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Ruth Mason	(RM	Associate Director of Organisational Development (for agenda item 53/20)

44/20 **WELCOME AND INTRODUCTIONS:**

The Chair welcomed members to the meeting.

45/20 **APOLOGIES FOR ABSENCE:**

Ellen Armistead, Deputy Chief Executive/Director of Nursing
Helen Barker, Chief Operating Officer
Andrea McCourt, Company Secretary

46/20 **DECLARATION OF INTERESTS:**

There were no declarations of interest.

47/20 **MINUTES OF MEETING HELD ON 10 AUGUST 2020:**

The minutes of the Workforce Committee meeting held on 10 August 2020 were approved as a correct record.

48/20 **ACTION LOG**

The action log was reviewed and updated accordingly.

49/20 **QUALITY AND PERFORMANCE REPORT (WORKFORCE) – SEPTEMBER 2020**

MB presented the report.

Summary
Performance on workforce metrics continues to be high although the Workforce domain remained at 76.1% in August 2020. This is now 16 consecutive months of a 'Green' domain.

Only 4 of the 15 current metrics that make up the Workforce domain score are not achieving target – 'Return to Work interviews recorded', and 'Sickness Absence Rate' and 'Long term sickness absence rate' and 'Short term sickness absence rate'. The appraisal compliance for both medical and non-medical are not included in the Domain scoring due to postponement of appraisal season due and Covid-19 and will be included for non-medical at the end of the appraisal season.

Workforce – August 2020
The Staff in Post increased by 130.31 FTE, which, due, in part, to 36.96 FTE leavers in August 2020. There has also been an increase of 2.29 FTE in the Establishment figure, along with student nurses leaving.

Turnover increased to 6.98% for the rolling 12 month period September 2019 to August 2020. This is a slight increase on the figure of 6.8% for July 2020.

Sickness absence – July 2020
The in-month sickness absence decreased to 3.61% in July 2020. The rolling 12 month rate decreased marginally for the eleventh consecutive time in 21 months, to 4.25%. Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 38.57% of sickness absence in July 2020, decreasing from 40.58% in June 2020.

The RTW completion rate increased to 63.12% in July 2020.

Essential Safety Training – August 2020
Performance has improved in 7 of the core suite of essential safety training. With all 9 above the 90% target with 4 achieving the 95% 'stretch' target.
Overall compliance decreased to 94.42% and is below the stretch target following last month's rise above the stretch target for the first time in seven months.

Workforce Spend – August 2020
Agency spend increased by £0.11M, whilst bank spend decreased by £0.15M.

Recruitment – August 2020
3 of the 5 recruitment metrics reported (Vacancy approval to advert placement, shortlisting to interview, and Interview to conditional offer) deteriorated in August 2020. The time for Unconditional offer to Acceptance in August 2020 decreased and was just over 4 weeks.

DS noted that 3 out of 5 recruitment metrics have dipped in performance and asked what the challenges are. JE responded that a recent piece of work has identified that both data quality and practice issues are preventing targets being sustained month on month. A paper will be presented to the next committee meeting setting out the position and responses to achieve targets.

The Chair expressed that this was a positive report.

Action: Provide recruitment metrics report to the next committee meeting (CN).

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

50/20 **BOARD ASSURANCE FRAMEWORK (BAF)**

KH presented the BAF for comment. Four workforce risks are identified:

Medical Staffing; risk score 20 (target score 9)
Nurse Staffing; risk score 20 (target score 9)
Recruitment/Retention inclusive leadership; risk score 12 (target score 9)
Colleague Engagement; Risk score 9 (target score 3)

KH raised a concern in terms of staff turnover and staffing levels and how this would be managed in relation to spikes in Covid. SD advised that in response to phase 3 planning, conversations with divisions had identified priority roles which have subsequently been granted automatic vacancy approval. The safety of staff and patients was a primary focus and the likelihood of a covid surge was a factor in the Trust's phase 3 planning response.

The Committee approved the risks and associated scores for submission to the Audit and Risk Committee and the Board of Directors at its meeting on 5 November 2020.

OUTCOME: The Committee **RECEIVED** and **APPROVED** the BAF.

51/20 **COVID HEALTH AND WELLBEING PLAN UPDATE INCLUDING NO OF PEOPLE FRIENDLY EAR CONVERSATIONS**

SD avised that two weeks ago the Executive Board meeting focussed on identifying what actions are needed to attain an almost 100% response rate of the health and wellbeing risk assessment. The Trust's health and wellbeing activities can all be routed back to the analysis of the risk assessments. More recently a further 240 risk assessments have been received. Over 1300 friendly ear telephone calls have been made or received, with at least 3-5 colleagues at any one point needing significant input being referred to external support (Socrates).

A consolidated action plan has been developed using intelligence from risk assessments, results from friendly ear service and direct feedback. The action plan centres around a perfect storm response to ensure a 24/7 service. A request for funding was approved at the Commercial and Investments Strategy Group (CISG). The next priority is to increase risk assessment response rate and communicate clear messages around the must dos - social distancing, PPE, hand washing and being kind to each other.

SD advised there has been an increase in behavioural issues and this is a pattern seen across other Trusts. Any colleague going through an employee relations process is offered one culture of care wrap around support. The Committee noted that Occupational Health now provide a 7 day service to respond in particular to test and trace.

SD expressed thanks to colleagues involved working up the action plan.

KH asked how we compare to other Trusts. SD advised that our health and wellbeing risk assessment approach is different to other Trusts.

Action: Share action plan with Committee members (SD).

OUTCOME: The Committee **RECEIVED** and **NOTED** the Report.

52/20 **HEALTH & WELLBEING RISK ASSESSMENT RESPONSES**

3088 (appx 50% of the workforce) risk assessments have been received. SD advised of the enormous effort required to achieve this response rate and how challenging it would be to reach 100% response rate.

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

53/20 **LEADERSHIP DEVELOPMENT PROGRAMME**

RM provided a summary of the presentation slides describing how the initial proposal transformed to a fully on-line programme. 1542 colleagues were enrolled onto the programme at its launch on 31 July 2020 with 40% of these colleagues having since

started the programme. The system allows tracking of individuals' progress across the modules. RM reported the programme is receiving excellent feedback from colleagues. The Committee noted the Chief Executive and Executive Directors have commenced the programme. KH asked what participant numbers would look like had the programme not been on-line. RM described the challenges of progressing 700 managers through a classroom based programme. DS enquired how long it would take to complete the programme content. RM advised approximately 5 hours plus participation in action learning sets.

KH and DS commended RM and colleagues on the good work.

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

54/20 **REVALIDATION AND APPRAISAL OF NON-TRAINING GRADE MEDICAL STAFF**

The annual report is submitted to the Workforce Committee to provide assurance that the agreed processes for GMC revalidation and appraisal have been adhered to prior to submission to the Board of Directors for sign off. The report provides a summary of work through to the end of March 2020 providing comparative data from previous years. DB highlighted the significant difference this year being the suspension of the appraisal and revalidation process by the NHSE/NHSI on 23 March 2020. 16 colleagues will be classed as 'approved missed appraisals'. The formal process will recommence in April 2021, however a soft start to appraisals was initiated in the Trust in October to provide a support function with conversations centering around health and wellbeing.

OUTCOME: The Committee **NOTED** the report and **SUPPORTE**D its submission to the Board of Directors.

55/20 **ANNUAL HEALTH EDUCATION ENGLAND TRUST SELF-ASSESSMENT REPORT**

The HEE Quality framework identifies the standards that organisations are expected to have in place to provide a quality learning environment for our learners. The Trust is required to assess annually which standards are fully or partially in place via the use of an annual self-assessment review (SAR). The purpose of the report is to make the Committee aware of the submission which has been made and provide assurance that the Trust complies with standards and domains as set out in the HEE Quality framework. DB pointed out a Significant point at section 4 – time given to consultants to fulfil their duties as a clinical supervisor or educational supervisor. The Trust doesn't meet the HEE expectation of 0 .25 programmed activity (PA) per trainee is offered. The Trust offers 0.125 PA for educational supervision and clinical supervision is expected to complete in general Supporting Professional Activity (SPA) allocation which is a total of 1.5 PAs. The Trust's offer hasn't changed in previous years but potentially may be challenged by HEE. DB confirmed that other Trusts give different allocations.

OUTCOME: The Committee **RECEIVED** and **NOTED** the Report.

56/20 **ANY OTHER BUSINESS**

No other business was raised.

57/20 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

Board Assurance Framework
Revalidation and Appraisal of Non-Training Grade Medical Staff
Annual Health Education England Trust Self-Assessment Report
Positive update on Wellbeing
Leadership Development

In addition, SD requested that attendance at Workforce Committee is raised as a matter of concern at Board of Directors.

58/20 **DATE AND TIME OF NEXT MEETING:**

16 November 2020 (Deep Dive)
1pm – 3pm
Via Teams

Calderdale and Huddersfield NHS Foundation Trust

Minutes of the Calderdale & Huddersfield NHS Trust
Board of Directors and Council of Governors Annual General Meeting held
Wednesday 7 October 2020 at 5pm
Via Microsoft Live Events

PRESENT

Speakers
Philip Lewer, Chair
Owen Williams, Chief Executive
Gary Boothby, Executive Director of Finance
Ellen Armistead, Executive Director of Nursing
David Birkenhead, Executive Medical Director
Stephen Baines, Lead Governor, Publicly Elected

Board of Directors
Helen Barker, Chief Operating Officer
Anna Basford, Director of Transformation & Partnerships
Suzanne Dunkley, Executive Director of Workforce and Organisational Development
Mandy Griffin, Managing Director, Digital Health
Stuart Sugarman, Managing Directors, Calderdale and Huddersfield Solutions Ltd
Andy Nelson, Non-Executive Director
Richard Hopkin, Non-Executive Director
Denise Sterling, Non-Executive Director
Alastair Graham, Non-Executive Director
Karen Heaton, Non-Executive Director
Peter Wilkinson, Non-Executive Director

In Attendance
Andrea McCourt, Company Secretary
Jackie Ryden, Corporate Governance Manager (minutes)
Vanessa Henderson, Membership and Engagement Manager
Danielle Booth, Admin Assistant, Membership and Engagement
Richard Hill, Senior Collaboration Specialist, ICT
Clare Partridge, External Audit Partner, KPMG

Public Elected Governors
Annette Bell, Public Elected Governor, East Halifax and Bradford
Christine Mills, Public Elected Governor, Huddersfield Central
John Richardson, Public Elected Governor, South Huddersfield
Jude Goddard, Public Elected Governor, Calder and Ryburn Valleys
Veronica Woollin, Public Elected Governor, North Kirklees

Staff Elected Governors
Sally Robertshaw, Staff Elected Governor, Allied Healthcare Professionals
Peter Bamber, Staff Elected Governor, Doctors/Dentists

Stakeholder Governors
Jayne Taylor, Calderdale and Huddersfield Solutions Ltd

1. CHAIR'S OPENING STATEMENT AND INTRODUCTIONS

The Chair opened the meeting by welcoming everyone to the first 'virtual' Annual General Meeting of the Council of Governors providing an opportunity to reflect on the last 12 months within the Trust and share the Trust's plans and challenges for the coming year.

The Chair introduced the speakers and noted that members of the Board of Directors and Council of Governors were also present in the audience. The Chair also welcomed the external auditor, Clare Partridge from KPMG. The external auditors play a vital role in auditing the Trust's annual report and accounts each year before they are submitted to Parliament. The Chair advised that both the annual report and summary annual report for 2019/20 were available on the Trust website.

The Chair noted special thanks to the Chief Executive, Executive Directors and Non-Executive Directors for their active involvement in ensuring that patients and colleagues were cared for through the Trust's 'One Culture of Care'. This has been particularly important this year as the Trust, and the NHS, have faced the challenge of the Covid-19 pandemic. In addition to thanking Board Members and the Governors for their contribution, the Chair also thanked every person who has gone well above and beyond during the pandemic.

The Chair introduced a video which was made during the Covid-19 pandemic to thank all of the Trust's patients, communities and partners for the support they provided.

A recording of the AGM can be found at https://www.cht.nhs.uk/publications/annual-reports-and-annual-general-meeting/

2. CLINICAL UPDATE: CARING DURING THE PANDEMIC

Ellen Armistead, Executive Director of Nursing, and David Birkenhead, Executive Medical Director gave a presentation on 'Caring During the Pandemic'.
The Medical Director thanked all colleagues in CHFT who have worked above and beyond during the last six months. He also thanked the communities for their patience and moral support they had provided to CHFT's staff.

The Trust began to plan for Covid during the early part of the new year and the first patients were seen in mid-March. Since 1 April 2020 over 550 Covid-19 positive patients have been admitted, with 140 inpatients at the peak of the pandemic. Sadly 167 Covid positive patients have died in hospital since April to the end of September 2020. Many different factors were taken into account during the planning phase, including amongst others: focus on infection prevention and control and the use of Personal Protective Equipment (PPE), the supply of equipment and oxygen, isolation facilities, management of ward areas, social distancing and staff absence. It was vital to ensure that there were sufficient staff in the right place, with both nursing staff

and medical staff being deployed to critical areas to maintain safer staffing. Additional training and support was provided where necessary and many staff worked longer hours and more flexibly to ensure patients were given appropriate care.

The Infection prevention and control team have played a very important role in reviewing the ever-changing guidance, ensuring staff were protected, and providing training where required. David noted particular thanks to Dr Anu Rajgopal, Infection Control Doctor and Jean Robinson, Infection Control Nurse.

The Director of Nursing provided details on the number of items of PPE used at the height of the pandemic. PPE remains a key element of the infection prevention control systems and processes to keep staff, patients and the community safe. A dedicated team, made up of clinicians, procurement and materials management to ensure that a good supply chain was in place, controlling the use of stock and back up plans to support staff and monitor compliance with the usage of PPE. The Trust did not run out of PPE at all.

The Trust introduced a variety of creative solutions to ensure that patients and their families were able to keep in touch when visiting was restricted. These included virtual visiting, a relatives line, letters to a loved one and keep-sakes.

Caring for patients at the end of life became a priority and a number of specialist palliative care beds were set up on both sites and mobilised within seven days of identification of the requirement. CHFT worked closed with partners in the hospices to provide increased support in the community and in care homes.

For CHFT, life beyond the pandemic will continue to use the four pillars as the foundation to achieve business better than usual, using and keeping some of the fantastic initiatives that have originated as a result of the pandemic. Areas of focus going forwards will be clinical prioritisation, the health and well-being of all staff, preparation for a second wave of the virus and ensuring patients and colleagues are safe and also feel safe.

The Director of Nursing thanked non-clinical staff on behalf of the clinical staff, who are well supported by a host of support services, with particular thanks to the cleaning staff, colleagues in Workforce, Finance and all the colleagues who are currently working from home.

3. FINANCIAL REVIEW ANNUAL ACCOUNTS APRIL 2019 – MARCH 2020

Gary Boothby, Executive Director of Finance presented a financial report for 2019/2020, highlighting the key points from 2019/2020 and looking forwards to 2020/2021. The Executive Director of Finance advised that full details of the annual accounts were available in the Annual Report which was published on the Trust website. The accounts had been successfully laid before parliament, having been produced for the first time with finance colleagues working from home.

Overall, the year ending 31 March 2020 was a successful year for the Trust. A challenging financial plan had been agreed at the start of the year, with a planned overspend of 9.71m. This plan was delivered, including the cost improvement programmes of £11.00m. A broadly balanced position was delivered, which was the first time since 2013/2014.

Looking forwards to 2020/2021 a financial target of a £27.48m deficit had been accepted. This assumed the delivery of £14.7m efficiencies. Following the outbreak of Covid-19, the financial regime changed, and new national rules were introduced in support of Covid for the first half of the year to bring the Trust to a breakeven position.

From month 7 onwards the financial regime has changed to a system level allocation. Within the Integrated Care System, all the organisations are in the process of trying to assess whether the care and activity required to be delivered can be done so within the system financial allocation**.**

4. THE FUTURE AND WHAT'S AHEAD FOR CHFT

Owen Williams, Chief Executive welcomed everyone and thanked Executive colleagues, the wider Board of Directors, all CHFT colleagues and volunteers for their work and commitment during the last seven months in providing care in the hospitals and across community services as they have faced a life threatening situation for patients and themselves. He also thanked the patients and their friends and relatives for showing kindness, understanding and respect for the need to adapt and change services provided by the Trust.

Looking ahead to the future, Owen advised that following a suggestion by recently retired Director of Operations, Mel Addy, to think beyond returning to 'business as usual', the Trust will be looking at how 'business better than usual' can be applied in delivering compassionate care. Owen gave a number of examples of what this will involve, with particular reference to the Pathology Department who will be leading the way in developing digital pathology services, community colleagues and partnership working, and expansion of working from home for both clinical and non-clinical colleagues.

Looking ahead into the future, it will also take into account the consequences and impact an organisation like CHFT can have on the environment; such as remote working and impact on carbon dioxide emissions. CHFT will play a role as an anchor institution, contributing not only to health and social care, but also to the environment and economic circumstances which will be very challenging for a number of years to come, either through reconfiguration of services, physical reconfiguration or apprenticeship schemes to name but a few examples.

One of the key aspects of the future will be a focus on partnership forms of meetings, with a range of partners meeting rather than individual organisations; including primary care, community services, partner organisations and working with the local

authorities in a collaborative way to provide a high quality of care and support into the future.

Owen noted the amazing work that has been done and the resilience of colleagues both within and outside of the Trust and expressed his confidence that CHFT will work through the challenges ahead and will work together as a part of One Culture of Care within the Trust but also work with partners outside the Trust to deliver compassionate care.

5. COUNCIL OF GOVERNOR UPDATE – OVERVIEW OF THE COUNCIL OF GOVERNORS CONTRIBUTION DURING 2019-2020

Stephen Baines, as Lead Governor, gave an update on the activities undertaken by the Council of Governors during 2019/2020. This included regular meetings with the main divisions of the Trust throughout the year and a number of workshops and training sessions with the Board and with Non-Executive Directors providing an opportunity to discuss and develop future plans for the Trust.

Stephen thanked Brian Moore for his contribution as Lead Governor until his resignation in December 2019, and Linda Patterson and Philip Oldfield who stood down as Non-Executive Directors in December 2019 and were replaced by Denise Sterling and Peter Wilkinson.

Stephen also thanked all colleagues within the Trust for their care of the patients during an extremely difficult period.

Stephen advised that the annual election for Governor vacancies in July had been cancelled and due to the pandemic, and those Governors whose term had ended were asked, and were willing, to continue for an extra 12 months. He noted special thanks to Dianne Hughes who ended her time as a Governor in July 2020 after serving two terms of three years and an extra year filling in for a Governor vacancy, and Sian Grbin who left the Trust in August 2020 after serving as a Staff Governor representing Trust nurses and midwives.

The Chair thanked Stephen and all of the Governors for their contribution over the last year.

The Chair advised that Governors have recently agreed that two of the Non-Executive Directors, Alastair Graham and Andy Nelson, will continue as Non-Executive Directors for a further three years.

6. QUESTIONS AND ANSWERS

A number of questions had been submitted prior to the meeting. Helen Barker, Chief Operating Officer, provided a verbal response to these questions.

Q: What is the updated general treatment for Covid19 patients?

A: There are two specific treatments currently; Anti-viral drugs which reduce the length of the disease, and steroids which reduces the mortality of the disease. The Trust, its research team and clinical colleagues are proud of CHFT's involvement in a trial of steroids and contributed the second largest recruitment into the trial in Yorkshire and Humber. Supportive treatment can also be given through the use of normal oxygen, intravenous fluids, blood thinners and ventilation through a special mask or tube inserted.

Q: Can the Trust cover any increase in the pandemic?
A: The Trust has worked hard to ensure that plans are in place going forward. Caution has been taken going into an uncertain winter, but plans are in place to manage re-set, winter and a second wave. In July 2020 the Board of Directors agreed that the priority was to maintain the safety of both patients and staff, and the plans in place are based on clinical needs of patients.

Q: Please provide an update on current Covid-19 issues: Testing/PPE/Resources and Staffing.
A: The Trust has a fantastic microbiology team which were able, within a few weeks, to test all of CHFT's patients and staff. The team continue to build on their success and more machines are to be installed. There still remain sporadic issues with the delivery of chemicals. The Trust continues to provide the resources required by staff. The team who manage the Covid response continue to meet twice a week, and staffing plans going forwards have been agreed.

Q: When will departments closed because of Covid 19 open back up to do their vital work?
A: All departments are now open at varying stages of activity. The approach has been cautious due to the anticipation of a challenging winter and a second wave. Activity is not yet back to 100% for all areas, but some areas are doing more than 100% of their previous activity. Activity for in-patients is currently at 70% and clinicians have reviewed the waiting list and prioritised patients based on clinical need.

Q: There are no follow up diagnostic colonoscopy procedures taking place in CHFT - what plans are there to get back to normal?
A: A small amount of follow up diagnostics have recommenced based on clinical validation by the clinicians. The Trust is working with other organisations to learn from their experience.

The Chair gave an opportunity for those present to raise any general questions.

Q: When can volunteers at the hospitals at Halifax and Huddersfield re-start their voluntary work on the wards
A: The Executive Director of Workforce & Organisational Development advised that the Trust is working on bringing volunteers back into site safely. A number of checks are to be carried out over the next few weeks including risk assessments, flu vaccinations and assigning a supervisor to each volunteer, to ensure volunteers can return and feel safe.

Q: What links do you have with the voluntary sector in relation to services for patients both within the hospital and outside?
A: The Director of Transformation & Partnerships advised that the Trust works with all partners in both Calderdale and Kirklees, including involvement in a number of forums linking with the voluntary sector organisations and the Trust is aware of the important role played by the voluntary sector in supporting patients and the public in the community. The Trust meets with a collaboration of organisations including the voluntary sector in Calderdale on a monthly basis and works with the health and wellbeing boards in both Calderdale and Kirklees on how to support voluntary organisations and the valuable contributions that they make.

7. DATE AND TIME OF NEXT MEETING

The Chair thanked everyone for attending and noted particular thanks to the speakers and the IT team for their support in the organisation of this virtual meeting.

The Chair closed the formal meeting at approximately **18.12pm**

Agenda Item No. 4
Appendix A

Calderdale and Huddersfield NHS Charity

Minutes of the Charitable Funds Committee meeting held on Wednesday 26 August 2020, 2.00pm – 3.30pm via Microsoft Teams

PRESENT

Philip Lewer (PL)	CHAIR
Gary Boothby(GB)	Director of Finance
Ellen Armistead (EA)	Director of Nursing/Deputy Chief Executive
David Birkenhead (DB)	Medical Director
Richard Hopkin (RH)	Non-Executive Director
Peter Wilkinson (PW)	Non-Executive Director

IN ATTENDANCE

John Gledhill (JG)	Council of Governors' Representative
Emma Kovaleski (EK)	Fundraising Manager
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Heather Lamont (HL)	CCLA
Julia Cocklin (JC)	CCLA

ABSENT

Asif Ameen	Director of Operations, (Medical)
Zoe Quarmby	ADF Financial Control

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 and noted for Sheila Taylor and Lyn Walsh.

3. CCLA INVESTMENT PERFORMANCE REVIEW

HL (CCLA) presented 'Managing Your Investment Portfolio'. Its contents were NOTED.

The discussion that followed covered, amongst other items, the possible effects of the global pandemic, a second wave, a medical development such as a vaccine, the American elections, governance independence (HL confirmed that there was no conceivable link between what is bought for the fund and CCLA's relationship with our Charity Trustee), the robustness of our pooled fund which is actively managed, the risk profile of our fund (3/7 equating to low/medium risk), whether to consider moving to the Charities Ethical Investment Fund at zero cost (deadline April 2021). It was agreed that, either at the next meeting in November or at an extra one before that, a discussion would take place about

rearranging our portfolio mix. HL would be invited for part of it. HL would also provide information on the more risky Global Equities fund.
Once HL and JC left the meeting, RH discussed the tender process

ACTION: set up meeting or add to agenda for November meeting to decide on our investment portfolios. (**GB** leading with EA/PW/RH before November meeting **26.08.20 – 1**). To include:- increasing risk on longer term investment (A Ormerod), a possible move to the Ethical fund and whether to continue with CCLA or set up a tender process (to include checking the diversity at board level).

4. MINUTES OF MEETING HELD ON 26 FEBRUARY 2020
The minutes of the meeting held on 26 February 2020 were approved as an accurate record.

5. ACTION LOG AND MATTERS ARISING
The action log was reviewed and noted.
Risk Register
RH asked if his points had been considered, particularly around risk scores. EK confirmed these had been addressed and presented the amended Risk Register which was NOTED. This is a live document which is reviewed at each meeting and then updated if necessary.

6. MINUTES OF EXTRA MEETING 24 JUNE 2020
The minutes of the meeting held on 24 June 2020 were approved as an accurate record.

7. REPORT & ACCOUNTS 2019/20 DRAFT
GB presented the key points in this report. He said that Covid-19 had been referenced but it did not feature heavily in the financial year 2019/20 (of this report) but 2020/21.
RH discussed the Reserves policy and felt it needed to be revisited. GB agreed to discuss the report further with RH, finalise it and share with PL. CH would discuss the reserves policy with KPMG.

ACTION: GB to discuss wordings/language with RH, finalise report and share with PL - **26.08.20 – 2,** Sept 20.
ACTION: CH to discuss Reserves policy with KPMG – **26.08.20 - 3**, Sept 20.

8. QTR 1 2020/21 INCOME & EXPENDITURE SUMMARY (inc. SOFA & BS)
EK presented this and shared some ‘good news’ stories around donors. DB said he would be happy to be involved personally in thanking/valuing these donors in the future. The contents were NOTED.

9. TERMS OF REFERENCE – ANNUAL REVIEW
These were reviewed and it was agreed to delete the highlighted words. It was also agreed that the membership should be extended to include a staff representative from the BAME network and also a member of the new operational sub committee once it has been set up. These will be added to the Terms of Reference as positions and named members will be confirmed later when EA and EK have followed this up.

ACTION: amend Terms of Reference (**CH 26.08.20 – 4,** Sept 20).
ACTION: confirm new members (**EA/EK 26.08.20 – 5** Nov 20)

10. OUTSTANDING AUDIT RECOMMENDATIONS
GB reported that all actions had finally been completed. This paper is for information only and its contents were NOTED.

11. MINUTES OF STAFF LOTTERY COMMITTEE MEETING HELD ON 3 MARCH 2020
The paper is for information only and its contents were NOTED.

12. ANY OTHER BUSINESS
EK said that she had been in discussions with Locala's Finance Director about accessing some of the NHSCT monies but this was politely refused.
EK updated re the recent receipt of £50k from NHS Charities Together, This will be used for people disproportionately affected by Covid-19 such as BAME network and also for virtual patient visiting. A further possible bid of £132k will take place in Stage 3.
JG thanked EK for all her hard work in this last year.

DATE AND TIME OF NEXT MEETING:
Wednesday, 25 November 2020, 2pm – 3.30pm, via Microsoft Teams

Calderdale and Huddersfield NHS Foundation Trust

Draft Minutes of the Audit and Risk Committee Meeting held on Wednesday 21 October 2020 commencing at 10.00am via Microsoft Teams

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Gary Boothby	Director of Finance
Kirsty Archer	Deputy Director of Finance
Helen Kemp-Taylor	Head of Internal Audit, Audit Yorkshire
Kim Betts	Interim Internal Audit Manager, Audit Yorkshire
Salma Younis	Senior Manager, KPMG
Steve Moss	Anti-Crime Lead, Audit Yorkshire
John Richardson	Governor
Jackie Ryden	Corporate Governance Manager (minutes)
Philip Lewer	Chair of Calderdale and Huddersfield NHS Foundation Trust
Maxine Travis	Senior Risk Manager
Melanie Hill (Item 70/20)	Information Governance Manager
Mandy Hurley (Item 71/20)	Clinical Governance Audit Team Leader

66/20 APOLOGIES FOR ABSENCE

Apologies were received from Mandy Griffin, Clare Partridge, Marie Hall

The Chair welcomed everyone to the Audit and Risk Committee meeting. Melanie Hill was attending to present the deep dive on Information Governance and Mandy Hurley was attending to respond to any queries regarding clinical audit.

67/20 DECLARATIONS OF INTEREST

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

68/20 MINUTES OF THE MEETING HELD ON 22 JULY 2020

The minutes of the meeting held on 22 July 2020 were approved as a correct record subject to the following amendments.

Review of Losses and Special Payments
Hospital Pharmacy Services – should be corrected to Huddersfield Pharmacy Specials.

Review of Board Assurance Framework
The paragraph to be amended as below:
RH raised a number of queries relating to the proposed allocation of risks. He suggested that risk 3/20, Business Better Than Usual, might also need to be considered at the Transformation Programme Board. RH also pointed out that risk 2/20 Digital Strategy and Risk 6/20 Climate Action Failure should not be allocated to the Finance & Performance Committee ~~as there is no representation from the Health Informatics Team on the Finance & Performance Committee~~.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 22 July 2020 subject to the above amendments.

69/20 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updated accordingly.
OUTCOME: The Committee **NOTED** the updates to the Action Log.

70/20 INFORMATION GOVERNANCE DEEP DIVE

Melanie Hill, the Information Governance Manager, gave a presentation on Information Governance (IG) within CHFT including details on the Information Governance (IG) team, the Data Security and Protection Toolkit (DSPT), the Data Protection Impact Assessment (DPIA), the National Data Opt-Out (NDOO), incidents and the IG campaign, data security and protection training, policies and information asset owner work. The IG Team also provide IG services for a number of GP practices across Calderdale, Kirklees, Wakefield, Bradford, Leeds and for a variety of other organisations.

The DSP Toolkit is submitted on an annual basis, the submission date was extended this year from 31 March 2020 to 30 September 2020 due to the Covid pandemic. Every employee contributes to the DSPT in some way. 116 evidence items are required to be submitted; these fall into ten categories of evidence. This includes evidence of a target compliance with DSP training of 95% for the organisation. This contrasts with the Trust's overall target for essential skills training of 90%.

The Information Governance Manager advised that this year a 'Standards Not Met' Toolkit was submitted to NHS Digital with an improvement plan to address the areas that did not meet the standards required. Out of the 116 evidence items, four were not met: a) tracking of software assets; b) listing of unsupported software; c) patching; d) DSPT training. These are all addressed in the improvement plan. NHS Digital quickly updated the Trust's status to 'Standards Not Fully Met with a Plan Agreed'. They will monitor the improvement plan over the next 6-8 months prior to re-submission. A number of risks are associated with this and are logged on the risk register, which are reputational damage and risk of losing contracts due to non-compliance with the Toolkit. A further extension has been agreed to June 2021.

Data Protection Impact Assessments (DPIA) were introduced in June 2018 and must be completed by law at the start of every project or at the procurement stage; a shortened version of this has been introduced for the Covid period, and this will be re-visited once the pandemic quietens down.

The National Data Opt-Out was introduced in May 2018 with a compliance deadline of March 2020, now extended to 31 March 2021. This allows patients to opt out via NHS Digital of data being used for research and planning purposes. This is a requirement in the Toolkit. All necessary updates have been made and whole data uploads are currently being tested.

There have been a number of serious incidents recently related to inappropriate access of patient records. An IG awareness campaign is in hand, and an audit is being undertaken into access to 50 'deceased' patient records. There are severe consequences if a member of staff is found to have inappropriately accessed patient

records. Three ICO reportable incidents occurred between April 2019 to September 2020, with no further action to be taken.

The Director of Finance asked how CHFT benchmarks against other Trusts, given that approximately £0.5m has been invested over the last 18 months on IG compliance. The Information Governance Manager confirmed that the Trust is in a better position than other organisations who are also having trouble meeting the standards. The team is confident that a 'standards met' Toolkit will be achieved at the next submission.

DS asked what measures could be put in place to address the shortfall in achieving the training target of 95%. The Information Governance Manager believes this may be linked to the fact that the overall training target set by the Trust is 90%. AM asked if there is an awareness across the Trust of the 5% discrepancy and suggested this should be discussed in other forums.

Following a query from the Company Secretary, the Information Governance Manager confirmed that the Information Governance and Records Strategy Group meetings are now scheduled following a gap during Covid and are back on track. This Group will review progress on the improvement plan on the Toolkit.

The Chair asked if the posters regarding the National Data Opt-Out had been tested. The Information Governance Manager agreed that this did not take place but will be re-addressed.

Following a query from the Chair, the Information Governance Manager advised that the teamwork with both the Information Asset Owners and Information Asset Administrators for collection of the necessary information and completion of the paperwork.

OUTCOME: The Committee **NOTED** the details provided in Information Governance Deep Dive presentation.

71/20 CLINICAL AUDIT PROGRAMME 2020/2021

Denise Sterling presented a six-month update on the 2020/2021 Clinical Audit programmes, supported by Mandy Hurley, Clinical Governance Team Leader. The Trust conducts four different categories of audit: national mandatory audits (Quality Accounts List), national non-mandatory audits, local priority audits e.g. NICE Clinical Guideline snapshot audits, Trust Quality Improvement projects etc. and local audit (service evaluations, self-interest).

The 2020/21 Trust Clinical Audit Programme includes a combination of the above projects.
The clinical audit database is now up and running and all of the projects are included in the database. There have been significant changes over the last six months with the half day mandated governance meetings having been suspended which meant that clinicians have not been able to present the audits. These will now resume from November 2020.

The Clinical Audit Team has been working closely with Information Governance and Health Informatics to establish a standard operating procedure to ensure that robust systems and processes are in place.

The Clinical Governance Team Leader compared the quarter two figures with those achieved in quarter one and highlighted the improvements in the number of audits completed and audits that had not started. As at September 2020 a total of 353 local and

national audits have been carried out across the Trust. There are a number of national audits which are still on the plan as these were put on hold or have not yet been published. An internal audit review of the clinical assurance process has just been completed and an assurance level of significant was given with just eight minor or moderate recommendations.

RH asked if any benchmarking had been carried out on the programme and performance against other Trusts. The Clinical Governance Team Leader advised that this had not been done but comparisons are available as part of the CQC Insight reports and confirmed that she will forward the required information. The Clinical Governance Team Leader advised that the monthly CQC Insight report details the Trust figures for standards for national audits compared to national averages and will confirm whether the Trust is an outlier. Currently CHFT is an outlier for national breast cancer in older people, but is it is believed that this is related to reporting inconsistencies and this is being investigated.
Action: Mandy Hurley to send the most recent CQC Insight report to Jackie Ryden for dissemination with the minutes.

OUTCOME: The Committee **NOTED** the six month update on the Clinical Audit Programme 2020/2021.

72/20 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments

The Deputy Director of Finance presented a report summarising the losses and special payments for the quarter ending September 2020. The Deputy Director of Finance highlighted that overall the losses and special payments in the quarter is higher than average, and is specifically linked to Covid-19. Production by Huddersfield Pharmacy Specials (HPS) in support of elective work for other NHS organisations has impacted on its ability to move stock through the system which has impacted on losses and special payments.

Following a query from the Chair, the Deputy Director of Finance advised that HPS believe there is an opportunity to improve on this and make some progress.

RH queried the ex-gratia payments relating to complaints of £11,000 and asked what the process was to approve those payments. The Deputy Director of Finance confirmed that these payments are relatively rare, but she will follow this up and confirm details of the process. The Company Secretary advised that this could be related to payments recommended by the Parliamentary Health Service Ombudsman when a complaint is upheld.
Action: Deputy Director of Finance to confirm the process for approval of ex-gratia payments relating to complaints.

The Director of Finance expressed his concern about the significant impact on patients who lose personal effects -for hearing aids, glasses, earrings and clothing, (£4.4k) He added that this should be area to focus on and would like to see more awareness across the organisation.

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

2. Review of Waiving of Standard Orders

The Deputy Director of Finance presented a report on the Trust's waiving of standing orders to enable volume and value to be monitored during the second financial quarter of 2020/21. This includes all orders placed as a result of single source tendering/quotations, and subject to completion and authorisation of the single source approval form. In addition, it includes situations whereby non acceptance of the lowest tender has taken place within competitive tendering.

The Deputy Director of Finance highlighted the specific additional waivers being seen as a result of the pandemic. When the Standing Financial Instructions were revised in April 2020, it was noted that this would be an area there would be a greater need to exercise waivers; a full schedule of these items was included in the paper. In quarter one, the total of these exceptions was £8.25m of orders, of which £7.74m was above the tender limit, mostly related to personal protective equipment. In quarter two the value of these have reduced significantly to £560k. The vast majority of PPE is now received through national procurement.

The Deputy Director confirmed that following the discussion at the last meeting, a transparency notice has been issued by the Trust to effectively publish the information in a transparent way.

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

3. Review of emergency Amendments to Standing Financial Instructions (SFIs)

The Deputy Director of Finance advised that at the meeting of the Audit and Risk Committee in April 2020 it was agreed that the existing business as usual SFIs which were due for review would be extended for 6 months and a temporary emergency addendum to the policy would be applied to deal with the Covid-19 situation to allow for expedient decision making and investment in front line services whilst maintaining key controls.

From Month 7, October onwards a new national financial regime is in place. The Standing Financial Instructions have been amended in line with the new regime. At the start of the pandemic organisations were allowed to procure capital items of equipment to deal with the pandemic and receive reimbursement retrospectively. This process has now changed and in light of the changes in national guidance, whilst still recognising the need for expedient decision making, the emergency addendum to the SFIs has been reviewed and amended for Months 7 to 12.

The changes from the previous version are:

- Amendment to the wording of the temporary exception to SFI clause 3.2.2 re: Budgetary Delegation
- Removal of the temporary exception of SFI clause 12.1 re: Capital Investment

Similarly, there is no longer a retrospective process for revenue, but some flexibility has been left in place in recognition of a potential second wave.

OUTCOME: The Committee **APPROVED** the changes to the emergency addendum to the Standing Financial Instructions to deal with the management of Covid-19.

73/20 INTERNAL AUDIT

Internal Audit Quarter 2 Follow Up Report
The Internal Audit Manager provided details of the Trust-wide position on the implementation of internal audit recommendations which have fallen due in quarter two. Two recommendations remain outstanding relating to audits carried out in 2016/17 and 2017/18. The revised action date for Cyber Security has moved to January 2021. However, no revised date has been provided for the recommendation on consultant job plans.
Action: Internal Audit Manager to follow up on the outstanding recommendation for consultant job plans to ensure a revised date is provided.

The Internal Audit Manager pointed out that there is an error in the figures relating to the recommendations for audits undertaken in 2018/19 which she will investigate and report back to the Committee.

The recommendations that remain outstanding relate mainly to 2019/20 and reflect the impact of the pandemic on the implementation of the recommendations. These will be continued to be monitored and some of these will be reflected in new pieces of audit work. The details of all outstanding (overdue and not yet due) recommendations have been shared with the Executive Directors in order to review, assess and revise action dates, where appropriate.

The Director of Finance advised that he will be working with the Internal Audit Manager to review the discrepancies in the report regarding changes of date in order to ensure that there are no serious consequences resulting from dates being continually pushed back, and that new dates are provided and adhere to. The Chair welcomed this challenge.

RH asked if this related to any specific areas or across the Trust as a whole. The Director of Finance advised that these lie mainly with clinical colleagues, and some of them are 'must do' recommendations which are still required to be delivered despite the challenges of Covid-19.
Once the piece of work has been completed to identify the critical areas, the Director of Finance will discuss with the Chair to determine the next steps, with a view to inviting the leads to attend Audit and Risk Committee.

The Deputy Director of Finance pointed out support may be required for the leads to ensure the recommendations have clear and measurable actions.

Internal Audit Quarter 2 Progress Report
The Internal Audit Manager reported that there have been a number of audit reports with significant and high assurance. Six reports have been issued since July 2020 including the Clinical Audit report which will be presented to the Committee in January 2021. There has been one request for an addition to the plan for an audit on the health and well-being risk assessment. Work has already started on this as it was deemed to be urgent.

The plan is currently 30% complete in terms of the number of days, however much of the work will take place during quarter three and quarter four. Thirteen audits are underway which are expected to be completed by the end of the year, with a further three to start in November.

Audit Yorkshire has considered the Phase 3 Planning Letter and has completed a detailed piece of work on that to map against the plan. The Internal Audit Manager will

meet with the Director of Finance to ensure this is included for both this year and next year.

Following a query from the Chair, the Internal Audit Manager advised that there are no concerns with the plan currently matching the Phase 3 letter and that an additional audit had been carried out on the Trust's response to Covid. The additional audit on health and well-being fits in well with the Phase 3 planning letter. The plan is achievable although there is some uncertainty around the audit on infection control or ward-based audits. The plan needs to be flexible this year.

OUTCOME: The Committee **APROVED** the Internal Audit Quarter 2 Follow Up Report, the Internal Audit Progress Report and the Revised Internal Audit Plan and **RECEIVED** the Insight report for July to September 2020.

74/20 LOCAL COUNTER FRAUD PROGRESS REPORT

Steve Moss, the Head of Anti-Crime Services, Audit Yorkshire, presented the Counter Fraud Progress Report. He explained the recent changes in staff resource and that Adele Jowett will be assisting at the Trust for two days a week until a permanent arrangement has been agreed.

Since the last meeting in July 2020 a number of newsletters have been sent out covering a variety of topics and several fraud alerts have been issued.

Marie Hall has met with the Trust Fraud Champion, Andrea McCourt, to discuss how they will work together. The Head of Anti-Crime Services thanked Andrea for volunteering to take on this role.

Two fraud referrals have been made to the Counter Fraud team regarding fake sick notes and pharmacy sales. Enquiries are progressing and further details will be provided at the next meeting.

The new Government functional standards which were discussed at the last meeting were due to come into effect next year, but these have been brought forward and are coming into place now for compliance by the end of March 2021. Organisations are not expected to be fully compliant with all of them immediately and only 85% of them map across to the new standards. The implications for the Trust were detailed in the paper.

The Company Secretary asked if the deadline for the new standards might be expected to be extended to May given that the standards will not be known until February 2021. The Anti-Crime lead advised that this is not yet clear, but he will keep the Trust up to date with any further information.

The Trust participates in the National Fraud Initiative which is a sophisticated data matching exercise to match electronic data within and between participating bodies to prevent and detect fraudulent and erroneous payments from the public purse. The timetable of work for compliance was making staff aware their data is used as part of the exercise. The submission of the data is due to the Cabinet Office for analysis by 1 December 2020.

RH asked if the data matching deadline of 1 December 2020 can be met and the Head of Anti-Crime advised this should not be an issue.

The team are slightly behind on progress against the counter fraud plan but should be compliant by the end of March 2021.

Online training sessions have been developed which can be delivered by Microsoft Teams, and these have been advertised in the newsletters. The Chair asked if the online training will be promoted to ensure that it is completed. The Director of Finance advised that he will be picking this up with Adele Jowett to undertake some face to face training, and will raise the possibility of a virtual video training package which could be used by Audit Yorkshire across their whole client base. The Anti-Crime Lead would support this and advised that specific training packages have been produced already and will continue to be developed. The Deputy Director of Finance advised that the Leadership Development Training includes a section on Managing our Money, with a section dedicated to counter fraud.

OUTCOME: The Committee **RECEIVED** the Local Counter Fraud Progress Report.

75/20 EXTERNAL AUDIT SECTOR UPDATE
Sector Update

The Senior Manager KPMG presented a report to highlight the main technical issues which are currently impacting on the health sector. The main point to flag up relates to the revision to value for money reporting arrangements. This consultation is now closed and official guidance on the work programme is awaited. A summary of the key areas where changes will occur was set out in the report. Once details have been issued and confirmed, KPMG will provide further detail on the extent of required procedures and the expected reporting and will agree with management the timescales and approach for completing the required risk assessments ahead of preparing the audit plan.

The Senior Manager KPMG also highlighted the revision to ISA570 which requires that organisations have undertaken an assessment of their ability to continue as a going concern, assessed risks to their continued status as a going concern and identified actions required in response to those risks. KPMG will work with management to consider the impact of the revised ISA and what changes may be required.

OUTCOME: The Committee **RECEIVED** the sector update.

76/20 COMPANY SECRETARY'S BUSINESS

The annual workplan for the Audit and Risk Committee for 2021 was circulated for consideration for the current meeting and the following twelve months subject to any change in national guidance.

The Company Secretary advised that deep dives have been scheduled for each meeting together with the health and safety risk owned by the Committee (risk 16/19).

An external audit re-tender exercise will be required and needs to be discussed with the Council of Governors. RH queried the timing of the re-tender exercise and the Company Secretary advised that she understood that this needs to be completed by the end of the financial year, but she will confirm the timescale outside of the meeting with the Director of Finance. The Director of Finance confirmed that KPMG is in place as external auditor for the financial year 2020/21 following the previous extension approved by the Audit and Risk Committee. He added that during a recent meeting of the Audit Yorkshire Board a

number of organisations flagged current challenges in getting companies to bid for external audit work in the NHS.

OUTCOME: The Committee **APPROVED** the Annual Workplan for the Audit and Risk Committee for 2021 subject to confirmation of the timing of the re-tender exercise and external audit plan and fees.

77/20 REVIEW OF HEALTH AND SAFETY RISK

The Company Secretary presented an update to the Board Assurance Framework (BAF) Health and Safety risk, risk 16/19, for which the Audit and Risk Committee is the responsible Board Committee in terms of assurance, prior to review at the Trust Board on 5 November 2020. A deep dive on health and safety was presented to the Committee in July 2020, and two updates have been provided to the Board.

Updates on the risk have been provided by the Director of Workforce and Organisational Development. The new Head of Health and Safety, Richard Hill, will take forward any actions to address gaps. The Chair confirmed that the risk update was complete and was pleased to see the third-party piece included in the risk. There will be a third health and safety update to the Board in January 2021.

OUTCOME: The Committee **NOTED** the update to the Health and Safety Risk 16/19 and **APPROVED** its presentation to Board on 5 November 2020 as part of the Board Assurance Framework.

78/20 REVIEW OF BOARD ASSURANCE FRAMEWORK

The Company Secretary presented an update on the processes for review of the Board Assurance Framework (BAF) and the second update on the BAF to the Committee for review and approval prior to review at the Trust Board on 5 November 2020.

The risks for review by each Board Committee and review process were summarised with a proposed change to risk 9/19 to be the sole responsibility of the Joint Liaison Committee reporting to the Finance and Performance Committee.

Given the significant movement in the BAF in the report to the Committee on 22 July 2020, there are no new risks and no changes to risk scores to report from this second update. The main changes relate to the gaps in controls and assurances.

All risks have been updated by the lead Director during October 2020 and are highlighted in the report. There are a total of 21 risks on the BAF, six with risk exposure, three of which are within the remit of the Finance and Performance Committee and three within the remit of the Board.

Risk 5/19, EPR benefits realisation, has been removed following agreement at the Board meeting on 3 September 2020, as previously supported by the Committee.

Following discussions with the Director of Finance, the Managing Director of Calderdale and Huddersfield Solutions and the Director of Nursing and it has been agreed that risk 9.19 Estates will be discussed further to allow for wider engagement but this will be owned by the Joint Liaison Committee solely.

RH advised that risk 8/19 national and local performance has already been discussed at the Finance and Performance committee meeting on 1 September 2020. He further advised that the risk appetite for risk 18/19 long term financial sustainability has been reduced from 25 to 16. The Company Secretary will make the necessary amendments prior to submission to the Board.

The chair was pleased to see that the process of delegation to sub-committees is working well, and RH and DS agreed with this. The Chair stated the management and assurances of risks looks more complete but there is still some work to be done on the quality of information, in particular the gaps and actions. The Chair will pick this up with the Company Secretary outside of the meeting prior to submission to Board.

OUTCOME: The Committee **NOTED** the progress with Board Committee reviews of the Board Assurance Frameworks risks and the change of Committee review for risk 9/19 Estates, **NOTED** the updates to the Board Assurance Framework, and **RECOMMENDED** the Board Assurance Framework to the Board of Directors for approval on 5 November 2020 subject to the above amendments.

79/20 DECLARATION OF INTERESTS

The Company Secretary provided an update on the declarations compliance for the financial year 2019/2020 for those members of staff classed as decision makers (Band 7 and above). This report was deferred from the April Committee meeting as the reminder to complete the declarations was postponed due to the pandemic.

The analysis shows that out of the 993 decision makers, 53% have submitted a declaration. The majority were nil declarations. There is a process issue to be resolved regarding the submission of nil declarations during the year. Outside of this, the main declarations relate to clinical private practice and outside employment. There is more work to be done in terms of raising awareness but submission of declarations has been included in the performance appraisal process this year. There are some capacity issues related to queries regarding the system. A communications strategy is to be implemented which will also remind staff that declarations must be made annually.

The Director of Finance expressed his disappointment at the low rate of compliance. He has discussed this with the Director of Workforce and Organisational Development in light of the fact that compliance is linked to the appraisal system and progression through the increment gateway. He has suggested that discussions are taken to a different forum to decide on whether further action is taken for non-compliance.

The Company Secretary thanked Jackie Ryden for pulling this new report together and advised that there is no comparable data to benchmark this against. The Senior Manager KPMG stated that the level of compliance is similar to that seen in other Trusts and engagement of staff is a challenge. As the appraisal process ends in October 2020, the Director of Finance asked if it would be possible to repeat the data exercise in November 2020 to see if compliance has improved. The Company Secretary suggested that a reminder is sent out to colleagues in the Newsletter prior to this. The Director of Finance advised that this could be raised in the weekly Executive Directors Forum.
Action: The Company Secretary/Corporate Governance Manager to re-run the report in November 2020 to identify where the gaps are and raise in the weekly Executive Directors Forum.

OUTCOME: The Committee **NOTED** the position of 53% compliance with the end of year declarations for 2019/2020 and **NOTED** the work being undertaken to focus on improving compliance for the financial year 2020/2021.

80/20 SUMMARY REPORTS AND MINUTES TO RECEIVE

A summary report of work undertaken since August 2020 was provided for the following groups:

- Risk Group (Formerly Risk and Compliance Group)
  The Senior Risk Manager advised that the compliance elements of the former Risk and Compliance Group will be picked up by the CQC Response Group. The Terms of Reference have been reviewed and will be submitted to a future Audit and Risk Committee. The Risk Group will focus on deep dives and better scrutiny and challenge of high level risks.
- Information Governance and Records Strategy Group – no questions were raised.
- Health and Safety Committee
  RH referred to the ligature policy and action plan and asked if this is being progressed and receiving the right level of attention. The Senior Risk Manager advised that a number of serious incidents have involved ligatures and that it is high on the agenda for the Mental Health Group and the Health and Safety Group. Learning from serious incidents is incorporated into the ligature policy and an action plan is in place to address the issues. The Company Secretary asked if it has been decided who is to be the policy lead for the ligature policy, and the Senior Risk Manager advised this has not been confirmed.
- The Chair asked if the issue mentioned relating to medical gas is similar to the oxygen never events. The Senior Risk Manager was not clear but will look into this and report back.
  Action: Senior Risk Manager to clarify the issue relating to medical gas.
- Data Quality Board – no questions were raised.

Minutes of the above meetings were provided for assurance and were available in the Review Room on Convene and circulated to attendees of the Audit and Risk Committee with the agenda.

OUTCOME: The Committee **NOTED** the summary reports for the Risk Group, the Information Governance and Records Strategy Group, the Health and Safety Committee and the Data Quality Board.

62/20 ANY OTHER BUSINESS

There was no other business.

63/20 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- Information Governance Group – training compliance issue with the DSP Toolkit of 95% compared to 90% for Essential Skills Training overall.
- Clinical audit – need to be constantly aware of the challenges Covid poses to completion of the audits.
- Internal audit – Potential impact of Covid on completion of the audits.
- BAF – to be recommended for approval to the Board.

64/20 DATE AND TIME OF THE NEXT MEETING

Tuesday 26 January 2021 10.00am – 12.15pm.

65/20 REVIEW OF MEETING

The meeting ran well with increased time allowed for the clinical audit and the deep dive.

Calderdale and Huddersfield NHS Foundation Trust

DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 3:30 PM ON THURSDAY 22 OCTOBER 2020 VIA MICROSOFT TEAMS

PRESENT:

Philip Lewer	Chair

Public Elected Governors

John Gledhill	Public Elected – Lindley and the Valleys
Christine Mills	Public Elected - Huddersfield Central
Annette Bell	Public elected – East Halifax and Bradford
Stephen Baines	Public elected – Skircoat and Lower Calder Valley – Lead Governor
Alison Schofield	Public Elected – North and Central Halifax
John Richardson	Public Elected – South Huddersfield
Jude Goddard	Public Elected – Calder and Ryburn Valleys

Staff Elected Governors

Linzi Smith	Staff Elected – Management / Admin / Clerical
Sally Robertshaw	Staff Elected – AHPs
Peter Bamber	Staff Elected – Doctors/Dentists

Appointed Governors

Cllr Lesley Warner	Kirklees Metropolitan Council
Helen Hunter	Healthwatch Kirklees and Calderdale
Prof Felicity Astin	University of Huddersfield
Chris Reeve	Locala

IN ATTENDANCE:

Peter Wilkinson	Non Executive Director
Richard Hopkin	Non Executive Director
Gary Boothby	Director of Finance
Helen Barker	Chief Operating Officer
Ellen Armistead	Director of Nursing
Andrea McCourt	Company Secretary
Jackie Ryden	Corporate Governance Manager (minutes)

31/20 APOLOGIES FOR ABSENCE

Veronica Woollin	Public Elected - North Kirklees
Sheila Taylor	Public Elected – Huddersfield Central
Brian Richardson	Public Elected – South Kirklees
Rosemary Hoggart	Staff Elected – Nurses and Midwives
Jayne Taylor	Calderdale and Huddersfield Solutions Ltd (CHS)
Cllr Megan Swift	Calderdale Metropolitan Council
Lynn Moore	Public Elected - North and Central Halifax
Chris Owen	Public Elected – South Kirklees

32/20 WELCOME & INTRODUCTIONS

The Chair welcomed governors, colleagues from the Board of Directors and staff presenting papers to the meeting.

The Chair advised that Paul Butterworth had tendered his resignation as a public governor with effect from 21 October 2020.

33/20 DECLARATIONS OF INTEREST

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

34/20 MINUTES OF THE LAST MEETING HELD ON 9 JULY 2020

The minutes of the previous meeting held on 9 July 2020 were approved as a correct record.

OUTCOME: The minutes of the previous meeting held on 9 July 2020 were **APPROVED** as a correct record.

35/20 MATTERS ARISING / ACTION LOG

The action log was reviewed and updates were noted.

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

36/20 TEN-YEAR STRATEGY AND STRATEGIC PRIORITIES

The Company Secretary provided an update on the annual strategic objectives for the Trust for 2020-2021 and the ten-year strategy. The Trust's ten-year strategic plan was approved by the Board on 5 March 2020. On 2 July 2020 the one-year strategic objectives for 2020-21 to support delivery of the ten-year plan were presented to the Board, and an update on progress with the 2020-2021 strategic objectives will be presented to the Board at the meeting on 5 November 2020.

Chris Reeves referred to the ten-year strategy 'working with partners' and asked if the strategy addressed how organisations can work together to ensure the right workforce for the future for Kirklees and Calderdale rather than working in silos. The Company Secretary advised that this is done through the provider group, West Yorkshire Association of Acute Trusts (WYAAT) which covers specialties and services and broader discussion through the Integrated Care System in West Yorkshire. The Chair added that responding to the pandemic has resulted in increased collaborative working with Locala, in particular regarding sharing of resources.

OUTCOME: The Council of Governors **NOTED** the Trust's Ten-Year Strategy and the 2020-2021 strategic Objectives and **NOTED** that an update on progress with the One-Year Strategy for 2020-2021 will be presented to the Board on 5 November 2020.

37/20 PERFORMANCE AND STRATEGY

a. Operational Update

The Chief Operating Officer provided details on the Covid position at 7 October compared to 21 October 2020. The mortality rate has started to increase, but patients are continuing to be discharged well. Staff absence is also increasing. A comparison of wave 1 and wave 2 data was provided for Covid in-patients and those in critical care.

The Board agreed key principles of stabilisation and re-set planning at its meeting on 2 July 2020, with patient and staff safety considered a priority, and resilience around surge and winter. It is recognized that there are patients who are awaiting longer but the Trust has committed that it will treat the patients according to clinical priority rather than how long they have waited. This will also take into account information on health inequalities.

The Chief Operating Officer provided an update on planned activity, waiting times and prioritisation, work ongoing in Paediatrics and Community. The Trust has continued to treat patients with a cancer diagnosis within the national standards. A number of 'must do's' were reiterated, which are both a personal and collective responsibility. Some challenges still remain on social distancing.

The Chief Operating Officer advised that winter will be the most challenging yet for the Trust, both in terms of Covid and the impact Covid has had on older patients. A plan has been developed using intelligence, insights and modelling work that exist in the system. A robust and consistent system response will be required. A number of risks were highlighted, including workforce fatigue and overall resilience.

Overall performance is reasonably resilient given the pressures and challenges faced. The Emergency Care Standard remains a challenge. Work is ongoing to move towards increased outcome metrics in the integrated performance report, including a selection of Covid-19 specific metrics, and improved links to the CQC Insight report.

Helen Hunter asked how the Trust can make sure that those people who will potentially face further delays in planned care are being facilitated to stay as well as they can. The Chief Operating Officer advised that data has been pulled together to share with GP practices around patients, particularly elderly patients, who are accessing more than one service. GPs are setting up multi-disciplinary teams to review these. In addition, work is being undertaken on preventative reablement rather than reactive reablement to keep patients more active. A buddy process is being set up where a group of staff will keep in regular contact with patients who are waiting.

Alison Schofield explained that there seems to be a gap in obtaining personal protective equipment for those people accessing care in the community. She has requested PPE on through several channels. The Chief Operating Officer will pick this up with the local authority and feed back to Alison.

Jude Goddard thanked the Chief Operating Officer for the comprehensive presentation and asked how governors can do more to support the Trust. The Chair suggested that the messages contained in the regular newsletters could be shared with the public and that governors could check in through virtual calls with members

of staff at different levels. The Director of Nursing added that the most important and beneficial action for all would be to communicate the message 'hands, face, space' and encourage each member of the public to do their duty in this regard.

Peter Bamber asked why the respiratory ward at Calderdale is not taking patients on CPAP which is limiting bed availability in the intensive care unit and asked how this situation could be improved. The Chief Operating Officer advised that work is ongoing with the respiratory and critical care teams to develop an acute respiratory unit which would be more attractive to staff. The staffing numbers currently prevent the use of CPAP on the respiratory unit. This work needs to look at the respiratory ward, critical care and the community as a whole. Peter Bamber asked how quickly the Trust could escalate to pull staff into respiratory in order to support the use of CPAP. The Director of Nursing advised that this could be done very quickly as staff were trained for their earlier deployment. The Director of Nursing is working hard with the Chief Operating Officer to ensure plans are in place for when the tipping point is reached. Staff will only be deployed when it is safe and sensible to do so.

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

b. Financial Position and Forecast – Month 5

The Director of Finance summarised the key points from the financial year ending 31 March 2020 and the Month 5 position at the end of August 2020.

The Trust is at a break-even position at the end of the first five months with no over or under spend. The finance regime for the first six months has been very supportive and any reasonable additional expenditure incurred has been reimbursed. Additional funding of £11.66m has been received against Covid expenditure at £14m. Expenditure has reduced due to a reduction in activity. Year to date the cost improvement programme has delivered £80k, significantly less than planned, but this has been accepted as part of the finance regime as all efforts of staff have been focused on delivering the Covid response.

In addition to the £11.66m, the Trust has also received approximately £1m of Covid capital to purchase equipment and is also due to receive some additional significant sums of £4.6m in relation to critical estate infrastructure, £2.2m from a tranche of urgent care funding, which will be used to create an additional isolation ward at Huddersfield, an additional £350k for critical care equipment, £500k related to endoscopy which will allow more throughput of activity.

The cash position is favourable with £56m cash in the bank for the first time in the Trust's experience. The regime in relation to cash has changed, with the Trust being paid a month in advance in order that local small suppliers in particular can be paid as quickly as possible.

The forecast also shows the Trust to be in balance. The changed regime for the remainder of the year means that a sum of £2.1b has been allocated for the Integrated Care System (ICS), which includes all providers. The ICS is in the process of submitting a plan that shows a gap. Some of the gaps related to 'other income' with Trusts expected to return to the same level of activity. Additional funding will be required, and it is hoped that the gaps will be recognised and the plan adjusted accordingly.

The Chair asked if income from car parking was included in the 'other activity'. The Director of Finance explained that the financial envelope for the remainder of the year recognizes that staff will not be charged for parking until the end of March 2021 but that there was a requirement to re-introduce parking charges for patients and visitors, equivalent to £170k of income between October 2020 to March 2021. The barriers were lowered at CHFT in order to follow national guidance to reintroduce charges, but it was found that the patient and visitor car park was empty whereas staff were unable to find a parking space, particularly at Calderdale. The decision was therefore taken to lift the barriers back up. Work is ongoing to find an alternative solution.

Chris Reeves asked if the forecast of reduced cost improvement plan will lead to problems next year. The Director of Finance explained that guidance for next year has not been received.

Jude Goddard asked how the ICS will bridge the gaps. The Director of Finance explained that each organisation has to go back to the plan and identify opportunities to save money. For CHFT it is anticipated that spend will be less than forecast by £2.2m. From month seven to month twelve the plan was to employ 265 whole-time equivalent members of staff but recruitment has not yet commenced. After each organisation had completed this exercise, there is still a £10m gap for the ICS but the Directors of Finance are confident this will slip by another £10m against a scale of £2.1b.

OUTCOME: The Council of Governors **NOTED** the Month 5 Financial Summary for 2020/21.

38/20 QUALITY REPORT

The Director of Nursing gave a presentation on the Strategy for Quality and Safety which seeks to pull together all workstreams around quality and safety which it was agreed would be circulated to governors after the meeting. The ambition to build a solid culture of safety through learning and improving was outlined as well as the underpinning principles of insight, involvement and improvement. Pledges aligned to the four pillars in relation to the quality strategy were shared and the importance of creating the right environment to enable this was key. The governance structure for quality governance was shared. The Trust quality priorities for 2020/21 by CQC domain and focused quality priorities were shared.

An update was provided on progress made on the 2020/21 quality account priorities chosen by the governors as follows:

<u>Priority One – Safety – Learning lessons to improve patient experience</u>

- Learning Portal / Resources - Work is underway to review / refresh the current intranet pages
- Building capacity and capability - Three Rs session is planned to better understand staff learning needs
- Learning from Complaints and Incidents / Continuous Quality Improvement (QI) – The first meeting of a joint meeting of the service leads responsible for both complaints and incidents is planned. This QI group will be responsible for developing an integrated process for the management of incidents/complaints

and the development of a process of learning from complaints/incidents - the monitoring of associated learning actions from complaints / incidents and demonstrating outcomes through the use of the impact framework and impact stories, linked to an audit process.

- Work is underway to develop an evidence-based framework that will support the creation of 'constructed stories' that will draw upon complaints and incidents as the 'story' evidence base. The framework is aimed at supporting staff on a trust wide basis to develop a constructed story.

Priority Two – Effectiveness – Improve staff handovers to ensure they routinely refer to the psychological and emotional needs of patients, as well as their relatives/carers

- A task and finish group was set up with key stakeholders (ED, AMU, Safeguarding, Mental Health Team) to improve the care of mental health patients.
- A robust risk assessment was developed by the task and finish group and this was trialled on the Acute Floor at CRH. This was used alongside a flow chart to determine the level of risk and any required interventions and escalation. The tool allows for the named nurse to engage in conversation with the patient and establish their current mental state.
- In developing the risk assessment an inclusive and engaging process has taken place via task and finish group route including appropriate stakeholders.
- Ongoing audit of patient records to provide assurance that the tool is used robustly for patients admitted with mental health problems.

Priority Three – Caring/Experience – improved resources for distressed relatives/breaking bad news relating to end of life care

- Bereavement Telephone Service:
  The bereavement telephone service set-up during COVID to support relatives and loved ones is coordinated and run by the End of Life (EoL) Care Education Facilitation Team. The team continues to make up to 30 telephone calls per week. The feedback from those receiving the calls is positive and at times quite powerful.
- Quality Improvement Standard Pre and Post Bereavement – Ward Level
  A task and finish group is being established to introduce a standard(s) that will improve a person's experience pre and post bereavement delivered by the ward team.
- West Yorkshire and Harrogate Cancer Alliance are looking to produce a set of good practice guidelines associated with breaking bad news in a number of scenarios including virtual breaking bad news.
- Community Palliative Care Team continue to offer bereavement support, contacting the family by phone and offering face to face support if needed and send out bereavement cards and 1 year memorial cards.

OUTCOME: The Council of Governors **NOTED** the Quality and Safety Strategy and **NOTED** the progress made with the 2020/21 Quality Account priorities.

39/20 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration Committee held on 8 September 2020

The Chair reported that a meeting was held on 8 September 2020 where it was agreed that Andy Nelson and Alastair Graham would be re-appointed as Non-Executive Directors until 30 September 2023 and 30 November 2023 respectively.

It was noted that a verbal update was also provided to members at the meeting by Richard Hopkin on the outcome of the Chair's appraisal.

OUTCOME: The Council of Governors **APPROVED** the minutes of the Nominations and Remuneration Committee meeting held on 8 September 2020.

40/20 CHAIR'S REPORT

Ratify Decision at Nominations and Remuneration Committee on Non-Executive Directors Re-appointment

The Chair asked the Council of Governors to ratify the re-appointment of two Non-Executive Directors, Andy Nelson for three years to 30 September 2023 and Alastair Graham to 30 November 2023.

OUTCOME: The Council of Governors **RATIFIED** the decision by the Nominations and Remuneration Committee on the re-appointment of Andy Nelson and Alastair Graham for three years.

41/20 UPDATE FROM LEAD GOVERNOR/CHAIR

An update was provided by the Lead Governor and Chair during the Private session which preceded this meeting.

42/20 OUTCOME OF CHAIR'S APPRAISAL

The Chair left the meeting during discussion of this agenda item.

Richard Hopkin provided the Governors with an update on the process and outcome of the Chair's appraisal. The outcome of the appraisal was very positive which confirmed that the Chair commands a high level of support. Richard Hopkin thanked the governors for taking part in the process. The Lead Governor stated that he fully agreed with the positive comments on the work of the Chair, and Christine Mills also supported this view stating that Philip puts a great deal of effort into his role as Chair and in particular his support for the governors.

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

43/20 COUNCIL OF GOVERNORS SELF-EFFECTIVENESS FEEDBACK/OUTCOME

The Company Secretary presented the report which analysed responses to the Council of Governors annual effectiveness questionnaire undertaken in 2020 and to identify the actions resulting from the questionnaire.

The questionnaire was administered by MS forms this year for the first time and a 100% response from publicly elected governors was achieved. The questionnaire was structured into a variety of areas including the Trust vision and strategy, Council of Governor meetings and training, working together and support/involvement during the Covid-19 pandemic.

The Company Secretary reported that overall governor feedback was positive. Responses were broken down into two categories: 'what is working well' and 'areas for development'. For all areas for development a Trust response or action was

included in the paper. Further comment and feedback from governors would be welcome. The Company Secretary asked for governors to review the paper and feedback any further comments by email.

The Lead Governor advised that one of the suggestions had bee for the Lead Governor to provide a monthly report to governors on his regular meetings with the Chair. The Chair agreed to send his notes of the meeting to the Lead Governor for circulation to governors.

The Company Secretary advised that the Membership and Engagement Manager has scheduled a meeting via Microsoft Teams for an informal meeting of the governors and Lead Governor as a way of supporting contact.

OUTCOME: The Council of Governors **NOTED** the positive findings of the 2020 Council of Governors Self-Effectiveness Questionnaire and **REVIEWED** the actions identified to address the areas for development, with any further comments from governors on areas for development to be emailed to the Company Secretary.

44/20 MEMBERSHIP STRATEGY: UPDATE ON YEAR 1 ACTION PLAN

The Company Secretary provided a progress update as at 15 October 2020 against the one-year action plan of the Membership and Engagement Strategy 2020-2023. Three goals in the Membership Strategy were agreed at the Council of Governors meeting on 23 January 2020 and an update on these actions undertaken was provided in the paper. A number of anticipated actions relating to goal 3 has not been possible due to the Covid-19 pandemic.

1: A membership community that is active and engaged, is representative of our local communities and increases year on year.
It has been agreed to consider adding some governors as appointed governors in order to address areas of under representation.

2: Regular, meaningful, two-way engagement between Trust staff, governors, our members and members of the public.
Two videos have been developed and shared featuring a number of governors and members of staff. It is planned to record and publish similar videos three times a year going forwards, with the next ones to be published in December.

3: Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our future plans
This has been more challenging due to the pandemic. It is planned to establish a 'Readers' Panel' through which members, patients, volunteers and partners will be involved in the co-design and review of written information for patients.

Further comments and feedback would be welcomed from governors.

OUTCOME: The Council of Governors **NOTED** the update on progress against the Year 1 action plan of the Membership and Engagement Strategy.

45/20 COMPANY SECRETARY'S REPORT

a. Review of Allocation of Governors on Board Sub-Committees and Divisional Reference Groups

The governor allocations for Divisional Reference Groups and Board Sub-Committee from November 2020 were attached with upcoming dates of meetings. Governors who are unable to attend any of Board Sub-Committee dates are asked to contact the Deputy allocated to that meeting, to attend in their absence. There remain two Board sub-committee allocations to confirm:

- Finance and Performance Committee – monthly meeting – allocated governor and deputy to be confirmed (lead governor currently attending in the interim)
- Quality Committee deputy from April 2021 when Peter Bamber leaves.

The Company Secretary asked governors who would like to volunteer to email the Corporate Governance Manager.

The Company Secretary requested in the event that the main representative cannot attend a meeting, that they forward the papers to the deputy in order that the deputy can attend.

OUTCOME: The Council of Governors **RECEIVED** and **NOTED** the Divisional Reference Groups and Board Sub-Committee allocations and upcoming dates of meetings.

b. Allocation of Governors to Board Meetings 2020/2021

A schedule inviting individual public governors to act as observers at the Public Board of Directors Meetings during the remainder of 2020 and 2021 was sent to Governors on 9 October 2020. Governors who are unable to attend the allocated date are asked to contact the Corporate Governance Manager to rearrange.

OUTCOME: The Council of Governors is **NOTED** the dates individual governors are invited to attend the Public Board of Directors meetings in 2020.

c. Review of Council of governors Declarations of Interest Register

The Council of Governors declarations of interest register is attached for review. Any changes to current declarations are to be notified to the Corporate Governance Manager including requesting a form to submit a declaration.

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

d. Review of Council of Governors Annual Business Cycle 2021

The annual workplan for the Council of Governors for 2021 was attached for review. Comments are to be sent to the Corporate Governance Manager.

OUTCOME: The Council of Governors **NOTED** the Council of Governors annual Business Cycle for 2021.

e. Terms of Reference for the Nominations and Remuneration Committee Council of Governors

A revised set of terms of reference for the Nominations and Remuneration Committee for the Council of Governors was reviewed and approved at the meeting of the Nominations and Remuneration Committee on 13 January 2020. The terms of reference would usually have been approved at the April 2020 meeting of the Council of Governors which was cancelled due to the Covid-19 pandemic and is therefore brought to this meeting for approval.

The Nominations and Remuneration Committee recommends the approval of the terms of reference for the Nominations and Remuneration Committee to the Council of Governors.

There is a vacancy for one member of the Committee following a former member's decision not to continue in this role. Governors were asked for nominations however to date none has been forthcoming. Public governors are asked to contact the Company Secretary or Chair if they would like to join this Committee or have any questions.

OUTCOME: The Council of Governors **APPROVED** the revised Nominations and Remuneration Committee (CoG) Terms of Reference.

46/20 FEEDBACK FROM NON-EXECUTIVE DIRECTORS IN ATTENDANCE

Peter Wilkinson and Richard Hopkin gave a brief introduction including their background and their current focus in their role as Non-Executive Directors.

Peter has been with the Trust for just over a year. His background is in large transformation projects and programmes and as a consultant in the private sector. Peter sits on the Finance and Performance Committee, the Pennine Property Partnership Board and the Charitable funds Committee. He is the Chair of the Transformation Programme Board which meets monthly and receives good challenge from himself, Andy Nelson and Alastair Graham. He advised that the reconfiguration programme continues to make good progress, and a construction partner has recently been appointed. Peter also supports the executive team and the Chair on health inequalities.

Richard has been with the Trust over 4 years and sits on the Audit and Risk Committee, the Charitable Funds Committee and the Huddersfield Pharmacy Specials Board. He is Chair of the Finance and Performance Committee which meets monthly and which has focused on the challenges of the Phase 3 reset process over the last few months both from an operational and financial point of view. Work is ongoing to review the IPR report to make this more outcomes based. Richard has been invited to attend the inaugural meeting of the Business Better than Usual (BBTU) Delivery Group which will be looking to develop new ways of working, building on experience gained through the Covid pandemic.

Governors were invited to forward any questions to the Non-Executive Directors outside of the meeting.

47/20 RECEIPT OF MINUTES FROM SUB-COMMITTEES

Minutes of the following meetings were received:

- Quality Committee meetings held on 29.6.2020, 3.8.2020 and 2.9.2020
- Workforce Committee meeting held on 15.7.2020 and 1.8.2020

- Charitable Funds Committee meetings held on 26.8.2020
- Audit & Risk Committee meetings held on 22.7.2020
- Finance & Performance Committee Meetings held on 29.6.2020, 3.8.2020 and 1.9.2020
- Organ Donation Committee meeting held on 15.7.2020

No questions were raised.

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

48/20 INFORMATION TO RECEIVE

a. Council of Governors Calendar 2020

The Council of Governor's calendar of meetings for 2020/2021 was circulated for information. This includes all governor meetings, workshops and Divisional Reference Groups.

OUTCOME: The Council of Governors **RECEIVED** the updated Council of Governors Calendar for 2020/2021.

b. Updated Register of Council of Governors

The updated Register of Council of Governors as at October 2020 was circulated for information. This will be amended to reflect the resignation of the governor in constituency 6 as noted at the beginning of the meeting.

OUTCOME: The Council of Governors **RECEIVED** the updated register of Council of Governors at October 2021.

49/20 ANY OTHER BUSINESS

The Chair thanked the Council of Governors on behalf of the Board for their continued support.

DATE AND TIME OF NEXT MEETING

The Chair thanked the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting. The Chair formally closed the meeting at 17:32pm and invited members to the next meeting.

Council of Governors Meeting

Date: Thursday 28 January 2021

Time: 3:30 – 5:30 pm (private meeting 2:00 – 3:15 pm)

Venue: Microsoft Teams

6. CHS MD Update October 2020

Calderdale & Huddersfield Solutions Limited (CHS)

MANAGING DIRECTOR'S SHAREHOLDERS REPORT

(Unconfirmed)

OCTOBER 2020

Calderdale and Huddersfield Solutions Ltd
Huddersfield Royal Infirmary · Trust Headquarters ·
Acre Street · Huddersfield · HD3 3EA
Web: www.chs-limited.co.uk
Company registration number 11258001 · VAT number 293 0609 00

1.0 Company Update

Verbal Update

2.0 Service updates

2.1. Estates

2.1.1 Capital Development / Backlog

The Trust / CHS recently received monies addressing Captial Infrastructure Risk increasing the back-log maintenance to £4.6m. This includes demolition of the old nurse's home and learning centre subsequently reducing the back-log maintenance cost at HRI

The team are now working with the recently procured principle supply chain partner (PSCP) Integrated Health Partnership (IHP) on all projects across HRI.

Additional to the £4.6m the Trust also received funds in September to create a dedicated 15 bed single room ward for patients needing isolation. Ward 18 will be refurbished using an accelerated type programme only seen before in the national Nightingale projects aiming to complete 21st December. IHP are mobilised on site working 24 hours, 7 days a week. Lendlease Consulting are assisting with project management and QS/cost advisor.

The total plan of £6.833m will be managed by the recently formed CHS capital team Head of Capital (Tom Donaghey) senior project manager Jammal Mohammed and our newly recruited Kirsty Rider. Tom and Jammal are a direct promotion through a 5-year succession plan appointed through an external competitive interview.

2.1.2 Community

Work to rationalise the estate footprint adjacent to HRI is now coming to an end. The disposal of Glen Acre House, Acre House Avenue and now Acre House is complete.

2.1.3 LED Scheme

The LED scheme continues to progress at HRI albeit with challenges around timescales and delivery. The HRI programme has commenced however now with CV-19 delays of around 4 months with programme end date forecast for late December / early January.

2.1.4 Fire Safety

Fire safety remains an area of focus particularly at HRI, external consultants Mott MacDonalds have been commissioned to carry out this infrastructure and fire strategy review. Draft documents now received and circulated for feedback. The strategy will inform a 5 year programme of improvements across CHFT.

2.1.5 Portland Stone

The Portland stone cladding panels and windows remain a short and long-term risk at HRI, on-going maintenance and remediation continues to address the immediate risk, CHS estates are undertaking a process of due diligence to resolve the longer-term solution / replacement. This option includes over cladding the existing façade. Precedence has been set at Bristol Royal Infirmary while Aintree Hospital is currently completing the design stage and about to begin construction. Several “Go See” visits are being organised for members of the Trust to attend.

To mitigate the risk of falling stone panels a 12 month survey is conducted by structural engineers BWB to assess the condition and movement. Of the original 1515 Portland stone cladding panels inspected and scoring a condition C or above on the scoring matrix it was recorded that a further 24 panels now require imminent attention due to concerns regarding indications of potential movement and their general poor state of condition.

Immediate remediation was carried out using resin anchors effectively bolting the stones to the building. BWB structural engineers now suggest a 6-month inspection to mitigate the risk. This will now need planning into the Capital Plan.

2.1.6 Oxygen
The oxygen infrastructure became critical during the CV-19 peak in particular monitoring of the Vacuum Insulated Evaporator (VIE). Monitoring became twice daily and improvements were made during the peak which ensured the VIE operated as efficiently as possible. Demand peaked to 40% of the overall capacity, down to less than 15% but again increasing to above 25%

2.1.7 Ventilation
There is now a focus on ventilation air change rates across health care premises in the management of aerosol generating procedures (AGPs). The resulting work is to ascertain the air change rate per hour (ACH) for every area where patient care may take place across the Trust to assist the Trust in decision making. This work is now complete for HRI.

2.2. Medical Engineering & Decontamination Service

2.2.1 Asset Tracking
Asset tracking system rollout complete in support of the COVID effort and it is working well.

Scan 4 Safety (S4S) funding business case being compiled for the expansion of the system to other assets throughout the Trust, current plans are for a further 3,500 assets to be tagged in year.

2.2.2 Active Temperature Monitoring
Medical Engineering are continuing to deploy the active temperature monitoring tags Trust wide, communications were distributed prior to this, all refrigerator active tags due to be in place by early November, this will then move to ambient active temperature tags.

Operational roll out delayed due to current pressures and training requirement for staff, planned for before the end of FY to realise benefits for staff, this will however enhance CQC compliance for the Trust in any case as the evidence will be available.

2.2.3 Support to PPE
Medical Engineering Training team continue to support the PPE group with identification of groups of staff and fit testing information, variation submitted to fund these activities, request for new report on a monthly basis to be provided.

2.2.4 Training Development
Medical Engineering Training team continue to develop alternative training resources and methods of training delivery in order to adapt to the ever-changing situation, this has been essential and has sped up the delivery of some Medical Devices such as thermometers, due to the accessibility via Teams and other resources.

2.2.5 New Location for Medical Engineering
Expansion of Medical Engineering & Decontamination Service accommodation at HRI in order to facilitate social distancing and working differently under COVID and in the future, is in the planning phase with Estates, this will provide our own training facility, plus space for visiting engineers to work safely and complete essential work, also facilitate storage and quarantine of both new and old Medical Devices prior to roll – out or disposal.

2.2.6 Contract Management
Administrative team progressing well with contract renewals and identification of variations and additions to contracts at the end of warranty.

2.2.7 Non - Compliant Medical Devices
We are continuing to work closely with procurement to ensure this does not recur. Now working closely with both Quality and Risk Committees, to provide more focused and greater detail into monthly reports, as well as breaking this down to Divisional level.

2.2.8 Decontamination and Repair of Mattresses
A variation has been submitted to take over management for the Decontamination and repair of mattresses for the Trust, as this has proven a problem area, which if adequately resourced and funded it could be effectively managed and potentially improved.

2.2.9 KPI compliance
We have attained a Green compliance for all Risk levels this month and we are working to ensure that this position is maintained and improved in the coming months.

2.2.10 S4S EPR Connectivity
Proof of concept has been linked to the system, work is still ongoing with Mindray, THIS and Medical Engineering to ensure validity and content of the HL 7 message into Nerve Centre the EPR.

2.2.11 Vacancy/Retirement
Pool Equipment post has been offered to Joanna Pacey who has accepted, this is at the final stages of recruitment and we are just awaiting the last reference check.
Medical Device Training Coordinator has also reached the offer stage and Michael Turner has accepted the offer pending review of references he should be starting shortly.

2.2.12 Decontamination Service

This is going through an options appraisal currently to explore the 3 possible options:

a. Continue with current provider.
b. Move to alternate provider.
c. Invest in our own service.

2.2.13 Student Placements
We have re engaged with Bradford University and have selected two new placements to work with us over the coming year, due to start within the next few weeks.

2.3. Facilities

2.3.1 Covid Support – Facilities staff
The recent spike in Covid 19, together with the work being undertaken to build the isolation ward has seen an increase in the need for support to CHFT, from Facilities services. Additional

support has been provided to help with ward moves, additional touch point cleaning and additional cleaning on the acute floor.

2.3.2 Transport
The vehicle tender has now been finalised and awarded again to a local company in Kirklees (Arrow Commercial). There will now be a mixture of Hybrid cars, Electric vans and fuel shuttles in the transport fleet.

2.3.3 Lifecycle replacements – Portering devices
A business case was submitted to request the purchase of lifecycle replacements of the Cap Man handheld devices, for use by the portering teams at CRH and HRI. The current devices are over 2 years old; they have failing batteries, screens and structural case components.
The proposal was for approval to purchase new devices and associated peripheral equipment for HRI and CRH, at a capital cost of £48,965.50.
The bid was approved and the handhelds are now on order, which is great news for the team.

2.3.4 Project Search
Facilities are currently supporting the Project Search Programme and currently have 2 x interns with placements in Catering and General Office. CHS have agreed to accept a 3rd placement into Domestic Services, as of January 2021
The aim of the programme is to help young people with learning disabilities to gain the skills they need to achieve meaningful paid employment.

2.3.5 Internal Audit – Catering
An internal audit in the catering dept was carried out in September, which achieved an excellent result, seeing the department receive a (High – strong) rating, with no recommendations. This is a testament to the team and manager who have done an amazing job – well done.

2.4. Procurement

2.4.1 Staffing
There are no changes to staffing for this period. The procurement strategy is currently being developed which will include a proposed structure to develop the team.

2.4.2 Service Update

Operational Procurement
The team have continued to work tirelessly throughout Covid 19 to source PPE and other essential stock to keep staff and patients safe. PPE has been in short supply due to the global requirement and unavailability of items requested centrally by government. The buyers have continually found solutions to ensure that the Trust has a healthy supply of PPE at all times. The team have worked under great pressure and tight timescales to ensure delivery. By working together with the rest of the Procurement Department and wider Trust, they have ensured items were delivered, quality checked and distributed based on the needs of the organisation.

The team have implemented Pagero as the Trust's PEPPOL supplier, making the purchase order and invoice transaction process electronic, streamlining the process by negating the need for manual intervention.

The Procure to Pay (P2P) process has been improved by removing a legacy system

(Genisys) making the process more efficient between the Procurement and Accounts Payable Teams.

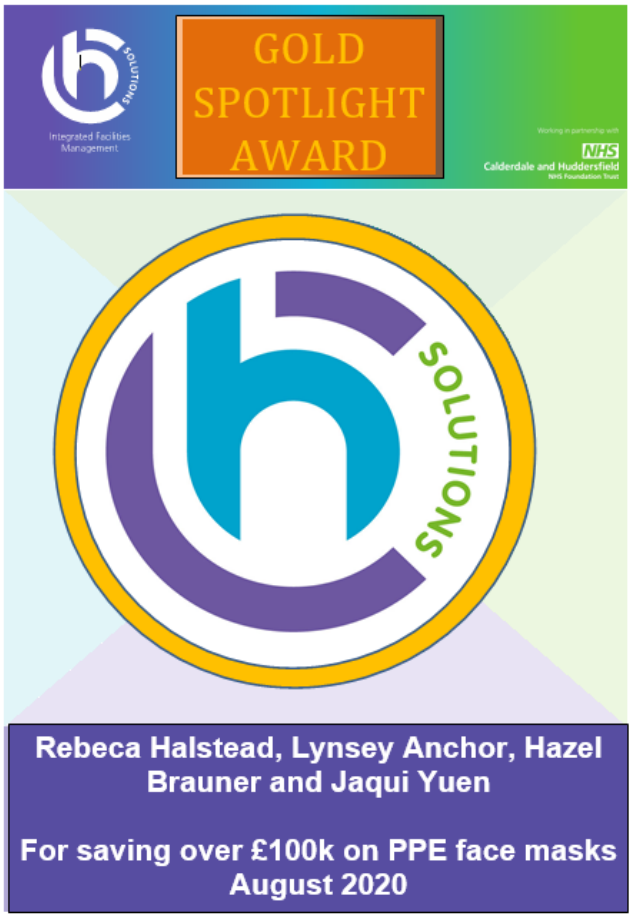
Category Management
The team are working alongside the Estates Team to award a Professional Service contract for the Reconfiguration project. They have also utilised TEAMS to set up a Virtual Waiting Room within the Outpatients Department, improving efficiencies within the service and reducing the number of missed appointments. The team have also supported the implementation of day patient knee procedure, assisting the development in patient pathways, reducing patient overnight hospital stays.

Materials Management and Receipt & Distribution
Working closely with Operational Procurement, the team worked 7 days per week for the first 5 months of Covid managing daily deliveries coming into the Trust. They continue to work with the IPC Team to quality assure PPE stock prior to delivering to the wards. The team undertake daily PPE stock counts and manage all product recalls and quarantined stock to ensure patient safety at all times. The team also regularly attend PPE Group meetings to provide expertise on products and processes along with working with the WYAAT Clinical Sub-Group to develop new schemes.

2.4.3 Apprenticeships
There are three members of the team undertaking apprenticeships - all three are reported to be successful.

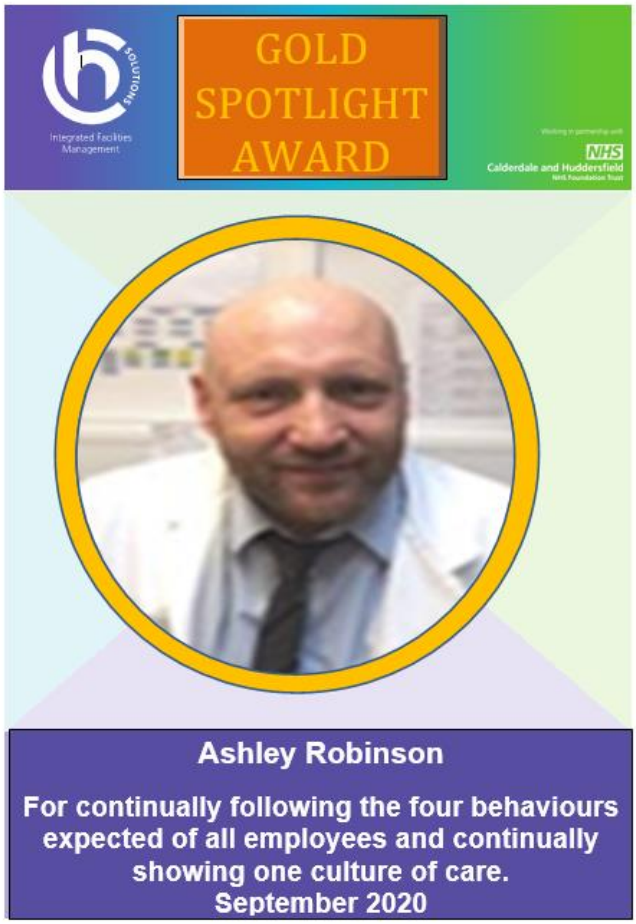
3.0 CHS

3.1. Spotlight Awards



These individuals (along with the wider team) have worked tirelessly throughout the covid period managing and sourcing PPE products to protect our staff and patients. Although some of the departments within the Trust have started to move to BAU, the demand on these individuals has only increased due to the constant changes in PPE guidelines and the national shortage in PPE stock.

The specific reason for this nomination for these individuals is due to them questioning the rationale for ordering contingency face masks following an urgent product recall (PPE Group had instructed the team to source alternatives and place an order) – by questioning a decision made by the PPE Group and coming up with an alternative solution, they prevented the Trust from placing an order for over £100k on alternative face masks. This is a fantastic achievement and very indicative of the amazing job undertaken on a daily basis by the team.



Ashley has shown time and time again that he “puts the patient first” e.g.: patients with complexed diets or lack of appetites he visits and ensures that patient gets a meal even if it means going to the supermarket. He has grown into his managerial position and can be relied on not to panic in a situation, he has built relationships by “Go see” with ward staff and ward managers enabling the department to proactively “Work together” to ensure clinical staff have no issues with patient meals and the delivery of them. His continual communication with Catering staff has ensured that in our internal Audit we have completed “the Must do’s” which has assisted in our service achieving no recommendations on the Audit report and ensuring a high standard of service.

3.2. Finance

Working alongside the Trust we are understanding the cost envelope that we have to operate within between now and the end of the financial year. This means that we will face greater scrutiny on our costs and will need to deliver our CIP contribution between now and the end of the financial year. We are forecasting delivery of our financial plan however we face financial challenge due to the cost of responding to the Covid-19 pandemic. Your support in challenging complying with social distancing, wearing the appropriate PPE and challenging our costs will aid to ensure that colleagues stay well during this time and we have the opportunity to delivery our financial plan for the benefit of our patients.

3.3. Workforce

3.3.1 Attendance

CHS absence rate for September is 4.47% comprising LTS 3.22% and STS 1.25%.
Whilst this is a small decrease on August figures (4.69%) there is likelihood that rates will increase as track and trace and isolation impact on staffing levels. Contingency arrangements are in place in terms of recruiting temporary staff (see 3.3.3 below).

3.3.2 Appraisal and Essential Skills Training

Essential (Mandatory) skills training shows excellence compliance, with all areas blue (95%+)
Appraisal is at 90.20% as at 12 October and weekly targeted lists are being sent to line managers who still have outstanding appraisal either to complete or input onto ESR.
It is expected that all eligible staff will have undertaken their appraisal by 31 October 2020.

3.3.3 Recruitment

Work continues to recruit to our services on a 'pool' basis. A number of staff employed on a temporary basis in March, have now been recruited into permanent positions

An additional cohort of 40 candidates, are being/have been interviewed early October on the same basis, to support winter/further Covid pressures.

Once pre-employment checks are completed, staff will be brought in and trained so they are available to call on at short notice.

These staff will be also be available to apply for permanent posts as they arise enabling faster fill rates.

This approach, together with the generic nature of the posts, allows better flexibility to respond to changing service need.

3.3.4 B BRAUN/TUPE

Following novation of the B Braun contract to CHS, the Quality Assurance post which originally sat within CHFT and provides the operational link to B Braun, transferred to CHS on 30 September 2020 in accordance with TUPE regulations.

The intention is to recruit to the Decontamination Manager post which has been vacant for a period of time, in the next 6 months. Airedale is providing support to CHS in the interim.

3.3.5 Staff Survey 2020/21

As at 15 October, CHS response rate for the staff survey is 34.4% (146 respondents from an eligible sample of 425 staff) Reminders have been sent via the survey provider Picker and colleagues are being prompted to complete via our usual management channels and directed to the work that has taken place in response to feedback from the last survey.

4.0 KPIs

We continue to deliver a large number of KPIs as 'green', 6 KPIs (from a total of 68) did not achieve Green in September, which were:
Porters - Immediate response time Jobs
Switchboard - Calls answered within 60 seconds
Estates – Essential PPMs
Estates – Reactive calls completed within (attended by) timescales – CHFT & Acre Mills
Waste - Engage with CHFT to increase recycling rates

5.0 Risks

An overview of CHS high level risk register is included within Appendix 1.

The high risks that CHS seek to manage and mitigate are:

- HRI Estates failing to meet minimum condition due to age and condition of the building (20)
- Resus – Collective risk to maintain compliance / upgrade (20)
- ICU – Collective risk to maintain compliance / upgrade (20)
- Medical Engineering - There is a risk of equipment failure from Medical Devices on the current trust asset list (16)
- Fire safety due to breaches in compartmentation, and a lack of compartmentation in some areas, and enough staff trained in fire safety awareness and as fire wardens (in CHFT) (15)
- The façade of HRI (15)
- Incorrect chemical balance in feed water supply to steam boilers (15).

6.0 Recommendation

Shareholders are asked to note the contents of the report.

APPENDIX 1

Risk Register C H Solutions –October 2020

C H Solutions	Number of Risks	Change in Month
Burgundy Very Hi Risks	3	0
Red Risks High	4	0
Amber Risks Moderate	27	-1
Green Risks Low	13	0
Total	47	-1

Risk ref + score	Strategic Objective	Risk	Executive Lead	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20
CHS Risk 6903 (CHFT 7444 (12)	Keeping the base safe	Resus – Collective risk to maintain compliance / upgrade	Managing Director (SS) General Manager Estates (CD)	=20	=20	=20	=20	=20	=20
CHS Risk 7271 (CHFT 7442 (12)	Keeping the base safe	ICU – Collective risk to maintain compliance / upgrade	Managing Director (SS) General Manager Estates (CD)	=20	=20	=20	=20	=20	=20
CHS Risk 5806	Keeping the base safe	Overall condition of the building–There is a risk to areas due to the age, environment and condition of the HRI building.	Managing Director (SS) General Manager Estates (CD)	=20	=20	=20	=20	=20	=20
CHS Risk 7438 (CHFT 7474 (15)	Keeping the base safe	There is a risk of equipment failure from Medical Devices on the current trust asset list of 19,456 Medical Devices due to a very large number (n=5359) of High Risk devices (n=837), Medium and Low Risk devices which are out of service date and have not been seen for extended periods of time.	Manager Director (SS) Head of Medical Engineering (RR)	=15	=15	=15	=15	=16	=16
CHS Risk 7318 (CHFT 7414 (15)	Keeping the base safe	There is a risk to life and building due to the failed / heavily corroded metal ties that hold back the Portland Stone cladding at HRI, particularly Ward Black 1 South Elevation potentially resulting in falling Stone debris.	Managing Director (SS) General Manager Estates (CD)	=15	=15	=15	=15	=15	=15
CHS Risk 5511 (CHFT 7413 (15)	Keeping the base safe	Collective Fire Risk – There is a risk of increased fire spread and delayed evacuation at HRI	Managing Director (SS) General Manager Estates (CD)	=15	=15	=15	=15	=15	=15
CHS Risk 7481	Keeping the base safe	Incorrect chemical balance in feed water supply to steam boilers	Managing Director (SS) General Manager Estates (CD)	=15	=15	=15	=15	=15	=15

The Risk Register has been noted by CHS Board

7. WYAAT Collaborative Programme Report September 2020

WEST YORKSHIRE ASSOCIATION OF ACUTE TRUSTS

Date:	*5 November 2020*	**Agenda Item:**	
Meeting:	Board of Directors, CHFT		
Title:	**WYAAT Collaborative Programme Report, September 2020**		
Programme	N/A		
Author:	Lucy Cole, WYAAT Programme Manager		
Presented By:	*Owen Williams*		
Lead Exec:	N/A		
SRO:	N/A		

Purpose of the Report

To highlight the key issues in the WYAAT Collaborative Programme overall and its individual programmes for Trust Boards.

Summary of the Paper

- **Planned CIC Approvals.** No changes proposed to planned CIC approvals except:
  - FBC for Shared Radiology Reporting and Pathology LIMS FBC both approved in July 2020.
  - Pathology – FBC on the Network Management model (following from Strategy approval in October 2019) to be developed and brought to CIC in April 2021.
- **Key Portfolio Risks & Issues.**
  - Harrogate Place
    - (No change – 16) Harrogate place will become part of HCV STP. HDFT is likely to be part of HCV for planning, accountability and governance purposes (including financially), but will remain part of WY&H HCP for transformation programmes and provider alliance (WYAAT). There is a risk that this complex situation reduces HDFT's links and influence in WYAAT and makes it harder to deliver the WYAAT vision and the benefits of WYAAT programmes.
  - Procurement
    - (No change – 20) National procurement does not deliver the expected savings.
  - Yorkshire Imaging Collaborative (YIC).
    - (No Change - 16) Non-delivery of contract commitments by Agfa
  - Pathology
    - (No Change – 15) Risk that the longevity of transition will unsettle existing workforce leading to gaps in key roles and services unable to operate effectively / meet demand.
  - Vascular (West Yorkshire Vascular Service, WYVaS).
    - (No Change - 16) Lack of capital to implement a hybrid theatre at BRI
    - (No Change - 16) Sustainability of the interventional radiology service at CHFT
  - Ophthalmology
    - (No Change – 16) Inadequate IT connectivity between hospital and community eye services prevents implementation of new pathways.
  - Planned Care (Planned Care Alliance)
    - (New) Capital funding not made available in time for expected delivery of some

requirements.

- **Programme Summaries**. A summary of the progress of each programme is in the paper and full Highlight Reports are also provided (papers 4a-j). A small number of key points are highlighted below:
  - **Radiology (Yorkshire Imaging Collaborative).**
    Transformation: The Shared Reporting Solution FBC was approved by CIC on 28 July and submitted to NHSE/I on 4 August. Approval expected by NHSE/I and trust boards by mid-September. Contractual development with Supplier ongoing.
    Technology: BTHFT went live on 8 August as planned. The implementation has so far been successful.
  - **Pharmacy Aseptics.** Constructing options appraisal to determine preferred regional approach and delivery model.
  - **Pathology**. The Single LIMS FBC was approved by CIC on 28 July and submitted to NHSE/I on 4 August. Approval expected by NHSE/I and trust boards by mid-September. Contractual development with Supplier ongoing. Programme milestones for 20/21 refreshed following COVID-response pause.
  - **Vascular.** Decision confirmed to establish the second arterial centre by mid Nov 2020.
  - **eRostering.** Project Board supported proposal to cease current procurement process ineffectiveness in terms of no technical specifications were provided to accommodate full integration between trust end to end solutions. Support for direct award to Allocate via the NOECPC framework. Confirmed to NHSE/I intent to drawdown capital allocation.
- **S4S.** Work has recommenced in all trusts. Airedale & Bradford are the last Trusts to appoint programme leads who start within the next two weeks and a new joint SRO has been appointed. Aim to deploy SupplyX at Chapel Allerton in September.
- **Planned Care.** Planned Care Alliance Board established, and ToRs agreed. The outpatients, endoscopy, CT/MRI and surgery adopt and adapt projects have been initiated, governance and assurance is now underway for all programmes, including alignment with Cancer adopt and adapt, Personalised Care and UEC programmes.

Recommendation

Trust Boards are recommended to note the progress on the WYAAT programmes and the formation of the Planned Care Alliance, with projects covering outpatients, endoscopy, CT/MRI and surgery.

WEST YORKSHIRE ASSOCIATION OF ACUTE TRUSTS
COLLABORATIVE PROGRAMME SUMMARY REPORT

1. OVERALL COLLABORATIVE PROGRAMME POSITION

1.1 PLANNED CIC APPROVALS

NB. Amendments from previous month are shown in **bold**.

Ref	Programme	Stage	Previous CIC Approval	Next CIC Approval	Notes
a	Procurement	Implementation	None	None required currently (due to networked model)	Ongoing programme of work to standardise and consolidate products. In August 2019, DOFs agreed a networked model for collaborative procurement across WYAAT.
b	Scan4Safety	Initiation	Outline Business Case 20 Nov 18	None required currently (see Notes)	NHS E&I has agreed that the OBC approved in Nov 18, supplemented with the expected capital breakdown by trust and an explanation of the WYAAT governance processes, will be sufficient for them to approve the capital allocation. Capital can then by drawn down each year and spent against business cases for individual elements of Scan4Safety approved at the appropriate level in WYAAT and Trusts depending on their value. For many elements this is likely to mean approval by DOFs via the WYAAT DOFs group. It is unlikely that any element will be of a value that requires CIC and trust board approval.
c	Workforce	Initiation	None	None required currently	

Ref	Programme	Stage	Previous CIC Approval	Next CIC Approval	Notes
d	Radiology (Yorkshire Imaging Collaborative)	Technology - Implementation Transformation - Planning	Technology (Agfa EI PACS) Business Cases were approved individually by trusts Shared Radiology Reporting: Case for Change 10 Aug 17 Outline Business Case 20 Nov 18 **Full Business Case** **28 July 20**	None required currently	**FBC shared reporting solution supported by CIC in July 2020. Trust Board and NHSE/I approvals expected by end August / early September.**
e	Pharmacy (Aseptics)	Planning	None	Strategic Outline Case TBC	Following the closure of the Pharmacy Supply Chain programme, a new programme to develop a regional approach to aseptic production is being developed.
f	Pathology	Planning	Case for Change / Options Appraisal 29 Jan 19 Network Strategy 29 Oct 19 Common LIMS OBC 29 Oct 19 **Common LIMS** **Full Business Case** **28 Jul 20**	Network Management Model **April 21**	**FBC for common LIMS supported by CIC in July 2020. Trust Board and NHSE/I approvals expected by end August / early September.**
g	Vascular (WY Vascular Service)	Implementation	Options Appraisal 24 Apr 18	None required currently	**Implementation of BRI arterial centre planned for mid Nov 20**
h	Orthopaedics	Planning	None	None required currently	
i	Ophthalmology	Planning	None	None required currently	

1.2 KEY RISKS & ISSUES

Only risks rated Red or Black (15 or greater) are included here.

Prog Ref	Programme / Theme	Risk / Issue description	Mitigation	Trend	Im	Li	Rating
N/A	Harrogate Place	Harrogate place will become part of HCV STP. HDFT is likely to be part of HCV for planning, accountability and governance purposes (including financially), but will remain part of WY&H HCP for transformation programmes and provider alliance (WYAAT). There is a risk that this complex situation reduces HDFT's links and influence in WYAAT and makes it harder to deliver the WYAAT vision and the benefits of WYAAT programmes: • Allocation of transformation and capital funding, and financial benefits, could be challenging • HDFT may lose influence in both systems	An MOU will be developed to set out the 3-way relationship between HCV, WY&H and HDFT. This MOU must set out clearly: • HDFT's primary links to WY&H due to its patient flows into LTHT. • HDFT membership of WYAAT, including WYAAT programmes. • HDFT will bid for capital related to WY&H or WYAAT programmes through WY&H not HCV. • Transformation funding for specific programmes (eg Cancer, LMS) where HDFT is part of the WY&H programme should be included in allocations to WY&H not HCV. • HCV must allocate a fair share of any transformation funding it receives to support HDFT's involvement in WY&H transformation funded programmes • HDFT's membership of governance and decision making structures in both systems. WYAAT, via WYAAT Director and Prog Exec, must be closely involved in drafting and approving the MOU.	=	4	4	**16**
a	Procurement	National Procurement does not deliver the expected savings.	Interim savings being discussed to mitigate some of the shortfall from the Towers	=	**4**	**5**	**20**

Prog Ref	Programme / Theme	Risk / Issue description	Mitigation	Trend	Im	Li	Rating
d	Yorkshire Imaging Collaborative - Technology	Non-Delivery of Contract Commitments by Agfa: Non-delivery of contract commitments by Agfa due to issues including but not limited to Agfa resourcing for Y-IC.	Call-off contract has been agreed with Agfa to mitigate this risk and a number of delivery commitments have been confirmed. Additional UK resources added. Weekly monitoring calls	=	4	4	16
f	Pathology	Risk that the longevity of transition will unsettle existing workforce leading to gaps in key roles and services unable to operate effectively / meet demand	Ongoing engagement with staff teams and feedback for programme board to review and act on Engaging staff in work to standardise processes, design new laboratory workflows and implement a single LIMS Demonstrating opportunities for staff in new model through a workforce strategy	=	5	3	15
g	Vascular	Capital funding for a hybrid theatre is not available. As a result, the WYVaS • will not meet the NHSE service specification • may not attract the required workforce • may require a managed service hybrid theatre • will face increased pressures e.g. wellbeing of staff, delays in repatriation	Funding currently being awarded where there is a positive ROI. Revised bid to be developed including the costs of what it would take to maintain the current service configuration and meet the NHSE service specification e.g. two hybrid theatres (CHFT and BTHFT) and workforce/locum costs. The reconfigured service with one hybrid theatre at BTHFT will then demonstrate a better value service. Managed service approach to providing the hybrid theatre being investigated.	=	4	4	16

Prog Ref	Programme / Theme	Risk / Issue description	Mitigation	Trend	Im	Li	Rating
g.	Vascular	Unsustainable VIR at CHFT due to workforce pressures including significant locum costs.	Adverts for up to 4 VIR posts unfortunately resulted in no applications. Following on from the resignation of the single substantive VIR consultant at CHFT, the interim arrangements for August worked well. CHFT now have an NHS locum, with support from Mid Yorks and an agency locum who is moving to the bank to continue to support the service working forward.	=	4	4	16
i.	Ophthalmology	Inadequate IT connectivity hindering easy/rapid referrals and data transfer between community/PC and HES. Many of the proposed pathways are reliant on the availability of digital methods for communication between the community and HES.	Engagement with colleagues in Calderdale and Huddersfield who are working on an enhanced module for Medisoft to see whether this may be an option. Planned engagement with the Electronic Referral Project to explore whether this (nationally recognised) product may offer a solution. Other possible workarounds to be explored (such as use of NHS mail) **Recommendation closure due to programme pause.**	=	4	4	16
k.	Planned Care	Capital funding not made available in time for expected delivery of some requirements	Break down of risk in the adopt and adapt road maps for each programme. Mitigation in prioritisation and by escalating as WYAAT and WY&H where possible.	**NEW**	**4**	**4**	**16**

2. PROGRAMME SUMMARIES

Ref	Programme	Overall Status	Summary
a	Scan4Safety	**Green**	• Implementation work was slowed by Covid-19 due to limited access to clinical areas and procurement staff being pulled away from the programme but work is now underway in all Trusts • Airedale & Bradford are the last Trusts to appoint programme leads who start within the next two weeks and a new joint SRO has been appointed • Aiming to deploy SupplyX in Chapel Allerton in September
b	Pharmacy	**Green**	• Constructing options appraisal to determine preferred regional approach and delivery model • Collating baseline data to support options appraisal, SOC and OBC
c	Pathology	**Green**	• LIMS FBC supported by WYAAT CIC on 28 July and submitted to NHSE/I on 31 July 2020. Limited questions on the case have been received and responded to by the Programme Manager. • Detailed contracting work underway between trusts (led by LTHT procurement and programme manager) with preferred LIMS Supplier. • Workshop held between executive, pathology and finance representatives on 7 August to discuss scope of the new pathology partnership. Work underway to translate the outputs into clear programme of work. Initial focus to develop the documentation and approach for the Equipment MSC procurement across the three trusts. • Network Board has agreed milestones for the remainder of 2020/21 – milestones in this report have been revised to align with this agreed work plan. • WYAAT programme team has supported the evaluation of contractors for the SJUH laboratory development. • The Network continues to focus on supporting COVID-19 testing: • Guidance on the testing of social care staff (antibody testing) has been released, with a reimbursement of £40/test to cover the end to end process (sample taking to analysis). Testing of social care staff has commenced in CHFT, HDFT and MYHT. LTHT, ANHSFT and BTHFT is due to commence from 24/08/2020. • Point of care / rapid testing equipment is to be made available from central NHSE/I procurement in limited numbers from October, with increasing provision over Winter. At this stage provisional allocations have been made proportionately to numbers of non-elective admissions (both within the region – North East & Yorkshire, and within the Network).
d	Radiology (Yorkshire Imaging Collaborative)	**Amber**	**Transformation Programme:** • Progress continues with the approvals process for the Shared Reporting Solution Business Case; which has been approved by the WYAAT governance groups, culminating in the CIC on 28 July. The FBC was submitted to NHSI in early August, and in parallel is progressing through individual Member Trust Boards, BTHFT & LTHT

Ref	Programme	Overall Status	Summary
			support the FBC, the remaining Member Trust Boards are due to conclude their review by 27 August. It is anticipated that a response from NHSI will be received by mid-September. • DAC Beachcroft have been retained and commenced work on contract drafting. Progress with contract work is progressing, although the supplier is attempting to re-negotiate the unused portion of sharing volumes (system usage) which can be rolled over at year end. • Work on developing the approach to a regional pricing matrix is progressing and will be discussed at the YIC governance groups in September. • Work progressing with the NHSI National Imaging Team to explore implementing Syngo Virtual Cockpit remote scanning assistance pilot programme within CT; this will enable training and/or comprehensive scanning assistance to be provided to imaging personnel – regardless of physical location. • Significant reduction in programme resources from the end of August, with the Project Support Manager and Radiographer Lead due to leave their posts, in additional to the Clinical Fellow from the start of August. **Other:** • Programme team continue to support NHSI National Imaging Team and Member Trusts to establish imaging capacity and additional equipment requirements to facilitate resetting of radiology services; delivery of additional mobile X-ray machines: ANHSFT, BTHFT & YTHFT, have received additional machines, deliveries to other trusts are due shortly. • NHS Nightingale Y&H CT Scanner: NHSI National Imaging team continue to negotiate contract renewal for the CT Scanner. Over 1200 patients have now been scanned. **Technology Programme:** BTHFT went live on 8 August as planned. The implementation has so far been successful. There are only a handful of issues at present and these are configuration items which are being dealt with within hours of being raised. Currently, we expect the project to be signed off as complete and in service at the beginning of next week. The LTHT project continues to make excellent progress and a go live date is being discussed with all parties.
e	Vascular	**Green**	• Decision confirmed to establish the second arterial centre by mid Nov 2020. • The WYVaS Triumvirate continues to work on alongside colleagues from all trusts on: communications and engagement, clinical governance, performance and financial management, repatriation, standardisation, operational delivery, workforce and development of the BTHFT hybrid theatre. • Consultant surgeon vacancy at BTHT following a retirement going out to advert. Possibly two candidates.

Ref	Programme	Overall Status	Summary
			• Project plans are being worked through to ensure the readiness of BTHFT / CHFT to transform the WWY vascular service. The triumvirate are leading on a part of this work alongside representatives from both trusts.
f	eRostering	**Green**	• Following supplier presentations on 9th July it was deemed only Allocate can provide a viable, integrated, end to end solution at this point in time. The evaluation exercise and supplier presentations determined that there were real, valid concerns about the other suppliers' capability to implement fully working and interoperable solutions within the timetable for the funding. Whilst the other suppliers may have the capability in the future, their development roadmap will not allow for the full technical requirements for up to 36 months. • Martin Ball, procurement lead has informed suppliers that we are abolishing the procurement on the basis of ineffectiveness in terms of no technical specifications were provided to accommodate full integration between trust end to end solutions. We have considered options to market in light of the pressure of preparing for COVID wave 2 and the NHSE/I funding deadline. • The project board on 30th July approved the decisions above. We now intend to move forward with Allocate to direct award via the NOECPC framework. • Capital funding remains in place and we have confirmed to NHSE/I trust's (except L&Y) intention to draw down funding and funding allocation required to deliver.
g	Planned Care	**Green**	• The Alliance board has met and agreed priorities, terms of reference and membership, the board will initially meet monthly moving to bi-monthly when fully established. • The Adopt and Adapt framework has been agreed as the programme framework for programme delivery (see appendix 1) • The outpatients, endoscopy, MRI and Theatres adopt and adapt programmes have been initiated, governance and assurance is now underway for all programmes (see appendix 2) including alignment with Cancer adopt and adapt, Personalised Care and E&C programmes.

3. DIRECTORS' GROUPS SUMMARIES

Group	Date	Summary
Medical Directors	14th August	WYAAT Trust updates – All • HDFT within HCV ICS with some clinical alignment within WYAAT. • Discussion about WYAAT MDs role within WY&H Clinical Forum including development session planned for November '20. Health Inequalities – Sarah Smith & Sal Uka • Presentation of WY&H approach including Healthy Hospitals ambition. Response to Phase-3 letter expectations including support to Exec leads. Support for A&E Navigator for violence reduction. SS and SU will continue to collaborate on behalf of WY&H HCP and WYAAT. Adopt & Adapt – Catherine Thompson & Fiona Stephenson • Five areas CT/MRI, Endoscopy, Outpatients, Surgery (led by WY&H) and Cancer (not started yet). Progress updates on each area. Endoscopy engagement event planned. Outpatients will sit within existing Planned Care Alliance work stream. Surgery Blueprint developed in WY&H shared with NHSE/I colleagues. Evidence Based Interventions – Catherine Thompson • Phase 1 EBIs in place. Phase 2 EBIs in consultation. MDs supportive of these but need for clinical judgement at individual patient level with further comms in the future. WY&H HCP Clinical Forum – All • WYAAT MD input into CF discussed. Proposal to reschedule WYAAT MD meeting to before CF pending further discussions. AOB • BG shared Consultant Additional Pay rate paper. • Discussion about additional pay for junior doctors as per BMA. • SU asked for WYAAT Consent Guidance to be disseminated through Trusts.
HR Directors	31st July	The WYAAT HRDs continue to meet fortnightly, discussion topics this month have included the competing priorities and short deadlines of the phase three planning, the organisation place and ICS response to the NHS People Plan, agreement and support for the mental health resilience hub proposal, input into WY&H BAME review recommendations, updates on the e-Rostering programme, and shared insight for supporting shielding staff returning to work.

Group	Date	Summary
Chief Information Officers	5th August	• Yannish Naik and Ben Tongue (NHS Digital) attended the meeting to talk to the CIOs about the Green IT agenda and the ambition of the ICS to be a global leader. Ben offered an opportunity for an organisation to take part in a pilot to be assessed to see how economical their digital services/estates are. It was agreed to revisit this in a few months when capacity with Covid has reduced. • There was an update on the Place-based digital maturity work that has been progressing. Some key themes have been identified and Place-based reports will be circulated within the next few weeks. There was a discussion to review the multi-year schemes who have submitted requests for year 3 funding of the Health System Led Investment (HSLI). These were endorsed and a further report will be presented in the future to review opportunities for the remaining funding. • There were also discussions regarding the new procurement framework and funding from NHSx for clinical communications and the National talk before you walk planning.
Strategy & Operations	19th August	• Trudie Davies has taken over as chair of the WYAAT Strategy and Operations Group following Rob Harrison's departure as COO for Harrogate and District NHS Foundation Trust. • Elizabeth Street and Lauren Price attended the meeting to provide the members on a Regional Aseptic Preparative Services Collaboration update. The members supported the programme's approach and Elizabeth Street and Lauren Price agreed to confirm the baseline position and cost to align with each organisation's needs. • The benefits and limitations of NHS 111 was brought for discussion, the key focus improving the working relationships in terms of the outcome to share the waiting times across the region was agreed as a consensus. • Fiona Stephenson and Mike Hayward joined the meeting to provide an update on the Adopt & Adapt Programme, they advised the members that a 4-hour MS Teams Virtual Covid-19 Phase 3 Recovery Collaborative Sharing Event will be scheduled for the week commencing Monday 7 September. • The members discussed the Local Bed Modelling Tool and agreed as a consensus to review the circulated slide pack to ensure there is a collective understanding of the six trust's positions.
Finance Directors	21st August	**Financial planning for the remainder of 2020/21** There is still no date as to when financial envelopes for the rest of the year will be communicated. However, we have received some draft guidance and an illustrative template to support the submission of a forecast outturn for the full year. The draft guidance is still unclear on a number of material issues. The deadline for an initial submission is 7th September, with trusts and CCGs making their individual submission to the regional team on 1st September. A final submission is expected to be made at the end of September. It is highly unlikely that we will be in receipt of the financial envelope before the 1st September, however we will be able to include the initial activity and workforce plans due to be submitted to the region on 27th August. In anticipation of the national requirements, the ICS has developed its own financial forecast, and this was discussed at

Group	Date	Summary
		the ICS Finance Forum earlier that day. On the assumption that the funding envelope will include a full year value equivalent to the existing level of prospective top-ups, a continuation of the level of existing retrospective top-ups for months 5 and 6 only, in total across the ICS expenditure will exceed funding by c£290m. Roughly half of this shortfall relates to the costs associated with the delivery of extra activity in the second half of the year, with the balance relating to other financial pressures, the single biggest issue being lost income from non-patient care services in trusts. We have also received a letter setting out proposed arrangements for an elective activity 'incentive scheme'. There is some disquiet across the ICS Finance Forum about the impact this could have on behaviours across the system. All are committed to using the principles we have developed to help us navigate the remainder of the financial year and to continue to provide the national team with constructive but candid feedback on the impact that some of their proposals will have at a local level. There is also a lack of clarity about the national capital process with a constant stream of requests for resubmissions for individual elements of our overall ICS Covid bids. We have been notified of the funding that will be received for A&E associated capital although further requests for clarification on individual schemes continue to arrive. This protracted process is making it increasingly unlikely that money bid for can be spent before the end of the financial year. **Programme updates** **Pharmacy** • The group discussed the Aseptics Project Initiation Document and a proposal for external consultancy support to produce an OBC for consideration at the Committee in Common in January 2021. • The project is looking to establish a resilient supply route for key 'ready to administer' sterile medicines including chemotherapy, immunotherapy, intravenous nutrition, Central Intravenous Additives, and radiopharmaceuticals. Demand for these products has risen steeply in recent years and growth is expected to significantly increase especially in the numbers of patients requiring first response chemotherapy. • There is no extra capacity available in the commercial sector or in current NHS in-house units, who are often located in poor accommodation and with equipment nearing the end of its useful life. It is also increasingly difficult to recruit staff to work in Aseptics units, with a significant level of vacancies which has resulted in many of these medicines having to be prepared by nurses on the wards. • The DoFs supported the proposed approach and will provide any top-up funding if the existing WYAAT budget cannot fully accommodate the cost of consultancy support. **Planned Care Alliance** • The ICS Improving Planned care programme and WYAAT Elective Surgery programme have been amalgamated

Group	Date	Summary
		into one programme. Their focus for the next 6 months is solely on the delivery of additional elective activity, building on existing work and the national Adopt and Adapt blueprints. • The governance is very complicated and there are concerns that the sheer number of people involved will render this ineffective. • Another concern relates to the desire of some commissioning colleagues to return to their review of Evidence Based Interventions via a detailed examination of the coding of elective surgery episodes and 'old style' PbR challenges which has largely been eradicated over the past 2 years through the use of Aligned Incentive Contracts. **Procurement update** • Chris Slater attended the meeting for this item. He presented a review of Lessons Learnt from the pandemic carried out by the Heads of Procurement and what this meant for the organisation, scope and resourcing of the local procurement function and the future relationship with SCCL. • This would mean a move away from the previous focus on price reductions, just in time stock levels, maximising the use of national contracts and trust procurement teams being inward looking to a focus on supply chain resilience, management of a regional store and regional procurement opportunities, visibility of stock across the region through Scan4safety and working with the ICS clinical reference group to agree product standards.
Chief Nurses	14th August	Chief Nurses discussed: • Need for a review of non-medical roles/non-registered staff in theatres • Employing a competency framework • Needs to be a rapid review and this could be a piece of work led by the Deputy Chief Nurse Group (HC/LR) There was a circulation of an update from HEER • Recovery plans for student placements post-COVID • Development of a regional placement strategy • Placement expansion bids • Graduate nurse apprenticeships University of Bradford is over subscribed for student nurse places in autumn 2020. Potential to ask them if they would defer/offer places at Dewsbury School of Nursing but for host Trusts to be responsible for placements (KD)

Group	Date	Summary
WYAAT PMO & Improvement Alliance	12th August	The group shared experiences from their teams and organisations which included tips for balancing local, regional and national priorities, sharing approaches to tracking back rapidly implemented COVID-19 projects for assurance and risk management purposes, virtual working for teams and the impact on PMO staff, and opportunities to grow the network across WY&H with the HEE 'NHS Project Futures'.

8. WY&H Healthcare Partnership Report September 2020

WEST YORKSHIRE ASSOCIATION OF ACUTE TRUSTS

Date:	5 November 2020	**Agenda Item:**	
Meeting:	Board of Directors CHFT		
Title:	**West Yorkshire & Harrogate Health & Care Partnership Report, September 2020**		
Programme	N/A		
Author:	Matt Graham, WYAAT Director		
Presented By:	*Owen Williams*		
Lead Exec:	N/A		
SRO:	N/A		

Purpose of the Report

To provide Trust Boards with an update on the WY&H HCP programmes and other system issues and developments.

Key Points to Note

- Following a pause due to Covid19, this is the first WY&H HCP report since March 2020.
- The WY&H HCP is in the process of restarting its routine meetings and processes. This report will expand as these resume.
- The HCP continues to focus on 6 priorities:
    - Continuing to provide critical and urgent care for COVID-19 patients, their recovery and rehabilitation
    - Providing essential health and care services during the COVID-19 incident for other population groups
    - Continuing to support people who are shielding
    - Keeping health and care colleagues safe and well
    - Understanding the wider impact on different population groups, including Black Asian and minority ethnic staff and communities, people who are shielding, those with learning disabilities, mental health conditions and safeguarding other vulnerable groups
    - Co-ordinating our reset to the new 'normal' (recovery) – including future peaks.
- An Harrogate System Alignment MOU has been agreed setting out how HDFT and North Yorkshire CCG will be involved in the WY&H HCP and Humber, Coast and Vale HCP.
- The Partnership Board met on 1 Sep 20. The agenda covered:
    - Planning for system stabilisation and reset
    - Support for BAME staff and communities
    - Third sector resilience

Recommendation

Trust Boards are recommended to note the report.

WEST YORKSHIRE ASSOCIATION OF ACUTE TRUSTS

WEST YORKSHIRE & HARROGATE HEALTH & CARE PARTNERSHIP REPORT

1. **Purpose.** The purpose of this paper is to provide Trust Boards with an update on the West Yorkshire and Harrogate (WY&H) Health and Care Partnership (HCP). It provides a summary of key messages from WY&H meetings and events in the previous month, updates on WY&H HCP programmes and the forward plan for the main WY&H meetings.

   This is the first report since Mar 20 when reporting was paused due to Covid19. The HCP monthly meetings cycles is still being resumed so this report is relatively brief this month.

2. **WY&H HCP Update, Sep 20**
   The monthly WY&H HCP update (dated 2 Sep 20) is at Appendix A. Key items to note are:

   - The HCP continues to focus on 6 priorities:
     - Continuing to provide critical and urgent care for COVID-19 patients, their recovery and rehabilitation
     - Providing essential health and care services during the COVID-19 incident for other population groups
     - Continuing to support people who are shielding
     - Keeping health and care colleagues safe and well
     - Understanding the wider impact on different population groups, including Black Asian and minority ethnic staff and communities, people who are shielding, those with learning disabilities, mental health conditions and safeguarding other vulnerable groups
     - Co-ordinating our reset to the new 'normal' (recovery) – including future peaks.
   - As at 28 Aug, there remain some restrictions on the easing of lockdown in wards in Bradford, Calderdale and Kirklees
   - Planned care service across WY&H have restarted. Prioritisation will always be based on clinical urgency.
   - An Harrogate System Alignment MOU has been agreed setting out how HDFT and North Yorkshire CCG will be involved in the WY&H HCP and Humber, Coast and Vale HCP.
   - The Partnership Board met on 1 Sep 20. The agenda covered:
     - Planning for system stabilisation and reset
     - Support for BAME staff and communities
     - Third sector resilience
   - The Finance Forum and Clinical Forum made a statement emphasising their commitment to prioritisation of patients based on clinical priority and waiting time, despite the financial incentives published by NHSE/I for achieving certain levels of activity.
   - Implementation of the Bradford Royal Infirmary arterial centre, which will bring together complex vascular procedures from CHFT and BTHFT into a single arterial centre, is planned for mid Nov 20, subject to approval in Oct and a final readiness and safety check.
   - Future events:
     - Climate Change Virtual Summit, 19-20 Oct 20
     - Community Resilience Event, 9 Oct 20

3. **WY&H HCP System Oversight and Assurance Group (SOAG),**
   SOAG has not been meeting during the pandemic. Meetings are now restarting with the first meeting on 21 Sep 20; an update issues being considered by SOAG will be included in next month's report

   Programme updates and the performance dashboard have also been paused during the pandemic, but are expected to restart this month and will be included in next month's report.

WY&H HCP FORWARD PLAN

4. **Future Agenda Items: WY&H SLE, Partnership Board and SOAG**
   The forward plan for the remainder of 2020 and into 2021 is currently under development and this section will be updated once new information is available.

Month	Partnership Board / System Leadership Executive	System Oversight & Assurance Group
Oct 20	**6 Oct 20, SLE** • Planning • Service Development Funding (Transformation funding) • Rapid Insights Report (lessons learned from Covid19) • WY Universities and NHS People Plan • Economic Recovery Plan • Update on MH Concordat • Digital Maturity • Digital first primary care	**23 Oct 20** • Agenda items TBC
Nov 20	**3 Nov 20, SLE** • Agenda items TBC • Likely to cover the items planned for the Partnership Board in Dec	**23 Nov 20** • Agenda items TBC
Dec 20	**1 Dec 20, Partnership Board** • Social care review • Patient and public involvement review • BAME review action plan • WY&H people plan • Review of ICS working arrangements: including the HCP MoU, national policy on the future of ICS and our response, including our work on commissioning in WY&H, "Commissioning Futures".	**16 Dec 20** • Agenda items TBC

Appendix

A. WY&H HCP Update for Programme Boards, edition 17, dated 5 Feb 20

9. WY&H Healthcare Partnership Monthly Update

West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire and Harrogate Health and Care Partnership Integrated care system update for programme boards

Edition 25

Wednesday, 02 September 2020

Introduction

This information has been produced to update WY&H CEOs, programme SROs and leads on the development work our Partnership is doing as an Integrated Care System (ICS).

It aims to provide a monthly update with key messages following the leadership meetings at the beginning of every month. Please feel free to use this as a briefing note at your programme board meetings.

Please note this information has not been produced for the public. It is intended for internal use only.

For more information please contact:
Lauren.phillips16@nhs.net
Karen.coleman21@nhs.net

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National response to COVID-19

The COVID-19 pandemic has moved from a level 4 national incident to a level 3 incident, managed at regional and local level. This reflects reductions in incidence of infections over time and fewer deaths. From a healthcare perspective, NHS England / NHS Improvement set out the following four phases of the COVID-19 response:

- **Phase 1** - Focus on critical care and building capacity to respond to COVID-19 (Jan – Apr 2020)
- **Phase 2** - Immediate recovery actions post-COVID-19 surge Focus on urgent activities (Apr – Jun 2020)
- **Phase 3** - More comprehensive planning to stabilise and reset services for the remainder of the year. (Jul 2020 – Mar 2021)
- **Phase 4** - Focus on recovering and developing the NHS towards the 'new normal' (Apr 2021 onwards).

The Government's strategy has moved to one of easing national restrictions and managing the position through local measures. This has been represented by a national surveillance approach which places areas in categories of increasing concern and potential intervention.

Since the last monthly update in August, we have seen areas of West Yorkshire and Harrogate featuring in the Government's surveillance list frequently.

This has led to restrictions to the easing of lock down being imposed in Bradford, Calderdale and Kirklees, as well as Wakefield being an area of interest. There remain some local wards restrictions in the Bradford, Calderdale and Kirklees areas (accurate 28 August).

From Tuesday 18 August, Public Health England (PHE) and NHS Test and Trace, as well as the analytical capability of the Joint Biosecurity Centre (JBC) came under a single leadership team called The National Institute for Health Protection (NIHP). The organisation will be operating from spring 2021 and will support local directors of public health and local authorities on the frontline of the COVID-19 response. Our public health teams and colleagues continue to work closely with us on all aspects of work undertaken by PHE, including screening, vaccination, intelligence and health improvement.

Partnership's response to COVID-19 (overview)

Our Partnership focus:

- Continuing to provide critical and urgent care for COVID-19 patients, their recovery and rehabilitation
- Providing essential health and care services during the COVID-19 incident for other population groups
- Continuing to support people who are shielding
- Keeping health and care colleagues safe and well
- Understanding the wider impact on different population groups, including Black Asian and minority ethnic staff and communities, people who are shielding, those with learning disabilities, mental health conditions and safeguarding other vulnerable groups
- Co-ordinating our reset to the new 'normal' (recovery) – including future peaks.

While the focus of our work has changed, our Five Year Plan that we agreed in December 2019 continues to set the high level priorities that we are working towards.

The economic impact of COVID-19 has led to a recession which brings additional risks to the health of our population. It also means that the potential economic benefits of the health and care system in terms of jobs, large capital schemes, innovation and med tech must be secured. The West Yorkshire Economic Recovery Board (ERB) is chaired by Councillor Suzanne Hinchcliffe, Leader of Bradford Council. The Partnership feeds directly into the ERB and the role of our sectors in supporting the economy and health is reflected in the draft plan.

Restarting planned care services

Our health services across West Yorkshire and Harrogate have worked hard to respond to the pandemic since the beginning of the year. As COVID-19 pressures continue to reduce, planned care services will start to resume. Services that were temporarily stopped will restart gradually and in the safest possible way for both people accessing care and staff.

The aim is to carry out as many necessary and appropriate planned care procedures, including diagnostic tests, as possible between now and winter. In order to do this, we must make full use of the NHS capacity currently available, as well as capacity in the independent sector. We must also consider options for people to go out of their local area to access treatment if they are willing.

Prioritisation will always be based on clinical urgency. For instance, people needing diagnostics for cancer, or where delaying surgery would cause them harm, will be prioritised ahead of less clinically urgent, but longer waiting patients. Everyone's safety is paramount so we cannot simply revert back to the way we did things before COVID-19.

Despite the challenges and constraints of the virus, we are working hard to make sure that those in urgent need of a planned care procedure get that procedure as soon as possible. At the same time, we are putting in place a variety of services to support those who will need to wait longer for their procedure.

Harrogate System Alignment Memorandum of Understanding (MoU)

A Harrogate System Alignment Memorandum of Understanding (MoU) has been developed and agreed setting out the details of an agreement on the involvement of Harrogate and District NHS Foundation Trust and NHS North Yorkshire Clinical Commissioning Group in networks, systems and processes in the Humber Coast and Vale Health and Care Partnership and WY&H Health and Care Partnership.

The Partnership Board

The Partnership Board met via digital technology in public on Tuesday. It was chaired by Cllr Swift, Leader of Calderdale Council. Our Partnership is bringing the local NHS, councils and communities closer together by establishing a new Board to strengthen joint working arrangements between all organisations involved, and most importantly to further improve health and care for the 2.7 million people living across the area.

There was an update from our Partnership CEO Lead, Rob Webster about the work underway since the Board met in June 2020. Board members discussed the Partnership's response on COVID-19, including the work we are doing to better understand and respond to the impact of the pandemic, and our approach to stabilisation and reset, including economic recovery. There was also an update on health inequalities, including the BAME review and resilience in the voluntary community sector...

A number of questions were received from the public; this included on the background to the Ethical Framework for the Partnership and questions on local outbreak plans and supporting BAME communities. There were also questions about changes to Public Health England. All responses to questions will be posted on our website here.

Planning for system stabilisation and reset

The Partnership remains focused on addressing the needs and priorities of local partners and is informed by the requirements of NHS national bodies, the Ministry of Housing, Communities and Local Government - and the Department of Health and Social Care for Councils.

On 31 July 2020 the Chief Executive of NHS England and NHS Improvement wrote to NHS organisations and partners to set out the national priorities and expectations for phase 3 of the response to the pandemic from August 2020. This letter was followed on 7 August 2020 by further national guidance on implementing these priorities.

This included details of the urgent actions to be taken to address inequalities in NHS provision and outcomes, patient initiated follow ups to hospital care, community services and very detailed requirements for mental health planning. On 20 August 2020, details were published of a set of financial incentives and deductions that will be applied at the level of our Partnership to support the achievement of national expectations on the levels of planned care to be provided.

The expected activity levels include returning by October 2020 to 90% of normal levels of planned care procedures, 100% of diagnostic procedures, and 100% of outpatient attendances. Trusts and clinical commissioning groups (CCGs) are working to determine what is operationally achievable to get as close as possible to meeting these expectations.

The NHS guidance for the remainder of 2020/21 is not yet complete. While the priorities have been identified and we have some understanding of the financial framework within which the Partnership will operate, the full details of what will resources will be available, including for capital investment, have not yet been confirmed (please see page 12). The preparatory work that partners in West Yorkshire and Harrogate have undertaken already has meant that we have been well placed to respond to the national requirements to date. A Partnership level plan will be provided to NHS England on 18 September 2020.

Social care plans

Our ability to enable people to remain as independent as possible and to reintroduce NHS services depends heavily on the availability of good social care. Councils are working closely with NHS and VCS partners in each of the six local places to ensure that social care services remain resilient as possible in preparation for winter.

Councils developed Care Homes Resilience Action Plans in May 2020 focused on minimising infection and mortality levels across our care sector, supporting the wellbeing of residents and the care workforce, and supporting the resilience of the care sector. These plans are being further developed to focus on readiness for winter pressures. There was a discussion at the Board around sustainability of care homes / community care providers in the future and the potential impact / risk on the NHS and people accessing care.

Local plans will also include a focus on home support, supported living and extra care services, including the mental wellbeing of people and care staff and promoting public confidence in care.

Julie Bootle, former social work senior manager, will be working with the Partnership, including directors of adult social services, to strengthen social care links across the system and understand how best to develop mutual support. It is hoped this work will inform national thinking around what the future social care service will look like. A proposition will be put forward to the Local Government Association and Solace, which builds on people's strengths, assets, resilience and the relationships with communities.

The Government has confirmed that eligibility assessments for Continuing Healthcare Funding will be reintroduced from 1 September 2020. New or extended packages of care will be funded centrally for a period of up to six weeks following discharge from hospital whilst full assessments are undertaken to determine eligibility.

This will be a significant challenge for CCGs and councils, who are working to develop a recovery plan to deal with the backlog of assessments that has built up during the pandemic.

New guidance was published in August 2020 to reinforce appropriate and timely hospital discharge, based on the discharge to assess model. Further guidance to support social care planning is still awaited. This all needs to be seen in the context of a difficult period for local government finances and our plans are cognisant of this. It is essential that we recognise in our plans the need to focus on the wider determinants of health that go beyond health and social care.

Support for BAME staff and communities

There was an update on how we are supporting Black, Asian and minority ethnic staff and communities. Work to address these health inequalities is underway delivered through the Partnership's People Board, the BAME Network in partnership with the Improving Population Health Programme and other priority areas, such as maternity, urgent care and mental health, learning disabilities and autism. The BAME Network acts as a critical friend – challenging the Partnership to ensure people reach their full potential, whilst 'calling out' areas for improvement. There is a commissioning futures opportunity which shouldn't be missed and this will form part of the review's recommendation.

Partnership Board members heard from Kez Hayat, Head of Diversity and Inclusion at Bradford Teaching Hospitals NHS Foundation Trust about the professional and personal impact COVID-19 has had on his life. It was both a brave and honest reflection of his personal experience and well worth a watch via the link here.

West Yorkshire and Harrogate BAME review

The fourth review panel meeting for supporting our Black, Asian and Minority Ethnic communities and staff will take place on Wednesday (2 September). The meeting will be chaired by Professor Dame Donna Kinnair. It will discuss the areas of work for more in-depth analysis including BAME communities and mental health. For example people from BAME communities are more likely to live in urban areas and may suffer due to their environment. Emerging evidence is linking worse air quality with risk of depression, anxiety and suicide. Evidence also shows that air quality is worse in areas with high BAME populations. There are links between mental health, cardiovascular disease and diabetes; there may be an increased risk of these conditions for people from BAME groups and these conditions likely to play a significant role in COVID related outcomes. Feedback from the voluntary community sector sub-group as well as a testimony from Migration Yorkshire, who work with national government, local government, and others to ensure that Yorkshire and Humber can deal with, and benefit from, migration – will also be discussed.

The next steps for the review include collating all the theme findings, developing an action plan with recommendations and producing the report – which we hope to publish at the end of October. We will be sharing the report recommendations with the Partnership Board in December and also with national work underway which is due to feedback in December.

You can access all the Partnership Board meeting papers here.

The BAME Fellowship Programme

A BAME Fellowship Programme is being developed to support colleagues. This will consist of three development programmes that will help enable people to reach their full potential via career progression opportunities. The following will take place:

- From November starts a one year senior placement. This will support practical experience gaps that have proved a barrier to move to the next stage in colleagues career progression
- From May 2021 starts a two year system leader programme, aimed at leaders working towards strategic board level system leadership
- From October 2021 starts a two year system leader programme. This is aimed at leaders working towards managing a range of teams with a system approach.

The senior placement and high potential phases will prepare people for the regional NHS Aspirant Director Provision and the Partnership's Succession Talent Pool. More information will be available here soon, in the meantime please contact Samantha.kelly23@nhs.net. Tel: 07814 293215.

Third sector resilience

The Partnership's Harnessing the Power of Communities Programme published a report in July 2020, titled 'Third Sector Resilience: Before and during COVID-19'. The report highlights the impact of COVID- 19 on the sector and makes five recommendations. The five recommendations are focused on system change and the full endorsement and support of the Partnership Board was given to help ensure these are taken forward and embedded in our work across the Partnership. These included the NHS, local authorities and other funders and commissioners commit to putting in place a strategy for longer term, joined up investment in the Voluntary and Community Sector (VCS); all partners recognise the social and economic value of volunteering and actively plan to better connect the volunteering infrastructure and ensuring the VCS and community voice is listened to and reflected in service design and delivery from the outset. There was a discussion on the balance of local and West Yorkshire and Harrogate work with recognition that there has been a positive response to share and adapt where helpful.

Following the VCS Resilience survey completed in May this year, the Programme are working with VCS colleagues across the area to implement a second, follow up survey. The survey will provide an update on the state of the VCS and current trends and challenges and measure changes in the sector since April this year. The survey will go to organisations across West Yorkshire and Harrogate and will also be disseminated across a broader Yorkshire and Humber footprint. The survey will be live for four weeks during September 2020 and we anticipate findings and a report will be available in mid/late October. This will form part of the Partnership's response to planning for 2021/22.

You can watch the recorded meeting of the Partnership Board and read the papers here.

West Yorkshire and Harrogate Clinical Forum

The Clinical Forum met virtually on Tuesday. The meeting was chaired by Dr Bryan Gill. Forum members include medical directors, GPs, pharmacists, allied health professionals, lead nurses and NHS England colleagues.

Further to a discussion at the Partnership's Finance Forum on 21 August 2020, Clinical Forum members thought it helpful to share their collective view with the Partnership Board regarding the implications of the arrangements set out in the letter from Amanda Pritchard and Julian Kelly about incentivising elective care. The statement emphasises that we should always do the right thing for people. It says: *'We fully support the intent behind the arrangements in terms of restoring services to and beyond the levels set out in the letter. We do though need to be mindful that the way that the calculation of the arrangement could incentivise a different pattern of elective activity than that which is being planned for currently (based primarily on clinical priority and chronology). The shared view was that the activity planning work should continue based on the established clinical principles that clinical and operational leads are already working to, including preventing any widening of health inequalities, and that whilst we need to be cognisant of the financial implications, this new piece of financial architecture should not prevent clinical and booking teams from 'doing the right thing'.*

As a Partnership we need to consider how we can support staff across social, community and hospital care to act with confidence and integrity during this time and into the future, whilst doing things differently. Defining the established ethical principles that underpin all of our work will help individual clinical decision makers and multiagency / multidisciplinary teams have this confidence. An Ethical Framework for West Yorkshire and Harrogate Health and Care Partnership has been produced to support this work, where helpful.

My Future Wishes - A Guide to Advance Care Planning (August 2020)

Building on the discussions at the West Yorkshire and Harrogate Clinical Forum in May, colleagues have developed a new resource: My Future Wishes - A Guide to Advance Care Planning (August 2020),

Many people don't have an advance care plan or power of attorney in place which would be helpful for them and their carers when planning their future wishes. The guide is a resource pack designed for patients, families and professionals to help them to have the conversation in the form of an advance care plan (ACP). The Plan also supports a training programme which started in 2019. This training is available across West Yorkshire and Harrogate and there around 50 ACP facilitators working across our six local areas. Forum members welcomed the publication, and were pleased to hear that the ACP follows the patient through health and care pathways. Recommendations for future developments include sharing with the BAME Network for their views and the importance of local engagement via clinicians.

COVID-19 Rehabilitation

Forum members discussed the various rehabilitation needs arising from COVID 19. A presentation from Maureen Drake, from Leeds Community Healthcare NHS Trust, and the Partnership's Lead for Allied Health Professionals, highlighted the rehabilitation needs for different groups of people following a Partnership survey.

Members were asked to consider:

- Assurance on the Partnership's approach to the rehabilitation needs of those that have had COVID 19
- The approach to the rehabilitation needs of those whose services were interrupted by the COVID-19
- Links to programme priorities
- Workforce capacity to respond
- Priority to tackle health inequalities.

There was a discussion on psychological impact on people's mental health and the need for GP and mental health trust input into the 'what next' following the survey findings. Supporting people's needs from existing contracts, for example social prescribing, was also suggested.

Capturing the change, learnings and innovation in response to COVID-19

COVID-19 has forced the rapid acceleration and adoption of innovations across the Partnership. Our System and Leadership Development Programme alongside the Yorkshire & Humber Academic Health Science Network (AHSN) delivered a jointly led programme in May 2020 to capture the change, learnings and innovation in response to COVID-19. You can read the report here.

Current work is focused on maintaining and sustaining positive change, where useful. There was a conversation around the longer-term research activity (design, approach and focus) regarding implementation and creating a culture of innovation learning. Next steps include prioritising key areas of work to sustain programme innovation and learning, for example resilience hubs, partnership scalability via local place engagement for phase three work. There is a Clinical Forum development session coming up soon – will be discussed further at this meeting.

West Yorkshire Association of Acute Trusts

The West Yorkshire Association of Acute Trusts (WYAAT) brings together the six acute trusts in West Yorkshire and Harrogate: Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust and Mid Yorkshire Hospitals NHS Trust.

Changes to West Yorkshire vascular services planned for November 2020

In May 2020, NHS England and Improvement approved proposals to have two specialised vascular centres instead of three in West Yorkshire - one at Leeds General Infirmary, due to its status as a major trauma centre, and the other at Bradford Royal Infirmary (BRI) due to its co-location with the inpatient renal unit.

The trusts are now in a position to move forward with this work. The partnership is working towards a planned implementation date for the BRI centre of November 16, 2020, however this is subject to approval in October and a final readiness check to ensure all changes can be implemented safely while trusts continue to respond to the COVID-19 pandemic and prepare for the winter months.

From this date, all in-patient and acute vascular work for West Yorkshire will be undertaken at the two arterial centres, whilst all centres will continue to offer vascular day case surgery and interventional radiology, out-patient clinics and diagnostics. WYAAT has established operational working groups at both Bradford Teaching Hospitals NHS Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust to support, shape and progress plans for implementation.

Adopt and Adapt workshops

As part of the national 'Adopt and Adapt' programme for endoscopy, WYAAT hosted a West Yorkshire and Harrogate workshop on 25 August. The purpose of the workshop was to learn from London's work and further develop a West Yorkshire and Harrogate plan for endoscopy recovery by prioritising those initiatives which would add the greatest value and allow us to treat more patients as we work to restore surgical services. The workshop was well attended by a range of stakeholders who provided insight into their greatest challenges in delivering endoscopy services recovery and how we can help to tackle some of those at a system level. The Planned Care (Diagnostics) Programme Team are also currently planning to hold a similar workshop for the CT/MRI Adopt and Adapt Blueprint, which will be held within the next few weeks. If you are interested in helping out with the organisation or taking part, please email the team at: wyhhcp.plannedcare@nhs.net

Radiology - image-sharing software live at Bradford Teaching Hospitals

Bradford Teaching Hospitals NHS Foundation Trust is the fifth WYAAT trust to successfully implement Enterprise Imaging PACS. The software facilitates the sharing of CT, MRI and X-ray images between hospital trusts; enhancing patient care, increasing efficiency and aiding diagnosis.

Pathology and Radiology FBCs approach final approval stage

Two full business cases for WYAAT programmes are with NHS England /Improvement for approval, after being supported by the WYAAT Committee in Common and all Trust Boards.
The first is to implement a shared laboratory information management system to support the West Yorkshire and Harrogate Pathology Network. The new system will provide a resilient and sustainable solution for the future. The second is to deliver a shared radiology reporting system, which builds on the recently-introduced functionality for radiology colleagues to view images remotely. The new software will also allow them to report on any image, anywhere within the collaborative, providing options for flexible working. Once approved, the two FBCs will provide £18m capital investment to deliver big improvements in care for patients in West Yorkshire and Harrogate.

The NHS Nightingale Hospital Yorkshire and the Humber

The NHS Nightingale Hospital Yorkshire and the Humber has provided important extra capacity for patients and staff as the NHS cared for people with COVID-19 whilst also maintaining other frontline services. An extension to the contract has now been agreed, which will mean more essential health checks, including for cancer, can continue to be delivered in Harrogate - with over 1,200 patients having already had a scan at the facility - while also offering back-up capacity as the country continues to deal with the virus.

West Yorkshire and Harrogate Cancer Alliance Board

West Yorkshire and Harrogate Cancer Alliance Board meets on Friday 4 September. The key item for discussion is how the Cancer Alliance supports the third phase of the NHS response to COVID-19. Our WY&H system partners have worked extremely hard over the last six months to maintain time critical cancer pathways and to restore care for those people whose diagnosis or treatment was paused. Urgent cancer referrals which initially dipped primarily due to people not presenting in primary care, have recovered faster than many parts of England and are now close to normal levels. Whilst this is good news, when combined with ongoing capacity constraints and the simultaneous restart of routine referrals (which generate around 40% of all cancer diagnoses), this will put pressure on diagnostic and treatment capacity with the risk of extended waits. It is therefore crucial to focus on effective risk assessment and triage of patients so that clinical priority drives use of the available resources.

It is also crucial that at all levels in our system we align our efforts around a clear set of objectives. Our Cancer Alliance leads wrote to Accountable Officers and WYAAT Chief Executives at the end of August suggesting a small set of system-wide objectives for the next six months. These objectives are aimed at minimising delays to diagnosis and treatments for people on our cancer pathways, focussing effort on those pathways and procedures most impacted by the effects of the pandemic e.g. colorectal cancer and endoscopy services. They are also aimed at mitigating the risk of poorer outcomes for tumour groups and/or populations who have been disproportionately impacted by the pandemic and where a proactive approach to encourage presentation may be required e.g. BAME community and/or lung cancer patients. Throughout the pandemic we have continued to engage with our WY&H Community Patient Panel and the Yorkshire Cancer Community to inform safe restoration and access to care.

Much of the Cancer Alliance work on recovery of services is being taken forward in close collaboration with the newly formed WY&H Planned Care Alliance. A key focus of our September Cancer Alliance Board will be how we continue to exploit the benefit of inter programme collaboration to drive system-wide work, and how we improve our clarity of purpose and interaction with our constituent localities.

West Yorkshire and Harrogate Commissioning Futures

The CCG Accountable Officers continue their discussions around the Commissioning Futures Programme and the need to ensure a narrative which describes our local places in a way that represents their differences whilst also acknowledging that they will evolve over time. They also discussed the Cancer Alliance Board in terms of ensuring that there are strong mechanisms locally to implement the Board's work at a place level and the potential benefits from having a 'place' representation rather than organisational representation. Also on the agenda was a discussion around the direction of travel for the assessment treatment units for people with learning disabilities work, with an update on work that has been underway over the summer.

Mental Health, Learning Disabilities and Autism Collaborative (MHLDA)

The MHLDA collaborative continues to share work in relation to crisis pathways, including the cohorting of patients, movement of staff between organisations, learning lessons from the COVID-19 period and 'mutual aid' conversations.

Work continues at pace to meet the ambitions of the programme, including its response to the NHS England 'Phase 3' letter, which asks the system to accelerate the return to near-normal levels of non-COVID health services and do this in a way that takes account of lessons learned during the first COVID-19 peak while locking in beneficial changes, tackling fundamental challenges and acting on inequalities and prevention. With this in mind:

- We have continued to work as a collaborative to identify both additional mental health inpatient capacity and step-down provision to support patient flow, in the event of a surge in COVID+ cases during the winter
- We have asked partners what current psychological support is available to health, care and emergency service staff; to explore whether there is any merit in developing a 'resilience hub' approach across West Yorkshire and Harrogate
- The six local places have completed their initial planning returns and as a system we have aggregated these for submission
- We have supported the WY&H BAME review work to start better understanding the mental needs of Black men, South Asian women, Gypsy Roma and Traveller communities and asylum seekers, and will take forward recommendations from the review once it concludes.
- The Joint Committee of CCGs has agreed in principle to support our complex rehabilitation work, whilst the development work on the business case finalises shortly.

Personal Protective Equipment (PPE) Board

The Personal Protective Equipment (PPE) Programme Group met Friday 21 August. The meeting was chaired by Mel Pickup, CEO for Bradford Teaching Hospitals NHS Foundation Trust. The group has been meeting since the 1 April 2020. It includes colleagues from across the Partnership, including clinicians, procurement /supply specialists and representation from West Yorkshire Local Resilience Forum (LRF) and NHS England. The work also covers primary care, smaller healthcare providers. The clinical reference and procurement sub-groups support the programme. The purpose of the group is to ensure PPE supply chain arrangements are in place to maintain, manage and forecast need across all partner sectors. The aim is to create a 1 month stockpile of PPE.

There was an update from the national procurement call regarding Honeywell masks/respirators, Degas face masks and HY8620 FFP2 masks regarding fit testing.

The PPE portal is in place and can be used by social care, primary care providers to order and receive critical COVID-19 PPE. Providers who can use the service will receive an email invitation to register. This includes GPs, residential social care providers, domiciliary social care providers, pharmacies, dentists, orthodontists and optometrists. The PPE portal is an emergency top-up system and providers should continue using their business-as-usual and wholesaler routes to access PPE. They should only use the PPE portal for additional PPE if needed. PPE drops will stop coming into LRFs from 11 September with a small stockpile for emergencies.

Trace, Test and Isolate Programme

The West Yorkshire, Test, Trace, Isolate Programme met Friday 21 August. It includes colleagues from public health and the NHS. The senior responsible officer for the programme is Martin Barkley, CEO for Mid-Yorkshire Hospitals NHS Trust. There were 1,522 new COVID-19 cases, up from 1,048 on Wednesday (27 August, 2020), marking the highest number since mid-June. Data shows 1,138 positive tests are now being recorded each day, on average, more than double the 540 being recording in mid-July. It's believed that young people are behind the rise because the number of patients being hospitalised or sadly dying from COVID-19 has not increased at the same rate.

Local restrictions on a ward level in some areas remain in place across West Yorkshire, including Bradford, Kirklees and Calderdale. To find out more please visit the local council websites.

People on low incomes who need to self-isolate and are unable to work from home in areas with high incidence of COVID-19 will benefit from a new payment scheme. Payments of up to £182 will be made to people who have tested positive for COVID-19 and their contacts. The scheme will start first in Blackburn with Darwen, Pendle, and Oldham.

Latest R number and growth rate (update 28 August 2020) range for the UK 0.9-1.1, -2% to +1%per day. A growth rate between -2% and +1% means the number of new infections is somewhere between shrinking by 2% and growing by 1% every day. The UK estimates of R and growth rate are averages over very different epidemiological situations and should be regarded as a guide to the general trend rather than a description of the epidemic state. You can find out more here.

Finance

Full details about the NHS financial regime for the second half of the financial year are yet to be announced. More detailed guidance is unlikely to be released until ongoing discussions between the Department of Health and Social Care (DHSC) and government are concluded.

A national process to understand financial forecasts at Partnership and organisational level is now underway, with draft submissions being developed for 7 September 2020 with expected final submissions at the end of September 2020. This exercise will complement the activity and workforce planning exercise that is also underway. It should be noted that the financial forecasting work is being undertaken without knowledge of the expected financial envelope that we will be expected to work within.

Alongside the financial forecasting work, the implications of the financial incentive arrangements in relation to recovery of planned hospital care are being considered. Whilst there is full local support for the intent to restore services to the levels expected nationally, activity planning should continue based on the established clinical principles that clinical and operational leads are already working to, including preventing any widening of health inequalities, and that whilst we need to be cognisant of the financial implications, this new piece of financial architecture should not prevent clinical and booking teams from "doing the right thing" (as mentioned under the Clinical Forum section on page 7).

We continue to work closely with clinical, operational and finance colleagues to ensure we are able to maximise our access to capital funding sources as they are announced. In May 2020 we were notified that NHS provider organisations had a total non-COVID capital envelope of £111m and this has been allocated across the NHS providers in West Yorkshire. Since then a further allocation of £24m has been announced to support critical infrastructure backlog maintenance.

We have also submitted further requests for capital funding to support the next phases of the response to COVID-19, and continue to work as a partnership to maximise funding across West Yorkshire. We are also ensuring that that we are in the best position to access specific capital funds where they may be available (for instance, critical care, A&E and diagnostics). It is worth noting that a £588m fund has been created nationally to support social care via additional follow-on care for people after discharge from hospital (for up to the first six weeks) for care home costs or the immediate costs of care in their own home.

Events

- West Yorkshire and Harrogate Health and Care Partnership Climate Change Virtual Summit, will take place over two days on Monday 19 and Tuesday 20 October 2020 from 9.30am to 4.30pm... Over the two days there will be twelve sessions, including workshops to explore how we as health and social care partners can reduce the effects of climate change and prepare for its impacts. Guest speakers include: Nick Watts (Executive Director of the Lancet Countdown: Tracking Progress on Health and Climate Change); Rob Webster (our Partnership CEO Lead); Robin Tuddenham, CEO for Calderdale Council and Co-Chair of the Partnership's Improving Population Health Programme) James Thomas (Clinical Chair, Bradford District and Craven Clinical Commissioning Group and Co-Chair of the Partnership's Improving Population Health Programme). You can REGISTER FOR YOUR PLACE HERE
- Friday 9 October at 11.30am to 1.30pm: Community resilience around the world and how different communities work together and with others to tackle health inequalities and challenges, including here in the UK. Find out more from guest speakers on how they face different challenges, injustices and inequalities. The event will be hosted by Rob Webster (our Partnership CEO Lead); and Hilary Thompson, Chairperson of Third Sector Leaders Kirklees. Hilary is also Senior Responsible Officer for the Partnership's Harnessing the Power of Communities Programme. Guest speakers include Manuchehra Shaknamova, CEO of Civil Society Organisation Development of Folk Crafts and Young Designers, Dushanbe, Tajikistan; Charles Khaula, CEO of Non-Governmental Organisation, Association of People with Physical Disabilities, Malawi; Sam Dhanjal, Sikh Elders Service Manager, Leeds and Penny Wangari-Jones, anti-racist activist at the Racial Justice Network UK. REGISTER FOR YOUR PLACE HERE

Further information

- On Tuesday 8 September there will be a development session with the West Yorkshire Joint Health and Overview Scrutiny Committee, with The Kings Fund.
- Developing a suicide reduction campaign: Reducing suicide by 10% across West Yorkshire and Harrogate by 2020/21 and achieving a 75% reduction in targeted areas by 2022 is one of the Partnership's 10 big ambitions. At the February 2020, System Leadership Executive Group meeting it was agreed that the Partnership would lead on the development of suicide reduction campaign targeted at staff.

A project group has been in existence since summer 2019. The group meets every six weeks. Representation includes public health consultants / council colleagues; programme directors from the mental health and improving population health programmes; Healthwatch CEOs; psychologists; Trust communication leads; VCS representatives and people with experience of suicide.

To develop the most effective campaign, 2-hour virtual workshops will take place in order to learn from experts and staff experiences across West Yorkshire and Harrogate and to support the co-produced approach. Anyone can attend a workshop session and it is open to any colleagues.

The workshops will take place in September 2020, with the campaign hopefully ready to launch in November for three months. If you can spare time to add value and share your views to this important campaign, please sign up to a co-creation workshop below:

GROUP A: Colleagues with experience running suicide reduction initiatives
Session option 1 (Max 6 attendees): 15.09.20 at 10.30am – 12.30pm - RSVP
Session option 2 (Max 6 attendees): 17.09.20 at 3pm – 5pm - RSVP
Session option 3 (Max 6 attendees): 21.09.20 at 9am – 11am - RSVP

GROUP B: People with lived experience and/or affected by suicide
Session option 1 (Max 8 attendees): 16.09.20 at 4pm – 6pm - RSVP

GROUP C: A group made up of WY&H Communication and Engagement Network
Session option 1 (Max 8 attendees): 21.09.20 at 1pm – 3pm - RSVP

GROUP D: Staff (especially those working in areas of high risk)
Session option 1 (Max 8 attendees): 22.09.20 at 10am – 12pm - RSVP
Session option 2 (Max 8 attendees): 23.09.20 at 3pm – 5pm - RSVP

GROUP E: Organisation policy makers and HR leads
Arranged telephone interviews - RSVP

Help map West Yorkshire and Harrogate's suicide reduction campaigns and resources

Regardless of your availability for the co-creation workshops, you can still help inform this campaign by sharing examples of, and best practice, suicide reduction campaigns and resources you have seen. We want to amplify the good work taking place in our areas, and not unnecessarily reinvent the wheel.

Click HERE to share your initiatives or initiatives and resources you think are effective.

Each session will include a specialist working in the field who will provide details of local support services should colleagues need them. Colleagues from the Samaritans will be also be available.

ENDS.