Public Board of Directors

Schedule	Thursday 3 September 2020, 9:00 — 11:40 BST
Venue	Microsoft Teams
Organiser	Jacqueline Ryden

Agenda

e) Audit and Risk Committee Annual Report
f) Finance & Performance Committee annual Report
g) Quality Committee Annual Report
For Assurance

11:29 20. Governance Report 372
a) Committee Terms of Reference (Audit and Risk Committee, Finance and Performance Committee, Quality Committee,)
b) Annual Review of Non-Executive Director roles
c) Governance Better Than Usual

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21. Update from sub-committees and receipt of minutes & papers 399

• Finance and Performance Committee – minutes from meeting held 29.6.20 and 3.8.20
• Audit and Risk Committee – minutes from meeting held 22.7.20
• Quality Committee – minutes from meetings held 29.6.20 and 3.8.20
• Workforce Committee 15.7.20 and 10.8.20
• COVID-19 Oversight Committee – minutes from meeting held 29.6.20, and 20.7.20
• Organ Donation Committee 15.7.20
• Council of Governors 9.7.20
For Assurance

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22. Items for Review Room 400
• CHS MD Update August 2020
• Freedom to Speak Up Annual Report
• Update from the WY&H Partnership's Chief Executive Lead
For Assurance

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1. Welcome and Introductions:

To Note

2. Apologies for absence:

To Note

3. Declaration of Interests

To Note

STANDING ITEMS

4. Minutes of the previous meeting held on 2 July 2020

To Approve

Draft Minutes of the Public Board Meeting held on Thursday 2 July 2020 at 9:00 am via Microsoft Teams

PRESENT

Philip Lewer	Chair
Owen Williams	Chief Executive
Ellen Armistead	Director of Nursing/Deputy Chief Executive
Gary Boothby	Executive Director of Finance
Suzanne Dunkley	Director of Workforce and Organisational Development
David Birkenhead	Medical Director
Helen Barker	Chief Operating Officer
Alastair Graham **(AG)**	Non-Executive Director
Andy Nelson **(AN)**	Non-Executive Director
Peter Wilkinson **(PW)**	Non-Executive Director
Denise Sterling **(DS)**	Non-Executive Director
Richard Hopkin **(RH)**	Non-Executive Director
Karen Heaton (**KH**)	Non-Executive Director

IN ATTENDANCE

Anna Basford	Director of Transformation and Partnerships
Mandy Griffin	Managing Director, Digital Health
Stuart Sugarman	Managing Director, Calderdale and Huddersfield Solutions Ltd
Andrea McCourt	Company Secretary
Jackie Ryden	Corporate Governance Manager (minutes)
Stephen Baines	Lead Governor
Veronica Woollin	Public Governor
Lynn Moore	Public Governor
Anu Rajgopal (Item 73/20)	Guardian of Safe Working Hours
Cornelle Parker	Deputy Medical Director
Carol Gregson (Item 63/20)	Chief Nurse Information Officer
Caroline Winkley (Item 63/20)	Sister/Charge Nurse Intensive Care Unit (ICU)

OBSERVING

Andrea Dauris	Associate Director of Nursing for Quality & Safety
Lindsay Rudge	Deputy Director of Nursing

55/20 Welcome and introductions

The Chair welcomed everybody to the meeting and introduced Andrea Dauris and Lindsay Rudge who were shadowing the Board. He also introduced Carol Gregson and Caroline Winkley who were attending to give a presentation on virtual support for relatives and carers during the Covid-19 pandemic.

56/20 Apologies for absence

No apologies were received.

57/20 Declaration of Interests

The Board were reminded to declare any interests at any point in the agenda.

58/20 Minutes of the previous meeting held on 7 May 2020.

The minutes of the previous meeting held on 7 May 2020 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held 7 May 2020.

59/20 Action log and matters arising

The action log was reviewed and updated.

There was one outstanding item on the action log which was to share experience from 'back to the floor' week. This will be addressed through Business Better than Usual Governance.

OUTCOME: The Board received and **NOTED** the updates to the action log.

60/20 Chair's Report

The Chair expressed his good wishes for the Chief Executive in his participation as Chair of a National Task and Finish Group which will focus on providing impetus to how NHS organisations across England seek to address health inequalities. This will be a rapid piece of work which will last until the end of July 2020.

OUTCOME: The Board **SUPPORTED** the Chief Executive's role as Chair of the National Task and Finish Group.

61/20 Chief Executive's Report

The Chief Executive asked the Board to reflect on the possibility in the future of the Board appointing a Director of Public Health or lead Consultant with public health responsibilities, and developing a Health Inequalities Sub-Committee.

OUTCOME: The Board **NOTED** the Chief Executive's report.

63/20 Remote Visiting

Carole Gregson and Caroline Winkley gave a presentation on virtual support for relatives and carers of patients during the Covid-19 pandemic.

Following the suspension of visiting at CHFT in line with NHS England guidelines in March 2020 the Trust set out to challenge itself to incorporate digital technology to enhance the patient and family experience during this time, in particular for the most vulnerable patients on the Intensive Care Units (ICU) and for those who were approaching end of life.

This service started in the ICU and follows a process which includes daily calls and bereavement calls. This was subsequently rolled out to the palliative care wards. Virtual support is provided, enabled through Microsoft Teams and allows face time contact for patients with up to three people. It is also used to connect clinicians, patients and relatives. The service has been extended to include a 'relatives line', 'letters to a loved one' and spiritual care.

Carole explained that the implementation of the service is the result of a team approach, including specialist teams, nursing and clinical teams, ICU, palliative care, hospices, the chaplaincy and the Communications team, all under-pinned by the excellent work from the IT team.

The Chair formally thanked Carole, Caroline and all of the teams who had supported them in the implementation and ongoing use of this service. These thanks were echoed by the Board and governors.

OUTCOME: The Board **NOTED** the virtual support being provided for relatives and carers or patients during the Covid-19 pandemic and the success of CHFT in improving the patient experience.

64/20 Digital Health Strategy

The Managing Director Digital Health presented a paper describing the proposed direction of travel of the CHFT Digital Strategy including an investment plan and governance and prioritisation process, and asked the Board for approval. A link to the full strategy had been circulated prior to the meeting with time offered to each of the Non-Executive Directors to talk through any queries. The Managing Director Digital Health thanked the Non-Executive Directors for their feedback and Andy Nelson for his involvement in the development of the strategy.

The Managing Director Digital Health advised that following feedback from a large number of meetings and discussions undertaken in the last six weeks with a variety of stakeholders, the structure of the strategy has been changed. Much of the development work has focussed on the digital journey, which is now more consolidated, and an investment plan has now been included.

The investment plan describes the known current commitment on investment over the next five years, of £12.8m capital and £36.5m revenue. Critical decisions and due diligence will be required on the use of this money over the next five years. The necessary investment plans will need to be aligned to capital, revenue expenditure and resourcing plans to ensure the success of the Strategy. New investments will be prioritised. Initially high-level benefits criteria considered will include:

- Patient Outcomes
- Statutory Regulations
- Burning Platform
- Availability of Funding

The next steps will be to digitalise the strategy, produce bite-size versions, arrange a launch event and implement regular, annual reviews. Regular updates on progress of the strategy will be presented to Board.

RH congratulated the team and expressed his support for the strategy. He pointed out that in order to achieve benefits across the system, full interoperability would be required across primary care, the social care sector and other Trusts which will be challenging. The Managing Director Digital Health explained that this is addressed within the Strategy and that she sits on the Digital Board for Kirklees Council and discussions are also ongoing with Calderdale CCG on how to develop access to technology for citizens who currently do not have this, noting progress is slow.

RH also pointed out that in order to achieve the full benefit of digital inclusion and allow patients to manage their own health care, consideration needs to be given to the elderly and those who are economically disadvantaged and that there is work to be done in terms of the provision of equipment and education to ensure inclusion is achieved.

The Chief Executive suggested that this is an opportunity to highlight the analytical health inequalities work currently being undertaken. He added that there should not be an over-focus on clinical systems as it is it also important to make progress on systems such as the electronic patient staffing record (ESR) and the IProc, CHFT's procurement system.

AN congratulated the team and commented that the Trust can be proud of progress with the Strategy. He acknowledged that there will be challenges to meet the ambitions in the Strategy and how the funds will be managed going forwards.

OUTCOME: The Board **APPROVED** the overall direction of the strategy and the governance arrangements and prioritisation process and **APPROVED** the investment plan.

65/20 2020/2021 Plan on a Page

The Director of Transformation and Partnerships presented the one-year strategic objectives for 2020/2021 that will support the delivery of the ten-year plan.

In March 2020 the Trust Board approved CHFT's ten-year strategic plan. Each of the objectives in the one year strategic plan has a named Director lead identified who will be accountable for delivery. The plan takes account of changes that are required as a result of the pandemic. Quarterly updates on progress will be provided at future Board meetings.

AN asked if some of the ten year targets should be set for five years, in particular the targets around sustainability. The Director of Transformation and Partnerships explained that the Board had approved the ten year strategy in March 2020 and that some of the strategies relate to five years but sit within the broad ten year approach.

RH pointed out that the plan still refers to a reduction in natural resources rather than carbon footprint. The Director of Transformation and Partnerships agreed to amend the wording.
Action: AB to amend the wording in the Plan to 'carbon footprint'.

AG asked why a target had been set for an increased number of internal promotions. The Director of Workforce and Organisational Development explained that all organisations have a ceiling which is difficult to break through, leading to colleagues leaving an organisation to seek promotion elsewhere. By including this target, it is hoped to retain talent, matched with succession planning, helping people to develop and learn within CHFT and minimise the ceilings. AG agreed that it is important to get the balance right in order to retain talent but also attract talent from elsewhere.

AN also asked if some of the targets could be more specific. The Director of Transformation and Partnerships explained that in previous years targets have been more specific but the current context of the pandemic means that issues are still being determined around capacity and the volume of activity going forwards and it is difficult to be overly specific at this stage in the year. The reference to the outcomes framework under Keeping the Base Safe allows for avoidance of specificity at this stage where there is still some ambiguity around capacity and level of demand as well as uncertainty around the financial framework.

The Chief Executive expressed his view that reconfiguration relates to the embedding of both the physical and digital model changes and it is probable that the digital strategy will be revisited several times prior to 2025. He added that the one year strategy is not tied to a point in time and can be revisited also if further clarity is received.

OUTCOME: The Board **APPROVED** the 2020/2021 annual Strategic Objectives subject to the amendment noted above regarding carbon footprint and **NOTED** that the One-Year Plan can be revisited if required.

66/20 Month 2 Financial Summary

The Month 2 Financial Summary was available in the Review Room. The Director of Finance highlighted the following key points.

- The Trust's own financial plan for 2020/21 has been replaced by an NHS Improvement (NHS I) derived plan which assumes a breakeven position will be achieved for at least the first four months of the financial year. Income flows are largely on a block basis and Covid-19 costs are funded retrospectively.

- The Trust has over-spent in the first two months by £5.8m and has applied for top-ups for this amount. Month 1 has been funded and it is expected that Month 2 will also be funded.
- Year to date the Trust has incurred £6.82m in relation to Covid-19, of which £2.36m 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 £4.46m.
- The Trust is broadly in line with other Trusts across West Yorkshire.
- Funding has also been received of £900k for capital costs over and above the plan in relation to Covid-19.
- The rules are not clear in terms of the finance regime for the remainder of the year. The Trust has recently made a submission on the funding it is expected will be required for the rest of the year based on a number of possible scenarios.

RH added that the Finance & Performance Committee reviewed the finance position in detail at the meeting on 29 June 2020.

OUTCOME: The Board **NOTED** the Month 2 Financial Summary.

67/20 Staff Survey Results and Action Plan

The Director of Workforce and Organisational Development presented the results of the Staff Survey for 2019 and the engagement plan and actions prioritised to improve the engagement of colleagues as a result of Covid-19. The national plans for the 2020 Staff Survey were also shared with the Board.

The Plan had been prepared for the Board in April 2020 but during the last 16 weeks a review has been undertaken of the detailed plans to improve colleague engagement. Key points to note were:

- Understanding of One Culture of Care has improved
- Amazing examples of good leadership and management styles have been seen
- Some gaps in behaviours and capabilities have been identified.
- This has provided an opportunity to look at the health and well-being offer to match with Covid-19 and ensure this continues into the future.

Four key actions have been identified from the original action plan which will give the most improvement:

- Time for wellbeing and engagement activities to be built into diaries/rosters
- Launch of three interconnecting programmes of development – Leading One Culture of Care, Management Essentials and the Empower programme
- Fund and support a continuing 24/7 health and engagement and wellbeing service, including trained counselling support, and appoint Wellbeing Champions to each ward/department/service.
- All managers to have a 'people' related objective to create one culture of care and achieve key workforce targets

KH expressed her support of the final bullet point and the inclusion of this in all appraisals and added that she would be keen to see how progress can be monitored on these actions when the Workforce Committee re-commences standard business. The Director of Workforce and Organisational Development confirmed that there are key performance indicators in place for this.

The Director of Finance asked if funding had been agreed to support and continue 24/7 health and engagement and wellbeing service, and the Director of Workforce and Organisational Development explained that this will be subject to a business case once

approval from the Board is received to continue with the service. This will be presented to the Commercial and Investment Strategy Group for approval.

OUTCOME: The Board **NOTED** the staff survey results and **APPROVED** the actions to improve staff engagement.

68/20 Covid-19 Update and Key Messages

The Director of Nursing gave an update on Covid-19. The key points to note were as follows:

- There have been 152 deaths
- 366 patients have been discharged well
- Absence numbers for staff are reducing
- The workstreams set up to manage the emergency response have been extended as part of the Incident Management Team and are developing well to address stabilisation and re-set. Clear governance is in place for these but they will be kept under continuous review.
- The Supergreen area is now live for patients requiring surgery, and positive feedback has been received.
- Angiography, Yorkshire Fertility and Plain Film X-Ray have been re-instated as Phase 1. If there was a need to re-escalate into emergency response, these would need to be stood down.
- Outpatient activity is increasing
- Re-set plans have a clear re-escalation protocol
- Equality Impact Assessments (EQIAs), have been completed for all stabilisation and re-set proposals
- Antibody testing is going well, the number of positive patients is around 15%, in line with the national picture
- Overall new referral backlog has slightly reduced
- The clinical prioritisation process is in development, which is the top safety and quality priority currently
- Local hotspots are being monitored
- The risk profile has remained largely static since the end of May 2020, with two new risks added relating to the Personal Protective Equipment (PPE) supply chain and out - patient appointment waits
- Cancer is performing well.

The Director of Workforce and Organisational Development reported that 1600 responses have been received to date for the health and well-being assessments, the majority from clinical colleagues. The first wave of colleagues responding were very anxious, with mental health predominantly the biggest issue. A wider 24/7 mental health support mechanism has been put in place. The biggest group causing concern centres around those colleagues working from home followed by colleagues who have been redeployed. A number of themes have been identified and engagement is ongoing. The real value of the risk assessments will come from actions resulting from the findings. Work is ongoing but the immediate action is the implementation of the 24/7 support mechanism for mental health.

OUTCOME: The Board **NOTED** the update on Covid-19.

69/20 Infection Prevention

Infection Prevention Control Board Assurance Framework

The Medical Director presented the Infection Prevention and Control (IPC) Board Assurance Framework. NHS England and NHS Improvement provided NHS Trusts with an infection prevention and control (IPC) board assurance framework on 4 May 2020 as a

non-mandatory tool. The framework is structured based on the existing ten criteria set out in the Code of Practice on the Prevent and Control of Infection. The Trust commissioned an independent review of IPC assurance through an assessment against the board assurance framework conducted by two independent nurse consultants specialising in IPC. The review found good levels of assurance overall with good systems and processes in place that are able to recognise and manage the risks associated with Covid-19 in a co-ordinated way. An action plan will be developed which will be monitored by the Quality Committee. Assessments will be carried out on an on-going basis in order to provide assurance. The review will be submitted to the Care Quality Commission (CQC)as part of the infection control assessment process.

OUTCOME: The Board **NOTED** the positive assurance in the independent review of the Infection Prevention Control report and **APPROVED** the recommendations in the report.

Director of Infection Prevention Control Report (DIPC) Quarter 1
The Medical Director presented for approval the quarterly Director of Infection Prevention Control report (DIPC).

The impact of Covid-19 has dominated infection control discussions over the last quarter and has taken up much time. The Medical Director acknowledged the efforts of the infection control team, in particular Jean Robinson, Senior Infection Control Nurse and Dr Anu Rajgopal. There have been significant challenges around the use of side rooms.

There have been a couple of incidents of Serratia marcescans on ICU and a small number of C.difficile cases on a medical ward. Both of these incidents were managed in accordance with infection control policies and good practice and are now closed. There has also been a presentation of Norovirus but the team managed to prevent any significant spread. Other significant challenges for infection control have been around the supply and management of personal protective equipment (PPE), in particular the fit testing of FP3 masks. The Medical Director pointed out that the Trust has not run out of any PPE at any time, and have managed to maintain stocks throughout. The capacity of the team will remain a challenge for some time, particularly around re-set. Work also needs to begin on plans for reconfiguration.

It was not possible to produce the usual IPC annual report at this time due to workload priorities, but some details on the overall performance for last year have been included as an appendix to the quarter one report. The Medical Director pointed out that there has been a significant reduction of E.coli bacteraemia cases.

OW thanked the Medical Director and his colleagues for the covering report, in particular the equality impact assessment. A discussion took place around the difficulties encountered in relation to advice on facial hair and masks relating to faith. The Chief Executive noted the importance of awareness that there is a particular vulnerability around BAME colleagues, and that this is linked to the well-being risk assessments being carried out. The Medical Director confirmed that going forwards there will be plans in place to support colleagues with requirements of dress.

There followed a discussion on the national guidance on relaxing social distancing. It was agreed that the position of the Trust will continue to be that hand-washing is crucial, social distancing of 2 metres will remain and the wearing of face masks on all occasions on NHS grounds will be mandatory. These messages are to be re-affirmed.

AN asked if there had been any cases at CHFT of Covid generated in the hospital. The Medical Director confirmed this is being monitored in accordance with national definitions but that no evidence is being seen of this within the hospital environment for patients. However, given the incubation period, many patients and visitors may develop Covid-19 in

the community. There have been one or two cases where there is evidence of hospital transmitted infection but this is not a significant issue.

AN asked if Aseptic Non-Touch Technique (ANTT) training for medics continues to be an issue and how can this be resolved. The Medical Director explained there is a continuing rotation of doctors but efforts will continue to ensure that doctors are compliant. Doctors have often already had training outside of CHFT. Any issues are escalated to divisions for follow-up when necessary.

OUTCOME: The Board NOTED the performance against key IPC targets and the response to Covid-19 and the prioritisation of Covid-19 positive patients for isolation facilities and NOTED the general impact of Covid-19 in relation to PPE use and enhanced cleaning. The Board **APPROVED** the quarterly Director of Infection Prevention Control (DIPC) report.

The Board **ENDORSED** the maintaining of the 2 metre social distancing rule on Trust property.

70/20 Learning from Deaths Report

The Deputy Medical Director presented the Learning from Deaths Annual Report covering an 11 month period. The report also incorporates an early review of mortality in relation to the Covid-19 pandemic from 23 March 2020 to 19 May 2020. The key points were:

- There is a continued trend towards improvement in crude mortality.
- CHFT remains a positive outlier for hospital standardised mortality (HSMR)
- There is evidence of divisional assurance around the number of structured judgement reviews (SJR) and strong assurance of review and related learning within divisions.
- The report has also reviewed this year whether the profile of deaths examined in mortality reviews was representative of all mortality, and strong assurance was found for this. The gender and ethnicity distribution across Level 1 and Level 2 mortality reviews approximates to the gender and ethnicity distribution across all our deaths.
- A greater proportion of deaths in younger patients are subject to SJR. This is likely to reflect the potential for avoidability in younger patients.

The Deputy Medical Director reported that the Covid-19 mortality review shows an increase of 31% in the overall number of deaths at CHFT (both Covid-19 positive and non-Covid-19) during the Covid-19 pandemic. During March to May 2020 there were a total of 348 inpatient deaths, of which 140 were Covid-19 positive patients and 208 non Covid-19 patients.

There were fewer non Covid-19 deaths than for the same three month period historically, which may be due to reluctance of patients to attend hospital during the pandemic.

Those patients that died from Covid-19 were twice as likely to be male, tended to be older, in 80-90 year age band, and to have multiple co-morbidities. These findings all agree with the national profile on Covid-19 mortality. In contrast to the national picture there were fewer deaths in Black and Minority Ethnic, (BAME) patients than might be expected when compared with our overall treated population. This matches the pattern outside of Covid-19 but is slightly at odds with the national picture.

RH asked how CHFT's mortality rate compares with other similar trusts. The Deputy Medical Director explained that it is difficult to get local mortality figures for individual organisations but would like to look at this in the future.

AN asked for an explanation of the HSMR increase. The Deputy Medical Director explained that this had looked like an upward trend, although still within acceptable

parameters. However crude mortality had declined over that period. Investigations revealed the issues to be related to coding.

OW asked about the likelihood of keeping SHMI below 100 as the crude mortality for April was abnormally high at 223 but May and June were looking comparatively low against the historic monthly position. The Medical Director explained this may not be possible. The time lag for reporting on SHMI is three months so this is not yet known. A discussion took place regarding the data provided in the Knowledge Portal and whether this includes community deaths. The Medical Director will check whether this is the case.

RH asked if the target of of 50% for Initial Screening Reviews (ISR) of is realistic and what is being done to achieve this. The Deputy Medical Director explained that it is not known what the next 12 months will bring but the target should be achievable if there is a level playing field.

OUTCOME: The Board **APPROVED** the Learning from Deaths Annual Report and the recommendations included in the report.

71/20 High Level Risk Register

The Director of Nursing presented the High-Level Risk Register. She explained that the Trust Risk and Compliance Group had been stood down during the pandemic but will soon be re-instated. Risk Leads have continued to work with the Senior Risk Manager to provide updates to the Trust High Level Risk Register, and the Director of Nursing thanked Maxine Travis for her work on this.

The Covid-19 Incident Management Team (IMT) was established in response to the pandemic and has had oversight of risks associated with the pandemic throughout. In total 90 new Covid-19 related risks have been logged during quarter one with seven being recommended for inclusion on the High-Level Risk Register. These were:

- 7685 (20): PPE Supply Chain
- 7689 (20): Waits for outpatient appointments, diagnostics and operations
- 7778 (16): Risk of staff being infected with Covid-19
- 7783 (16): Unable to achieve national requirement for social distancing due to environmental constraints
- 7796 (16): Impact on whole teams of self-isolation required by Track and Trace
- 7797 (16): Variable IPC compliance resulting in infection outbreaks
- 7683 (16): Not having sufficient isolation facilities (side rooms)

As the Trust Risk and Compliance Group did not meet in May 2020 there have not been any high-level risks agreed for reduction or for closure.

The Director of Nursing confirmed that a robust process has been in place to monitor Covid-19 related risks and that these are now incorporated into the High-Level Risk Register.

AG asked if the fire risk score should be increased given the increased use of oxygen, moving of staff and equipment storage. The Director of Nursing explained that it is not a high-level risk due to the mitigation plans in place. The Chief Operating Officer added that a dedicated Fire Committee has undertaken a full review.

AN asked if the Covid-19 risks related to non-invasive equipment and the blood transfusion service should be on the High-Level Risk Register. The Director of Nursing explained that the Trust does not have a shortage of non-invasive equipment. The mitigations for both of these risks are sufficient that the risk score does not require the risks to be on the High-Level Risk Register.

DS asked if national guidance had been received yet regarding risk of infection to colleagues and related RIDDOR reporting. The Director of Workforce and Organisational Development advised that guidance has been received stating that an absence is not RIDDOR reportable as it cannot be proved that the infection has been contracted within the hospital.

DS remarked that there are still insufficient investigators for serious incidents and asked if there is anything more that can be done to bring the timeline for investigations back in line. The Director of Nursing acknowledged that this is an ongoing issue. She is working with the Senior Risk Manager on a proposal to be presented to the Quality Committee to find an alternative to the problem. Following the presentation of the proposal at the Quality Committee it may be necessary to add this as a risk.

OUTCOME: The Board was **ASSURED** that potential significant risks within the High-Level Risk Register are being appropriately managed and **APPROVED** the current risks on the High-Level Risk Register.

72/20 Quality Report

The Director of Nursing presented the Q1 Quality Report. The following points were of note:

- In response to the Covid-19 pandemic the Trust had to make a significant adjustment to how it operates in order to ensure resources were channelled into the emergency response.
- The report provides a high-level overview and differs from previous Board reports and reflects the operating model during this time. The Board can expect to see a return to the previously agreed format going forward.
- The Trust quality priorities which have been reset to reflect ongoing challenges and those more specific to operating in a post pandemic context. The Quality Committee are due to define the actions and reporting arrangements for these going forward. These will be reviewed at the end of quarter four.
- Complaints remain a concern for the Trust and will be a key part of the stabilisation and reset workstreams.
- The CQC switched to an Emergency Support Framework (ESF) in order to ensure that no extra burden was placed on providers and also to minimise infection control issues. They have continued to inspect areas of high risk throughout this period.
- The Trust's CQC Response group have continued to meet and the focus going forwards will be on infection prevention control board assurance.
  A deterioration in response to CAS alerts and the serious investigations timeline has been seen which reflects the pressures of responding to the pandemic. An action plan has been set to bring these back into compliance.
- Successful appointments have been made to the roles of Assistant Director Patient Experience and Assistant Director for Patient Safety which significantly strengthens capacity and capability.

OUTCOME: The Board **NOTED** the Q1 Quality Report and the systems and processes in place during the emergency response phase of Covid-19 to ensure continued oversight of the quality and safety of patient care. The Board **NOTED** the CQC approach to regulation during and post Covid-19 emergency response.

73/20 Guardian of Safe Working Hours Report Quarter 1

Dr Anu Rajgopal, Guardian of Safe Working Hours presented the Q1 report from October to December 2019. There has been a decrease in the number of exception reports by 20% annually and by 50% in quarter one. The process of exception reporting remained open during the pandemic. There has been a substantial increase in the number of

exception reports from Paediatrics which reflects the significant rota gaps. There were a series of exception reports from Ophthalmology, which related to one emergency clinic, and these issues have been resolved.

There have been improved rota gaps both in the medical and surgical divisions, and improved attendance at the junior doctor forums. Transition to and from the Covid-19 rotas was successfully completed and work is on track to be fully compliant with the revised terms and conditions for junior doctors by the required date of August 2020. Refurbishment of the doctors' mess is nearly complete, although it is not yet ready to open pending some further alterations to make it Covid-19 compliant.

The Guardian of Safe Working Hours asked the Board to acknowledge the commitment and hard work of all trainees, the medical human resources team, medical education and divisional teams who have successfully managed to support changes to the junior doctor rota over the pandemic.

OUTCOME: The Board **NOTED** and **APPROVED** the recommendations outlined in the Guardian of Safe Working Hours Quarterly Report.

74/20 Integrated Performance Report – May 2020

The Chief Operating Officer provided the Board with the performance position for the month of May and changes to IPR content. The Chief Operating Officer asked the Board to note the current level of performance, recognising the impact of Covid-19 on several key performance indicators (KPIs) and the work in progress in relation to developing a more outcome focussed IPR, and to acknowledge the position on several KPIs where there is an impact as a result of prioritisation based on clinical need.

The Chief Operating Officer reported that performance was good in May, with both Cancer and Emergency Care performing well. It is important to keep good flow and two Emergency Departments on each site are being retained currently. There will be additional resources this weekend (4 -5 July 2020) due to the easing of lockdown restrictions. It is planned to move to a more 'outcomes focussed' IPR by the end of August/beginning of September.

OUTCOME: The Board **NOTED** the Integrated Performance Report and current level of performance, recognising the impact of Covid-19 on several key performance indicators, and **ACKNOWLEDGED** the position on several key performance indicators where there is an impact as a result of prioritisation based on clinical need.

75/20 Delegation of Approval of Freedom to Speak up Annual Report

The Director of Workforce and Organisational Development presented a paper to seek approval for the delegation of authority to the Workforce Committee of the Freedom to Speak Up Annual Report 2019/20 in order that the report can be submitted to the National Guardians Office before September 2020. The Freedom to Speak Up Annual Report requires approval from the Guardian, and, due to an increased workload in response to Covid-19, it has not been possible to complete this in time for the Board meeting.

OUTCOME: The Board **APPROVED** the delegation of authority for the approval of the Freedom to Speak Up Annual Report to the Workforce Committee at an Extraordinary Meeting on behalf of the Board.

76/20 Annual Reports

The Guardian of Safe Working Hours Annual Report was provided by the Guardian of Safe Working Hours for assurance.

OUTCOME: The Board **RECEIVED** the Guardian of Safe Working Hours Annual Report.

An update on the Fire Safety Action Plan was provided by the Chief Operating Officer for assurance.

OUTCOME: The Board **RECEIVED** the update on the Fire Safety Action Plan.

77/20 Governance Report

The Governance Report was provided for information by the Company Secretary.

OUTCOME: The Board **RECEIVED** the Governance Report.

78/20 Receipt of Minutes of Meetings

The following Minutes of sub-committee meetings were provided for assurance:

- Finance and Performance Committee – minutes from meeting held 4.5.20 and 1.6.20
- Audit and Risk Committee – minutes from meeting held 16 June 2020
- Quality & Workforce Committee – minutes from meetings held 4.5.20 and 1.6.20
- Covid-19 Oversight Committee – minutes from meeting held 6.5.20, 26.5.20 and 5.6.20

No questions were raised.

OUTCOME: The Board **RECEIVED** the Minutes of the sub-committee meetings noted above**.**

79/20 Items for Board Assurance in the Review Room

The following documents were provided for assurance.

Calderdale and Huddersfield Solutions Limited – One Year Business Plan 2020/21
The Calderdale and Huddersfield Solutions Limited – One Year Business Plan 2020/21 was provided for assurance. No questions were raised.

OUTCOME: The Board **RECEIVED** the Calderdale and Huddersfield Solutions Limited – One Year Business Plan 2020/2021

Complaints Policy
Following a full review of the complaints handling policy, version 3 of the policy was available in the Review Room. It was noted that this had been reviewed and approved by the Patient Experience Caring Group and the Weekly Executive Board.
No questions were raised.

OUTCOME: The Board **APPROVED** the Complaints Handling Policy.

80/20 Any Other Business

- The Lead Governor thanked the Board and all colleagues at CHFT for their excellent work. He added that the Chief Executive's appointment to the Task and Finish Group was a great achievement for himself and for the Trust.
- The Chair thanked the attending governors for their participation.

Date and time of next meeting
Date: Thursday 3 September 2020

Time: 9:00 – 12:30 pm
Venue: Microsoft Teams
The Chair closed the meeting at 11.03am.

5. Action log and matters arising

For Review

ACTION LOG FOR BOARD OF DIRECTORS (PUBLIC)

Position as at: 2 July 2020

Red	Amber	Green	Blue
Overdue	Due this month	Closed	Going Forward

DATE DISCUSSED	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE	RAG RATING	DATE ACTIONED & CLOSED
7.11.19 129/19	**AOB** Experience from 'back to the floor' week to be shared at a future Board workshop	SD	Scheduled for 2 April 2020 Board Workshop but cancelled due to private Board meeting held for Covid-19 pandemic. To be addressed through Business Better Than Usual.	TBC		4 July 2020
02.07.20 65/20	**2020/21 Plan on a Page** Wording to be changed from 'reduction in natural resources' to carbon footprint	AB	Wording changed and circulated to Board members 6 July 2020	July 2020		6 July 2020

6. Chair's Report

To Note

7. Chief Executive’s Report

- Third Phase of NHS Response to Covid-19 Letter
- Health Inequalities

To Note

Skipton House
80 London Road
London SE1 6LH
england.spoc@nhs.net

From the Chief Executive Sir Simon Stevens
& Chief Operating Officer Amanda Pritchard

To:
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services
NHS 111 providers

Copy to:
NHS Regional Directors
Regional Incident Directors & Heads of EPRR
Chairs of ICSs and STPs
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums

31 July 2020

Dear Colleague

IMPORTANT – FOR ACTION – THIRD PHASE OF NHS RESPONSE TO COVID-19

We are writing to thank you and your teams for the successful NHS response in the face of this unprecedented pandemic, and to set out the next – third – phase of the NHS response, effective from 1 August 2020.

You will recollect that on 30 January NHS England and NHS Improvement declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response. Since then the NHS has been able to treat every coronavirus patient who has needed specialist care – including 107,000 people needing emergency hospitalisation. Even at the peak of demand, hospitals were still able to look after two non-Covid inpatients for every one Covid inpatient, and a similar picture was seen in primary, community and mental health services.

As acute Covid pressures were beginning to reduce, we wrote to you on 29 April to outline agreed measures for the second phase, restarting urgent services. Now in this Phase Three letter we:

- update you on the latest Covid national alert level;
- set out priorities for the rest of 2020/21; and
- outline financial arrangements heading into Autumn as agreed with Government.

Current position on Covid-19

On 19 June 2020 the Chief Medical Officers and the Government's Joint Biosecurity Centre downgraded the UK's overall Covid alert level from four to three, signifying that the virus remains in general circulation with localised outbreaks likely to occur. On 17 July the Government set out next steps including the role of the new Test and Trace programme in providing us advance notice of any expected surge in Covid demand, and in helping manage local and regional public health mitigation measures to prevent national resurgence.

Fortunately, Covid inpatient numbers have now fallen nationally from a peak of 19,000 a day, to around 900 today. As signalled earlier this month, the current level of Covid demand on the NHS means that the Government has agreed that the NHS EPRR incident level will move from Level 4 (national) to Level 3 (regional) with effect from tomorrow, 1 August. This approach matches the differential regional measures the Government is deploying, including today in parts of the North West and North East. The main implications of this are set out in Annex One to this letter.

However Covid remains in general circulation and we are seeing a number of local and regional outbreaks across the country, with the risk of further national acceleration. Together with the Joint Biosecurity Centre and Public Health England (PHE) we will therefore continue to keep the situation under close review, and will not hesitate to reinstate the Level 4 national response immediately as circumstances justify it. In the meantime NHS organisations will need to retain their EPRR incident coordination centres and will be supported by oversight and coordination by Regional Directors and their teams.

NHS priorities from August

Having pulled out all the stops to treat Covid patients over the last few months, our health services now need to redouble their focus on the needs of all other patients too, while recognising the new challenges of overcoming our current Covid-related capacity constraints. This will continue to require excellent collaboration between clinical teams, providers and CCGs operating as part of local 'systems' (STPs and ICSs), local authorities and the voluntary sector, underpinned by a renewed focus on patient communication and partnership.

Following discussion with patients' groups, national clinical and stakeholder organisations, and feedback from our seven regional 'virtual' frontline leadership meetings last week, we are setting out NHS priorities for this third phase. Our shared focus is on:

A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter

B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.

C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

As part of this Phase Three work, and following helpful engagement and discussion, alongside this letter yesterday we published a more detailed 2020/21 People Plan, and will shortly do the same on

inequalities reduction. DHSC are also expected to set out equivalent phase three priorities and support for social care.

Nationally, we will work with the wide range of stakeholders represented on the NHS Assembly to help track and challenge progress against these priorities. As we do so it is vital that we listen and learn from patients and communities. We ask that all local systems act on the Five principles for the next phase of the Covid-19 response developed by patients' groups through National Voices.

A: Accelerating the return of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter

A1. **Restore full operation of all cancer services. This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders. Systems should commission their Cancer Alliance to rapidly draw up delivery plans for September 2020 to March 2021 to:**

- To reduce unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels.

- Manage the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service by:

  - Ensuring that sufficient diagnostic capacity is in place in Covid19-secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centres
  - Increasing endoscopy capacity to normal levels, including through the release of endoscopy staff from other duties, separating upper and lower GI (non-aerosol-generating) investigations, and using CT colonography to substitute where appropriate for colonoscopy.
  - Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in Covid19-secure environments.
  - Putting in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment.
  - Fully restarting all cancer screening programmes. Alliances delivering lung health checks should restart them.

- Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days.

A2. **Recover the maximum elective activity possible between now and winter**, making full use of the NHS capacity currently available, as well as re-contracted independent hospitals.

In setting clear performance expectations there is a careful balance to be struck between the need to be ambitious and stretching for our patients so as to avoid patient harm, while setting a performance level that is deliverable, recognising that each trust will have its own particular pattern of constraints to overcome.

Having carefully tested the feasible degree of ambition with a number of trusts and systems in recent weeks, trusts and systems are now expected to re-establish (and where necessary redesign) services to deliver through their own local NHS (non-independent sector) capacity the following:

- **In September at least 80% of their last year's activity for both overnight electives and for outpatient/daycase procedures, rising to 90% in October** (while aiming for 70% in August);

- This means that systems need to very swiftly return to **at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October**.

- **100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).**

Block payments will flex meaningfully to reflect delivery (or otherwise) against these important patient treatment goals, with details to follow shortly once finalised with Government.

Elective waiting lists and performance should be **managed at system as well as trust level** to ensure equal patient access and effective use of facilities.

Trusts, working with GP practices, should ensure that, between them, **every patient whose planned care has been disrupted by Covid receives clear communication** about how they will be looked after, and who to contact in the event that their clinical circumstances change.

Clinically urgent patients should continue to be treated first, with next priority given to the **longest waiting patients**, specifically those breaching or at risk of breaching 52 weeks by the end of March 2021.

To further support the recovery and restoration of elective services, a modified national contract will be in place giving **access to most independent hospital capacity** until March 2021. The current arrangements are being adjusted to take account of expected usage, and by October/ November it will then be replaced with a re-procured national framework agreement within which local contracting will resume, with funding allocations for systems adjusted accordingly. To ensure good value for money for taxpayers, systems must produce week-by-week independent sector usage plans from August and will then be held directly to account for delivering against them.

In **scheduling** planned care, providers should follow the new streamlined patient self isolation and testing requirements set out in the guideline published by NICE earlier this week. For many patients this will remove the need to isolate for 14 days prior to a procedure or admission.

Trusts should ensure their e-Referral Service is fully open to referrals from primary care. To reduce infection risk and support social distancing across the hospital estate, clinicians should consider avoiding asking patients to attend physical **outpatient appointments** where a clinically-appropriate and accessible alternative exists. Healthwatch have produced useful advice on how to support patients in this way. This means collaboration between primary and secondary care to use advice and guidance where possible and treat patients without an onward referral, as well as giving patients more control over their outpatient follow-up care by adopting a patient-initiated follow-up approach across major outpatient specialties. Where an outpatient

appointment is clinically necessary, the national benchmark is that at least 25% could be conducted by telephone or video including 60% of all follow-up appointments.

A3. **Restore service delivery in primary care and community services.**

- General practice, community and optometry services should **restore activity to usual levels where clinically appropriate**, and **reach out proactively** to clinically vulnerable patients and those whose care may have been delayed. Dental practices should have now mobilised for face to face interventions. We recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible.

- In restoring services, GP practices need to make rapid progress in addressing the backlog of childhood **immunisations** and cervical **screening** through specific catch-up initiatives and additional capacity and deliver through their Primary Care Network (PCN) the service requirements coming into effect on 1 October as part of the Network Contract DES.

- GPs, primary care networks and community health services should build on the enhanced support they are providing to **care homes**, and begin a programme of structured medication reviews.

- CCGs should work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices must offer face to face **appointments** at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.

- Community health services **crisis responsiveness** should be enhanced in line with the goals set out in the Long Term Plan, and should continue to support patients who have recovered from the acute phase of Covid but need **ongoing rehabilitation** and other community health services. Community health teams should fully resume appropriate and safe **home visiting care** for all those vulnerable/shielding patients who need them.

- The Government is continuing to provide funding to support timely and appropriate discharge from hospital inpatient care in line with forthcoming updated Hospital Discharge Service Requirements. From 1 September 2020, hospitals and community health and social care partners should fully embed the **discharge to assess** processes. New or extended health and care support will be funded for a period of up to six weeks, following discharge from hospital and during this period a comprehensive care and health assessment for any ongoing care needs, including determining funding eligibility, must now take place. The fund can also be used to provide short term urgent care support for those who would otherwise have been admitted to hospital.

- The Government has further decided that CCGs must resume NHS **Continuing Healthcare assessments** from 1 September 2020 and work with local authorities using the trusted assessor model. Any patients discharged from hospital between 19 March 2020 and 31 August 2020, whose discharge support package has been paid for by the NHS, will need to be assessed and moved to core NHS, social care or self-funding arrangements.

A4. **Expand and improve mental health services and services for people with learning disability and/or autism**

- Every CCG must continue to **increase investment** in mental health services in line with the Mental Health Investment Standard and we will be repeating the independent audits of this. Systems should work together to ensure that funding decisions are decided in partnership with Mental Health Providers and CCGs and that funding is allocated to core Long Term Plan (LTP) priorities.

- In addition, we will be asking systems to validate their existing LTP **mental health service expansion** trajectories for 2020/21. Further advice on this will be issued shortly. In the meantime:
  - IAPT services should fully resume
  - the 24/7 crisis helplines for all ages that were established locally during the pandemic should be retained, developing this into a national service continue the transition to digital working
  - maintain the growth in the number of children and young people accessing care
  - proactively review all patients on community mental health teams' caseloads and increase therapeutic activity and supportive interventions to prevent relapse or escalation of mental health needs for people with SMI in the community;
  - ensure that local access to services is clearly advertised
  - use £250 million of earmarked new capital to help eliminate mental health dormitory wards.

- In respect of support for people with a **learning disability, autism or both**:
  - Continue to reduce the number of children, young people and adults within a specialist inpatient setting by providing better alternatives and by ensuring that Care (Education) and Treatment Reviews always take place both prior to and following inpatient admission.
  - Complete all outstanding Learning Disability Mortality Reviews (LeDeR) by December 2020.
  - GP practices should ensure that everybody with a Learning Disability is identified on their register; that their annual health checks are completed; and access to screening and flu vaccinations is proactively arranged. (This is supported by existing payment arrangements and the new support intended through the Impact and Investment Fund to improve uptake.)

B: Preparation for winter alongside possible Covid resurgence.

B1. Continue to follow good **Covid-related practice** to enable patients to access services safely and protect staff, whilst also preparing for localised Covid outbreaks or a wider national wave. This includes:

- Continuing to follow PHE's guidance on defining and managing communicable disease **outbreaks**.

- Continue to follow PHE/DHSC-determined policies on which patients, staff and members of the public should be tested and at what frequency, including the further PHE-endorsed

actions set out on testing on 24 June. All NHS employers should prepare for the likelihood that if background infection risk increases in the Autumn, and DHSC Test and Trace secures 500,000+ tests per day, the Chief Medical Officer and DHSC may decide in September or October to implement a policy of regular routine **Covid testing** of all asymptomatic staff across the NHS.

- Ongoing application of PHE's infection prevention and control guidance and the actions set out in the letter from 9 June on minimising **nosocomial infections** across all NHS settings, including appropriate Covid-free areas and strict application of hand hygiene, appropriate physical distancing, and use of masks/face coverings.

- Ensuring NHS staff and patients have access to and use **PPE** in line with PHE's recommended policies, drawing on DHSC's sourcing and its winter/EU transition PPE and medicines stockpiling.

B2. **Prepare for winter** including by:

- Sustaining current NHS staffing, beds and **capacity**, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.

- Deliver a very significantly expanded seasonal **flu vaccination** programme for DHSC-determined priority groups, including providing easy access for all NHS staff promoting universal uptake. Mobilising delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available.

- Expanding the **111 First** offer to provide low complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the right setting more quickly. This includes increasing the range of dispositions from 111 to local services, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics, as well as ensuring all Type 3 services are designated as Urgent Treatment Centres (UTCs). DHSC will shortly be releasing agreed **A&E capital** to help offset physical constraints associated with social distancing requirements in Emergency Departments.

- Systems should maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments.

- Continue to make full use of the NHS Volunteer Responders scheme in conjunction with the Royal Voluntary Society and the partnership with British Red Cross, Age UK and St. Johns Ambulance which is set to be renewed.

- Continuing to **work with local authorities**, given the critical dependency of our patients – particularly over winter - on resilient social care services. Ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with DHSC/PHE policies (see A3 above).

C: Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, action on inequalities and prevention.

C1. **Workforce**

Covid19 has once again highlighted that the NHS, at its core, is our staff. Yesterday we published We are the NHS: People Plan for 2020/21 - actions for us all which reflects the strong messages from NHS leaders and colleagues from across the NHS about what matters most. It sets out practical actions for employers and systems, over the remainder of 2020/21 ahead of Government decisions in the Autumn Spending Review on future education and training expansions. It includes specific commitments on:

- Actions all NHS employers should take to keep staff safe, healthy and well – both physically and psychologically.
- Specific requirements to offer staff flexible working.
- Urgent action to address systemic inequality that is experienced by some of our staff, including BAME staff.
- New ways of working and delivering care, making full and flexible use of the full range of our people's skills and experience.
- Growing our workforce, building on unprecedented interest in NHS careers. It also encourages action to support former staff to return to the NHS, as well as taking steps to retain staff for longer – all as a contribution to growing the nursing workforce by 50,000, the GP workforce by 6,000 and the extended primary care workforce by 26,000.
- Workforce planning and transformation that needs to be undertaken by systems to enable people to be recruited and deployed across organisations, sectors and geographies locally.

All systems should develop a local People Plan in response to these actions, covering expansion of staff numbers, mental and physical support for staff, improving retention and flexible working opportunities, plus setting out new initiatives for development and upskilling of staff. Wherever possible, please work with local authorities and local partners in developing plans for recruitment that contribute to the regeneration of communities, especially in light of the economic impact of Covid. These local People Plans should be reviewed by regional and system People Boards, and should be refreshed regularly.

C2. **Health inequalities and prevention.**

Covid has further exposed some of the health and wider inequalities that persist in our society. The virus itself has had a disproportionate impact on certain sections of the population, including those living in most deprived neighbourhoods, people from Black, Asian and minority ethnic communities, older people, men, those who are obese and who have other long-term health conditions and those in certain occupations. It is essential that recovery is planned in a way that inclusively supports those in greatest need.

We are asking you to work collaboratively with your local communities and partners to take urgent action to increase the scale and pace of progress of reducing health inequalities, and

regularly assess this progress. Recommended urgent actions have been developed by an expert national advisory group and these will be published shortly. They include:

- Protect the most vulnerable from Covid, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.

- Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March.

- Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes. This should include more accessible flu vaccinations, the better targeting of long-term condition prevention and management programmes, obesity reduction programmes including self-referral to the NHS Diabetes Prevention Programme, health checks for people with learning disabilities, and increasing the continuity of maternity carers including for BAME women and those in high risk groups.

- Strengthen leadership and accountability, with a named executive Board member responsible for tackling inequalities in place in September in every NHS organisation. Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher.

- Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later 31 December, with general practice prioritising those groups at significant risk of Covid19 from 1 September.

Financial arrangements and system working

To support restoration, and enable continued collaborative working, current financial arrangements for CCGs and trusts will largely be extended to cover August and September 2020. The intention is to move towards a revised financial framework for the latter part of 2020/21, once this has been finalised with Government. More detail is set out in Annex Two.

Working across systems, including NHS, local authority and voluntary sector partners, has been essential for dealing with the pandemic and the same is true in recovery. As we move towards comprehensive ICS coverage by April 2021, all ICSs and STPs should embed and accelerate this joint working through a development plan, agreed with their NHSE/I regional director, that includes:

- Collaborative leadership arrangements, agreed by all partners, that support joint working and quick, effective decision-making. This should include a single STP/ICS leader and a non-executive chair, appointed in line with NHSE/I guidance, and clearly defined arrangements for provider collaboration, place leadership and integrated care partnerships.

- Organisations within the system coming together to serve communities through a Partnership Board, underpinned by agreed governance and decision-making arrangements including high standards of transparency – in which providers and commissioners can agree actions in the best interests of their populations, based on co-production, engagement and evidence.

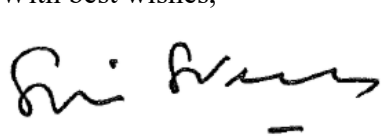
- Plans to streamline commissioning through a single ICS/STP approach. This will typically lead to a single CCG across the system. Formal written applications to merge CCGs on 1 April 2021 needed to give effect to this expectation should be submitted by 30 September 2020.

- A plan for developing and implementing a full shared care record, allowing the safe flow of patient data between care settings, and the aggregation of data for population health.

Finally, we are asking you – working as local systems – to return a draft **summary plan by 1 September** using the templates issued and covering the key actions set out in this letter, with **final plans due by 21 September**. These plans need to be the product of partnership working across STPs/ICSs, with clear and transparent triangulation between commissioner and provider activity and performance plans.

Over the last few months, the NHS has shown an extraordinary resilience, capacity for innovation and ability to move quickly for our patients. Like health services across Europe, we now face the double challenge of continuing to have to operate in a world with Covid while also urgently responding to the many urgent non-Covid needs of our patients. If we can continue to harness the same ambition, resilience, and innovation in the second half of the year as we did in the first, many millions of our fellow citizens will be healthier and happier as a result. So thank you again for all that you and your teams have been – and are – doing, in what is probably the defining year in the seven-decade history of the NHS.

With best wishes,



Simon Stevens
NHS Chief Executive

Amanda Pritchard
NHS Chief Operating Officer

ANNEX ONE: IMPLICATIONS OF EPRR TRANSITION TO A LEVEL 3 INCIDENT

As previously signalled, effective 1 August 2020 the national incident level for the Covid19 response will change from level 4 (an incident that requires NHS England National Command and Control to support the NHS response) to level 3 (an incident that requires the response of a number of health organisations across geographical areas within an NHS England region), until further notice.

It is entirely possible that future increases in Covid demands on the NHS mean that the level 4 incident will need to be reinstated. In which case, there will be no delay in doing so. However this change does, for the time being, provide the opportunity to focus local and regional NHS teams on accelerating the restart of non-Covid services, while still preparing for a possible second national peak.

The implications of the transition from a level 4 to level 3 incident are as follows:

- *Oversight*: Transition from a national command, control and coordination structure to a regional command, control and coordination structure but with national oversight as this remains an incident of international concern.

- *Reporting*: We will be stopping weekend sit rep collections from Saturday 8 August 2020 (Saturday and Sunday data will be collected on Mondays with further detail to follow). Whilst we are reducing the incident level with immediate effect reports will still be required this weekend (1 and 2 August 2020) and we will subsequently need to be able to continue to align to DHSC requirements. Additional reporting will be required for those areas of the country experiencing community outbreaks in line with areas of heightened interest, concern or intervention.

- *Incident coordination functions*: The national and regional Incident Coordination Centres will remain in place (hours of operation may be reduced). The frequency of national meetings will decrease (for example IMT will move to Monday, Wednesday, Friday). Local organisations should similarly adjust their hours and meeting frequency accordingly. It is however essential that NHS organisations fully retain their incident coordination functions given the ongoing pandemic, and the need to stand up for local incidents and outbreaks.

- *Communications:* All communications related to Covid19 should continue to go via established Covid19 incident management channels, with NHS organisations not expected to respond to incident instructions received outside of these channels. Equally, since this incident continues to have an international and national profile, it is important that our messaging to the public is clear and consistent. You should therefore continue to coordinate communications with your regional NHS England and NHS Improvement communications team. This will ensure that information given to the media, staff and wider public is accurate, fully up-to-date and aligns with national and regional activity.

ANNEX TWO: REVISED FINANCIAL ARRANGEMENTS

The current arrangements comprise nationally-set block contracts between NHS providers and commissioners, and prospective and retrospective top-up funding issued by NHSE/I to organisations to support delivery of breakeven positions against reasonable expenditure. The M5 and M6 block contract and prospective top-up payments will be the same as M4. Costs of testing and PPE will continue to be borne centrally for trusts and general practices funded by DHSC who continue to lead these functions for the health and social care sectors.

The intention is to move towards a revised financial framework for the latter part of 2020/21, once this has been finalised with Government.

The revised framework will retain simplified arrangements for payment and contracting but with a greater focus on system partnership and the restoration of elective services. The intention is that systems will be issued with funding envelopes comprising funding for NHS providers equivalent in nature to the current block and prospective top-up payments and a system-wide Covid funding envelope. There will no longer be a retrospective payment mechanism. Providers and CCGs must achieve financial balance within these envelopes in line with a return to usual financial disciplines. Whilst systems will be expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions. The funding envelopes will comprise:

- CCG allocations – within which block contract values for services commissioned from NHS providers within and outside of the system will continue to be nationally calculated;

- Directly commissioned services from NHS providers – block contract values for specialised and other directly commissioned services will continue to be nationally calculated;

- Top-up – additional funding to support delivery of a breakeven position; and

- Non-recurrent Covid allocation – additional funding to cover Covid-related costs for the remainder of the year.

Funding envelopes will be calculated on the basis of full external income recovery. For relationships between commissioners and NHS providers we will continue to operate nationally calculated block contract arrangements. For low-volume flows of CCG-commissioned activity, block payments of an appropriate value would be made via the Trust's host CCG; this will remove the need for separate invoicing of non-contract activity.

However block payments will be adjusted depending on delivery against the activity restart goals set in Section A1 and A2 above.

Written contracts with NHS providers for the remainder of 2020/21 will not be required.

For commissioners, non-recurrent adjustments to commissioner allocations will continue to be actioned – adjustments to published allocations will include any changes in contracting responsibility and distribution of the top-up to CCGs within the system based on target allocation.

Reimbursement for high cost drugs under the Cancer Drugs Fund (CDF) and relating to treatments under the Hepatitis C programme will revert to a pass-through cost and volume basis, with adjustments made to NHS provider block contract values to reflect this. For the majority of other high cost drugs and devices, in-year provider spend will be tracked against a notional level of spend

included in the block funding arrangements with adjustments made in-year to ensure that providers are reimbursed for actual expenditure on high cost drugs and devices. This will leave a smaller list of high cost drugs which will continue to be funded as part of the block arrangements.

In respect of Medical pay awards, on 21 July 2020 the Government confirmed the decision to uplift pay in 2020/21 by 2.8% for consultants, specialty doctors and associate specialists, although there is no uplift to the value of Clinical Excellence Awards, Commitment Awards, Distinction Awards and Discretionary Points for 2020/21. We expect this to be implemented in September pay and backdated to April 2020. In this event, NHS providers should claim the additional costs in September as part of the retrospective top-up process. Future costs will be taken into account in the financial framework for the remainder of 2020/21, with further details to be confirmed in due course.

Classification: Official

Publications approval reference: 001559

Implementing phase 3 of the NHS response to the COVID-19 pandemic

7 August 2020

Further to the letter of 31 July 2020 about the third phase of the NHS response to COVID-19, this document provides a range of supplementary materials to support implementation.

Contents

1. Urgent actions to address inequalities in NHS provision and outcomes

Summary

COVID-19 has further exposed some of the health and wider inequalities that persist in our society. We are therefore asking you to work collaboratively with your local communities and partners to take the following eight urgent actions:

1. Protect the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.

2. Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October.

3. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March.

4. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes, health checks for people with learning disabilities, and increasing the continuity of maternity carers.

5. Particularly support those who suffer mental ill health, as society and the NHS recover from COVID-19, underpinned by more robust data collection and monitoring by 31 December.

6. Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders.

7. Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31 December, with general practice prioritising those groups at significant risk of COVID-19 from 1 September.

8. Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact, including a full report by 31 March.

Introduction

COVID-19 has shone harsh light on some of the health and wider inequalities that persist in our society. Like nearly every health condition, it has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The impact of the virus has been particularly detrimental on people living in areas of greatest deprivation, on people from Black, Asian and Minority Ethnic communities, older people, men, those who are obese and who have other long-term health conditions, people with a learning disability and other inclusion health groups, those with a severe mental illness and those in certain occupations.[1] COVID-19 risks further compounding inequalities which had already been widening.[2]

Please take urgent action, in collaboration with local communities and partners, to increase the scale and pace of progress in reducing health inequalities, and regularly assess progress.

It is an integral part of the third phase of the NHS response to COVID-19, as set out in the letter to the NHS on 31 July. As such, the actions set out here focus on the immediate tasks of continuing to protect those at greatest risk of COVID-19, restoring services inclusively and accelerating targeted prevention programmes, underpinned by improvements in leadership and accountability, data and insight and collaborative planning.

[1] For example, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf
[2] See Chapter 5 https://www.gov.uk/government/publications/health-profile-for-england-2019

These measures will help lay the foundations for further action, particularly to enhance prevention and contribute to the concerted cross-governmental and societal effort needed to address the wider determinants of health; building on the strategy set out in the NHS Long Term Plan and the NHS's legal duties with regards to equality and health inequalities.

Action 1: Protect the most vulnerable from COVID-19

Systems (integrated care systems/sustainability and transformation partnerships), working with local authorities and other partners, should regularly update plans for protecting people at greatest risk during the pandemic. This includes ensuring that people who may be clinically extremely vulnerable to COVID-19 infection[3] are identified and supported to follow specific measures – such as shielding – when advised, and to access restored health and care services when required.

As part of these plans, systems are asked to explicitly consider risks associated with people's relevant protected characteristics,[4] and wider socio-economic, cultural and occupational risk factors in the local area. Plans should set out how insight into different types of risk and wider vulnerability within their communities will be improved, including through population health management and risk stratification approaches and deeper engagement with those at risk of exclusion, including carers. They should also ensure information on risks and prevention is accessible to all communities and reflects the need for culturally competent prevention campaigns.

Alongside these system plans, protection of NHS staff against COVID-19 also remains a key priority. NHS employing organisations have been completing COVID-19 risk assessments of staff by the end of July and taking subsequent action.

[3] Specific groups of people have been defined by Government as clinically extremely vulnerable to COVID-19, based on expert advice and the earliest available clinical evidence. Clinicians have also been able to identify individuals as clinically extremely vulnerable based on their professional judgement and add them to the Shielded Patient List. As evidence regarding the impact of the virus increases, a new predictive risk model is being developed on behalf of the Department of Health and Social Care, that reflects a wider range of factors such as demographics alongside long-term health conditions, to better understand cumulative risk of serious illness for individuals if they catch COVID-19. Options for applying this model across a variety of health and care settings, including developing a tool to support conversations between patients and clinicians on individual risk, are being considered. More information will be provided over the summer as this work progresses.

[4] See full list of protected characteristics at https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

Action 2: Restore NHS services inclusively

The third phase of the NHS response to COVID-19 focuses on accelerating the return to near-normal levels of non-COVID health services. As part of that, and as the letter on 31 July highlights, specific actions may be needed to support any groups of patients who might have unequal access to diagnosis and treatment, including proactively reaching out to these patients.

To monitor this objective of an inclusive restoration of services, monthly NHS reporting will in future include measures of performance in relation to patients from the 20% most deprived neighbourhoods (nationally and locally, using the Index of Multiple Deprivation), as well as those from Black and Asian communities where data is available.

Monitoring will compare service use and outcomes across emergency, outpatient and elective care, including cancer referrals and waiting time activity. Over time, we will develop key metrics on clinical needs, activity and outcomes, including end of life care, mental health, children's health services, and primary care. We will also consider how to expand the approach to established performance standards and seek to improve data and insights on service performance experienced by people with a disability. All local NHS organisations should adhere to this approach in their internal and public performance reports, and swift action should be taken to rectify inequalities which are identified.

Our national and regional teams will also undertake specific reviews of the scope for specialised services to further address health inequalities. This will include monitoring the restoration of services to improve identification and engagement across all patient groups, assessing the scope for improving outcomes for those experiencing the greatest inequalities, and improving underlying recording of ethnicity and other relevant protected characteristics in datasets relevant to specialised services, including clinical databases, registries and audits. Specialised commissioning will require mandatory recording of ethnicity in clinical databases cited in specialised services service specifications by 31 March 2021.

These indicators should be considered alongside wider sources of community-based insight and the measurement of commitments set out in the NHS Long Term Plan. By

31 October 2020, we will further refine analysis of local inequality to support this wider work.[5]

Action 3: Develop digitally enabled care pathways in ways which increase inclusion

During the response to COVID-19, the health and care system has seen unprecedented levels of uptake of digital tools and services, helping keep patients, carers, friends, relatives and clinicians safe and ensuring that essential care can continue. Digitally enabled services provide an opportunity to create a more inclusive health and care system, creating more flexible services and opening up access for people who might otherwise find it hard to access in person, for example due to employment or stigmatisation.

The shift needs to be carefully designed to ensure it does not affect health inequalities for others, due to barriers such as access, connectivity, confidence or skills. All NHS organisations are therefore asked to ensure that no matter how people choose to interact with services, they should receive the same levels of access, consistent advice and the same outcomes of care. To monitor this, new care pathways should be tested for achieving a positive impact on health inequalities, starting with four: 111 First; total triage in general practice; digitally enabled mental health; and virtual outpatients. For each, systems should assess empirically how the blend of different 'channels' of engagement (face-to-face, telephone, digital) has affected different population groups, including those who may find any particular channel more difficult to access, and put in place mitigations to address any issues. System reviews, with agreed actions, should be published on all four by 31 March 2021.

Action 4: Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes

Some of the most significant, specific contributions the NHS can make to reduce health inequalities are to improve preventative services, maternity services and services for children and young people, including immunisation. The best approaches use an integrated and personalised model of care that takes account of wellbeing and

[5] This analysis will also benefit from the work of the new NHS Race and Health Observatory https://www.england.nhs.uk/2020/05/nhs-england-and-nhs-confederation-launch-expert-research-centre-on-health-inequalities/

wider social and economic needs. Local NHS systems will need to address local priorities, in collaboration with partners. At the same time, we expect consistent national progress on the following four areas:

- Improving uptake of the flu vaccination in underrepresented ‘at risk’ groups: This coming winter, we may be faced with co-circulation of COVID-19 and flu. It is therefore essential to increase flu vaccination levels for those who are living in the most deprived 20% of neighbourhoods, those from BAME communities and people with a learning disability, and significantly reduce the gap in uptake compared with the population as a whole. We recognise this may be challenging given the expansion of the flu programme and the constraints of infection prevention and control for this winter. It will therefore require high quality, dedicated and culturally competent engagement with local communities, employers and faith groups.
- General practice, working with analytical teams and wider system partners, including social care and voluntary sector organisations, should use the capacity released through the modified QOF requirements for 2020/21 to develop priority lists for preventative support and long-term condition management, such as for obesity management and hypertension. These should reflect how health needs and care may have been exacerbated during the COVID-19 pandemic. Priority groups for programmes such as obesity prevention, smoking cessation, and alcohol misuse, cardiovascular, hypertension, diabetes and respiratory disease prevention and long-term condition management should be engaged proactively, recognising the extra barriers to engagement which COVID-19 has brought, reflecting the wider strategy for restoring primary care services. For example, local areas should focus on generating referrals into the NHS Diabetes Prevention Programme on individuals of South Asian, Black African and Black Caribbean ethnicity and those from the most deprived communities.
- As set out in the Phase 3 letter of 31 July, GP practices should ensure that everyone with a learning disability is identified on their register and that annual health checks are completed. As a minimum, by 31 March systems should aim to ensure that primary care practices reach an annual rate of seeing at least 67% of people on their learning disability register through higher quality health checks, accelerating progress towards the NHS Long Term Plan target of 75% by 2023/24. This approach is backed by a £140 per person fee, a primary care network incentive, and quality improvement tools.

We expect every system to monitor and achieve this goal. To improve their GP learning disability register, it is particularly important to ensure people with a learning disability from a BAME background are known and included.

There is also a fundamental need to improve the provision of comprehensive physical health checks and follow-up interventions for people with severe mental illnesses (SMIs). At present, there is good completion rates of some of the individual elements of the comprehensive check. However, at a national level we are falling short of our ambition to provide this check for 60% of people with SMI. Given the very significant health inequalities faced by those with SMI, of reduced life expectancy of 15-20 years, further rapid progress is needed. We will also review incentives to improve completion rates from 2021/22.

- In maternity care, implementing continuity of carer for at least 35% of women by March 2021, with the number of women receiving continuity of carer growing demonstrably towards meeting the goal of most women. As part of this, by March, systems should ensure that the proportion of Black and Asian women and those from the most deprived neighbourhoods on continuity of carer pathways meets and preferably exceeds the proportion in the population as a whole. This is in line with the NHS Long Term Plan commitment that by 2024 75% of women from these groups will receive continuity of carer, and is more urgent in light of the increased risk facing Black and Asian women of both poor maternity outcomes and outcomes from COVID-19.

Action 5: Particularly support those who suffer mental ill-health

Mental ill-health is a significant contributor to long-term health inequalities, and the immediate and longer-term social and economic impacts of COVID-19 have the potential to contribute to or exacerbate mental health problems.

In response, systems have been asked to validate their plans to deliver the mental health transformation and expansion programme over the next eight months. These plans should pay particular attention to advancing equalities in access, experience and outcomes for groups facing inequalities across different mental health pathways, such as BAME communities, LGBT+ communities, children and young people with neurodevelopmental disorders, and older people. To underpin this, providers and

systems should improve the quality and flow of mental health data to allow more robust monitoring of disproportionalities in access and experience and take action where problems are identified. Building on the monitoring of IAPT, by 31 December providers must enhance the overall quality and completeness of ethnicity and other protected characteristics data provided to the national Mental Health Services Data Set.

The Advancing Mental Health Equalities Taskforce will set out further advice and support by 31 October.[6]

Action 6: Strengthen leadership and accountability

These actions and wider measures to increase the pace and scale of progress to reduce inequalities rest on clear and accountable leadership. All systems and every NHS organisation should therefore identify, before October, a named executive board-level lead for tackling inequalities. Primary care networks should also nominate their clinical director or an alternative lead to champion health equality.

As outlined in the NHS People Plan published on 30 July, addressing health inequalities will be enhanced by ensuring that we reflect the diverse communities we serve. We are committed to strengthening the culture of belonging and trust which enables this. Each NHS board has therefore been asked to publish an action plan showing how over the next five years its board and senior staffing will, in percentage terms at least, match the overall BAME composition of its overall workforce, or its local community, whichever is the higher. We are ourselves committed to ensuring that at least 19% of our people come from a Black, Asian or minority ethnic background at every level, including director level, by 2025.

Action 7: Ensure datasets are complete and timely

Given the importance of data and insight to understanding need and monitoring progress, all NHS organisations must review the quality and accuracy of their data on patient ethnicity, as recommended by the Public Health England report *Understanding the impact of COVID-19 on BAME groups*,[7] and ensure these characteristics are recorded for all patients by 31 December 2020. As part of these measures,

[6] Advice is also already available from https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality

[7] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

retrospectively updating and completing the COVID-19 Hospital Episode Surveillance System (CHESS) is essential.

Specific action is needed to improve the recording of ethnicity within general practice. We expect that to start, by no later than 1 September, through seeking to confirm the ethnicity of the adults who are eligible for flu vaccination; groups who are also typically likely to be at risk of COVID-19. By the end of September, we will aim to have developed a joint plan with primary care partners to extend that to all patients as quickly as possible. It will also be important to improve GP registration for those without proof of identity or address.

The use of data on protected characteristics to improve care and planning will be enhanced by combining with better recording of wider risks, using risk prediction tools. Action is also needed locally to improve the understanding of the needs of inclusion health groups, such as people who are homeless and refugees, and of the impact of intersectionality.[8]

Action 8: Collaborate locally in planning and delivering action

Systems (integrated care systems and sustainability and transformation partnerships) will need to support and oversee delivery of these actions, understanding population needs and building partnerships to address health inequalities. By 21 September 2020, system plans to restore critical NHS services should take account of all the actions set out above. Systems should assess progress regularly and provide an overall account of delivery against the actions in this note by 31 March 2021. They should also look to strengthen accountability to their local population and listen to their concerns, particularly those at risk of health inequalities. Data should be regularly published at the lowest meaningful geographical level possible to support this.

Areas with the greatest inequalities have received additional funding through the CCG allocation formula. These resources should be targeted at the areas of greatest deprivation and used to support these actions and local priorities for addressing

[8] People are often disadvantaged by multiple sources of disadvantage and discrimination which can compound each other

inequality. Systems will be asked to review how resources have been used to address health inequalities over the financial year by 31 March 2021.

The collaboration seen during COVID-19 with local government and the voluntary, community and social enterprise sector, and the population health management approaches deployed, should be used to inform the development of longer-term plans to address the underlying causes of health inequality from 2021/22. Plans are likely to particularly benefit from bolstering the primary care workforce, especially in deprived areas, including ensuring primary care networks make full use of the Additional Roles and Reimbursement Scheme and help increase the number of GPs in under-doctored areas. Systems should also support NHS organisations seeking to serve as effective 'anchor' institutions, learning from the new NHS England and NHS Improvement/Health Foundation network.

Putting these actions into practice is a shared endeavour. We will seek rapid feedback on areas of action where national collaboration and learning may be valuable alongside the local work of systems, places and neighbourhoods.

Task and finish group on accelerating NHS progress on tackling health inequalities during the next stage of COVID-19 recovery

Dr Owen Williams OBE (Chair) – CEO Calderdale and Huddersfield NHS Foundation Trust

Evelyn Asante-Mensah OBE – Chair, Pennine Care NHS Foundation Trust

Charlotte Augst – CEO, National Voices

Nicola Bailey – Chief Officer, NHS County Durham CCG

Linda Charles-Ozuzu – Regional Director of Commissioning, NHS England and NHS Improvement

Samantha Clark – CEO, Learning Disability England

Dr Kiren Collison – Clinical Chair, Oxford CCG

Dr Vin Diwakar – Regional Medical Director, NHS England and NHS Improvement

Amanda Doyle – Chief Clinical Officer for West Lancashire CCG, Blackpool CCG and Fylde and Wyre CCG, and ICS Lead for Lancashire and South Cumbria

Professor Kevin Fenton – Regional Director, Public Health England

Donna Hall CBE – Chair, New Local Government Network

Jacob Lant – Head of Policy and Public Affairs, Healthwatch England

Patricia Miller – CEO, Dorset County Hospital NHS Foundation Trust

Patrick Nyarumbu – Regional Director of Nursing Leadership and Quality, NHS England and NHS Improvement

Jagtar Singh – Chair of Coventry and Warwickshire Partnership NHS Trust

Robin Tuddenham – Chief Executive, Calderdale Council

We are also grateful to members of the Health and Wellbeing Alliance, and other partners and colleagues in providers, commissioners and systems who have helped inform and develop the actions.

2. Mental health planning

Here we outline the steps we are taking to support the next phase of our COVID-19 response, in which mental health needs may increase significantly. It continues to be a requirement that the Mental Health Investment Standard (MHIS) is met in every CCG in 2020/21. We will be repeating the independent audits of the MHIS and we expect to see historic underinvestment in Mental Health addressed in every CCG.

As with the rest of the NHS the Phase 3 Mental Health planning process closes on 21 September, with an interim submission on 1 September, allowing us to allocate the additional funding required to meet the MHIS. The national mental health team will work closely with your teams over the coming weeks to support this planning process. We need to grow services, recruit staff and make the necessary changes to ensure we still meet the ambitions outlined in the NHS Long Term Plan (LTP).

STPs / ICSs should continue to strive to achieve the specific deliverables for 2020/21 set out in the NHS Mental Health Implementation Plan 19/20–23/24 to the best of their abilities, recognising that COVID-related practical constraints (including staff absence, social distancing or disruption to referral pathways) may restrict what they are able to deliver in practice and use of technology enabled support will need to continue. We need to make sure our trajectories for 2020/21 are a realistic reflection of the context we are in. Mental health providers should organise themselves at STP/ ICS level (including identifying a lead mental health provider), and work with their STP/ICS to ensure that plans are adequate to meet the activity requirements in 2020/21. To support moving towards a “System by Default” way of working from April 2021, ICS/STP leads and a lead Mental Health Provider will be asked to sign off on their Phase 3 Mental Health plans, confirming that the MHIS investment covers all the priority areas for the programme. Where a Provider Collaborative exists, it may be that existing partnership arrangements can support this way of working, as well as other local partnerships.

Our priority is to maintain momentum and continue to deliver the LTP. The LTP is a solid foundation to address the impact of COVID-19, which will improve the quality of mental health services and expand access to 2 million more people each year by 2023/24. We can confirm that the total annual allocations for all SDF (Transformation

Funding) programmes in 2020/21 remain in place and sites should proceed with delivery. The mechanism for flowing funding will be confirmed shortly.

Our partners find themselves operating in an increasingly challenging environment. The partnerships we have created in recent months with local authorities, the third sector and other parts of the health system are central to successful delivery of the programme and need to be maintained. We must make sure that over the next few months we work with patients, staff and families, by ensuring that they play a central and meaningful role in our decision making and reshaping of services. The NHS-commissioned Working Well Together toolkit provides practical steps on how to do this. NHS-Led Provider Collaboratives offer a model for achieving and strengthening these local partnerships and their implementation this year is critical.

We are beginning to see increased acuity in presentations to our services. To ready ourselves for winter and a potential second wave, we must use the Phase 3 planning process to ensure we invest across the entire health pathway, and not just in beds. This means continuing our investment in 24/7 crisis lines and alternatives to admission, as well as strengthening and investing in community services to help people to stay well and avoid escalations where possible. This is how we will transform the quality and reach of mental health care in this country.

Workforce growth remains the key enabler but also constraint to our ambition. When systems come to sign off investment plans for 2020/21, they should do so with the confidence that they have triangulated activity, finance and workforce trajectories and produced a plan that is feasible.

Evaluating the role of digital transformation must also be a central feature of this planning exercise as it offers a major opportunity to modernise care. However, in many cases, it should not be a replacement for face-to-face support. Systems are encouraged to review the impact of digital transformation in their area before moving into this next phase.

Local services should do all they can to meet the dementia diagnosis target, but our shared commitment to older adults goes beyond that, and we must also focus on ensuring that access to talking therapies, community mental health care and 24/7 crisis support meets the needs of older adults.

Addressing health inequalities remains a priority for our work on mental health. The Advancing Mental Health Equality Resource and IAPT Positive Practice Guides for Older People and BAME communities should be used to the best of their advantage.

We can now bring about the eradication of dormitories in mental health settings, supported by extra capital of £250 million in 2020/21 with a further sum next year. We ask mental health providers with dormitory provision to work with regional finance and estates colleagues to identify schemes that can proceed immediately, to ensure that we deliver this clear patient benefit without delay.

We will discuss 2020/21 plans during our upcoming Q1 Deep Dive round. As of Q2 2020/21, national assurance activity and data collections will resume with performance being discussed in the quarterly deep dives.

Areas of focus for the rest of 2020/21

The expansion of **Improving Access to Psychological Therapies (IAPT) services** should be at the forefront of this next phase as they provide NICE recommended treatment for the most common mental health problems and accept self-referral. The specialised support IAPT can offer to those with PTSD, anxiety, depression or to those who have spent lengthy time in an ICU, are all the more vital in the context of COVID-19. For this reason, we must use this year to grow and bring in more trainees to the service. Money is available to augment salary replacement costs to help with the expected, significant, surge in demand for IAPT services. Where regions did not achieve IAPT targets last year, recovery trajectories must be provided as part of the planning process.

Services should conduct proactive reviews for all patients on **community Mental Health teams'** caseloads and increase therapeutic activity and supportive interventions to prevent relapse or escalation of mental health needs for people with SMI in the community. In 2020/21, the year-on-year baseline funding uplift for community-based services for people with SMI, including EIP services and Physical Health Checks for People with SMI, is £162 million. The cumulative baseline uplift since 2018/19 is now £251 million. This is a significant component of CCG baseline funding increases and we encourage services to invest this as soon as possible to increase staffing to required levels. Services should also use this funding to promote and prioritise physical health for people with SMI, and accelerate LTP transformation where possible, including for adult eating disorders, mental health rehabilitation, and

‘personality disorders’ services. The ambition to eliminate inappropriate out of area placements for adult acute care by April 2021 stands and good community care is an important facet to delivering this ambition.

Children and young people have been significantly impacted by COVID-19, through the disruption to multi-agency support and through the closure of schools and colleges. As schools prepare to welcome children and young people back, services should ensure that local access to pathways, consultation and advice is clearly advertised. They should continue to expand provision, focusing on the needs of the most vulnerable such as those with autism or neurodisability, making full use of the £47 million year-on-year uplift in 2020/21 CCG baseline funding for CYP mental health services (including crisis and eating disorders). The baseline funding uplift since 2018/19 is now £83 million. The National Quality Improvement Taskforce for children and young people’s mental health, learning disability and autism inpatient services has resumed its work and will be getting in touch with providers in the coming weeks. Community and inpatient services should continue working to improve pathways of care across their services.

This year will be the largest flu vaccination programme and we must do all we can to protect our staff and patients. We are already engaging with the vaccination programme team to make sure the specific needs of the mental health sector are considered and will be working closely with regional colleagues.

Support for NHS staff

We have launched a health and wellbeing offer for all NHS staff, which includes a telephone and text helpline and access to support for issues such as debt, bereavement, stress, domestic violence etc.

We are aware that many systems are putting in place local offers to support health and social care frontline staff. As signalled in the Winter Wellbeing plan, we are supporting a number of pilot sites across the country, testing an approach to improving staff mental health by establishing resilience hubs working in partnership with Occupational Health programmes. These pilots will undertake proactive outreach and assessment, and coordinate referrals access to prompt and evidence-based treatment and support for a range of needs, with a view to making the case for further roll out in future years.

The direct and indirect effects of COVID-19 will probably have psychological and social impacts that will have an effect on mental health and planning for some years to come. We will continue to address the impact of COVID-19 for the rest of this year, and beyond. Services should continue to ensure delivery of safe care in appropriate settings, addressing risks to both the mental and physical health of patients and staff in line with published guidance.

3. Restoration of adult and older people's community health services

This guidance on the restoration of adult and older people's community health services supersedes the prioritisation guidance for community health services first published on 20 March 2020 and updated on 2 April 2020, which is withdrawn.

All the service areas listed in the 20 March 2020 and 2 April 2020 guidance should now be fully reinstated, including where needed home visits for vulnerable adults, subject to appropriate infection control protections in line with Public Health England advice, and any other relevant NHS England guidance.

4. Using patient initiated follow-ups as part of the NHS COVID-19 recovery

Introduction

This section provides practical information about implementing patient initiated follow-up (PIFU) processes in secondary care. This guidance has been informed by the experience of providers and specialties that implemented PIFU as part of their COVID-19 response or before the pandemic, and guidance published by the national cancer programme.

In line with the personalised care agenda, PIFU can play a key role in enabling shared decision-making and supporting patients with self-management, by helping them know when and how to access the right clinical input. Used alongside clinical waiting list reviews, remote consultations and a ‘digital first’ approach, it is a useful tool for provider recovery.

Benefits of patient initiated follow-up

Benefits to patients	Benefits to clinicians	Benefits to organisations and systems
• Together with remote appointments, encourages patients to attend appointments, as they know they will not need to go to an NHS site unless clinically necessary • Improves patients' engagement with their health • Empowers patients by allowing them to book appointments when they most need them (eg during a flare-up) • Services are more responsive due to improved management of waiting lists • Time and cost savings due to not having to travel to appointments without clinical need[9,10] • Improved patient satisfaction[11] and reduction in anxiety	• Ensures clinicians know that they are seeing the patients who need it the most • Provides a mechanism for the clinician to jointly develop plans and 'what if' scenarios with patients, and share the clinical risk • Helps clinicians to manage their caseloads and waiting lists • Gives clinicians confidence that patients know how to contact services if they need to	• Reduction in waiting times and waiting lists due to net reduction in follow-up appointments[9,10,11] • Reduction in service costs[9] • Reduction in did not attends (DNAs) and improved use of clinical resources • Reduction in unmet need and clinical risk from patients being on waiting lists for follow-up appointments • Enabler to reducing outpatient appointments

When to use patient initiated follow-ups

Individual services should develop their own guidance, criteria and protocols on when to use PIFUs. PIFU pathways can be used for patients of any age, provided the patient and their clinician agree that it is right for them. In some cases, it may be appropriate for the patient to share the responsibility with a carer or guardian. Some general guidance is given below.

[9] Coleridge S, Morrison J. Patient-initiated follow-up after treatment for low risk endometrial cancer: a prospective audit of outcomes and cost benefits. *Int J Gynecol Cancer* Published Online First: 5 May 2020.
[10] Wickham-Joseph R, Lugman I, Cooper N, et al. P166 Patient-initiated follow-up for low-risk endometrial cancer: an economic evaluation. *Int J Gynecol Cancer* 2019; 29: A160.
[11] Hewlett S, et al. Patient initiated outpatient follow up in rheumatoid arthritis: six year randomised controlled trial. *BMJ* 2005; 330: 171.

For PIFU to be suitable for a patient, they should meet the following conditions:

- at low risk of urgent follow-up care and satisfies criteria established by the specialty[12]
- is confident and able to take responsibility for their care for the time they will be on the PIFU pathway, eg they do not have rapidly progressing dementia, severe memory loss or a severe learning disability[13]
- understands which changes in their symptoms or indicators mean they should get in touch with the service, and how to do so
- has the tools to understand the status of their condition (eg devices, leaflets, apps) and understands how to use them
- has the health literacy and knowledge, skills and confidence to manage their follow-up care (patient activation); if they do not, the patient may benefit from support to improve these areas in line with the personalised care approach
- understands how to book their follow-up appointments directly with the service, and how long they will be responsible for doing this; for some patients who are unable to book their appointments directly, administrative staff at their care home or GP surgery may be able to help.

If any of the following conditions are met, the appropriateness of PIFU for the patient needs to be carefully considered:

- the patient's health issues are particularly complex
- there are clinical requirements to see the patient on a fixed timescale (timed follow-ups), although it is important to note that a blend of PIFU and timed follow-ups can also be offered (eg for cancer pathways)
- the clinician has concerns about safeguarding for the patient
- the patient takes medicines that require regular and robust monitoring in secondary care
- the patient is not able to contact the service easily (eg lack of access to a telephone[14]).

[12] Whear R, et al. Patient initiated clinics for patients with chronic or recurrent conditions managed in secondary care: a systematic review of patient reported outcomes and patient and clinician satisfaction. *BMC Health Serv Res* 2013; 13: 501.
[13] Batehup L, et al. Follow-up after curative treatment for colorectal cancer: longitudinal evaluation of patient initiated follow-up in the first 12 months. *Support Care Cancer* 2017; 25: 2063–73.
[14] Goodwin VA, et al. Implementing a patient-initiated review system for people with rheumatoid arthritis: a prospective, comparative service evaluation. J Eval Clin Practice 2016; 22(3): 439-445.

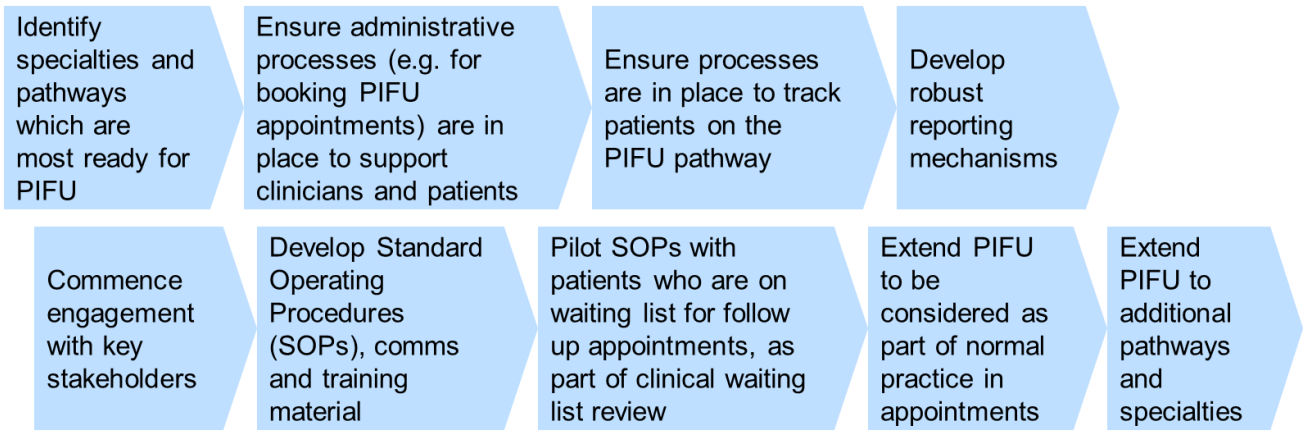
Clinical specialties most suited for patient initiated follow-ups

PIFU can be used in a wide variety of clinical specialties, both medical and surgical:

- cardiology
- colorectal surgery
- dermatology
- diabetes
- disablement services
- ear, nose and throat
- endocrinology
- gastroenterology
- general surgery
- geriatric medicine
- gynaecology
- hepatology
- mental health
- neurology
- oncology
- ophthalmology
- orthopaedics and trauma
- orthoptics
- paediatrics, including dermatology, ENT, epilepsy, gastroenterology, neurology, ophthalmology, orthopaedics, plastic surgery and rheumatology
- pain management
- palliative medicine
- physiotherapy
- plastic surgery
- rehabilitation
- renal medicine
- respiratory medicine
- rheumatology
- thoracic medicine
- urology
- vascular surgery

Implementing patient initiated follow-ups

Example high-level plan for implementing PIFU



Example implementation checklist adapted from work by Somerset CCG.

 Strong clinical leadership and engagement	❑ Identify the specialties and pathways most ready for PIFU, by considering the following: • clinical buy-in • proportion of appointments that are follow-up appointments • number of patients with long-term conditions • number of patients who do not need to be seen for extended periods of time • case studies from elsewhere • academic studies. ❑ Arrange workshops and give clinicians protected time to plan and design their own PIFU processes. ❑ Arrange communication to ensure everyone is sighted on the new process. ❑ Collect feedback from clinicians on what is working well and how implementation can be improved. ❑ Share learning and good news stories to increase engagement across the organisation.
 Effective planning and programme management	❑ Identify service managers responsible for delivering PIFU. ❑ Set regular meetings of service managers to discuss emerging barriers. ❑ Identify stakeholders, eg: • patient groups • clinicians • managers • admin staff • IT team • informatics team • information governance team • primary care • local clinical networks, eg cancer alliances. ❑ Develop engagement plan. ❑ Set clear implementation milestones and PIFU targets. ❑ Plan staff training. ❑ Make plans early for evaluation and data collection.
 A simple patient narrative	❑ Keep the story simple, consistent and focused on benefits, including the opportunity to empower patients. ❑ Develop patient information leaflets and a method for their distribution (eg via post, email, text message). ❑ Communicate clearly to patients about symptoms to watch out for and how to book an appointment. ❑ Engage with patient groups and adapt rollout strategy as necessary. ❑ Gather feedback from patients to enable continuous improvement.

 Locally determined eligibility criteria and protocols	❑ Clinical leads define the PIFUs for their own specialty, follow-up periods and appropriate patients. ❑ Work with admin and IT teams to define how patients will be reflected on booking systems and clinic outcomes. ❑ Identify staff resources required to take calls from patients requesting PIFU appointments. ❑ Work with IT to integrate clinic outcomes for PIFU patients into electronic medical records. ❑ Integrate PIFU with patients' personalised care and support plans. ❑ Carry out a desk review of patients on the waiting list for each specialty or pathway, and adapt approach as necessary: • review practice for scheduling follow-ups for the most common pathways • define the conditions under which it would be safe to share the responsibility for booking follow-ups with patients • review a sample of case notes from patients waiting for a follow-up appointment to test how PIFU would have affected those cases • team member to speak to any patient for whom PIFU may be suitable (eg by video appointment), and if PIFU is right for them, move them to a PIFU pathway. ❑ Embed consideration of PIFU in normal practice for patient appointments. ❑ Encourage sharing of peer learning to support accelerated local uptake of PIFU.
 Accurate reporting systems for tracking PIFU activity	❑ Understand how best to record a patient as being on the PIFU pathway locally. ❑ Analyse baseline activity and performance. ❑ Estimate the impact of PIFU on service appointments and waiting list, and set up processes to monitor this regularly. ❑ Set up performance reporting for the service (see section on data collection). ❑ Have a system for recording discharges at the end of defined follow-up time period.
 Flexible clinic systems	❑ Create flexible clinic capacity to accommodate PIFU appointments. ❑ Set up a user-friendly system for patients to book follow-ups. ❑ Switch off default follow-up letters for patients on the PIFU pathway.

Data collection

Implementing PIFU may create challenges for recording and reporting activity, therefore you may wish to consider implementing local reporting measures that provide insight into the following for each service.

Headline metrics

- Total number and proportion of patients on the PIFU pathway.
- Patient outcomes, eg recovery rates, relapse rates.
- Waiting times.
- DNA rates.

Process measures

- Number and proportion of patients who are:
  - put on a PIFU pathway following an appointment
  - discharged to primary care from PIFU pathway
  - discharged to primary care without being put on a PIFU pathway
  - taken off the PIFU pathway and put back on the routine follow-up pathway.
- Average time between an individual patient's appointments at different stages of treatment.
- Number of patients on the PIFU pathway who:
  - made contact with the service and had an appointment booked
  - made contact with the service but had their issues resolved without requiring an appointment.
- Patient demographics and numbers of patients for whom specific conditions are being managed.

Other outcomes and experience measures

- Patient and staff experience measures.
- Changes in patients' knowledge, skills and confidence (activation) using Patient Activation Measure or similar measures.
- Workforce productivity measures.

Case studies and other resources

General resources

Personalised care resources and policy documents

Letter to GPs about PIFU: Cambridge University Hospitals NHS Foundation Trust

Patient-facing information: The Mid Yorkshire Hospitals NHS Trust; The Royal Free London NHS Foundation Trust

Equality Impact Assessment, Guildford and Waverley CCG

Specialty or condition-specific resources

Cancer:

- Living with and beyond cancer: handbook for implementing personalised stratified follow-up pathways
- Personalised care and support tools: Cheshire & Merseyside Cancer Alliance
- Patient centred follow-up video for breast cancer: East of England Cancer Alliance
- Breast cancer patient leaflet: Sandwell and West Birmingham Hospitals NHS Trust
- Gynaecological cancers recommendations and guidance on PIFU: British Gynaecological Cancer Society

Ear, nose and throat services guidance and case study: Transforming elective care services: ENT, pp27-29.

Gynaecology services guidance and case study: Transforming elective care services: Gynaecology, pp 29-32.

Inflammatory bowel disease case study: Outpatients: The future - Adding value through sustainability, pp 11-14.

Orthopaedics case study: Transforming musculoskeletal and orthopaedic elective care services, pp 31-32.

Rheumatology case study: University Hospitals of Morecambe Bay NHS Foundation Trust and rheumatology patient leaflet, Royal Berkshire NHS Foundation Trust.

5. 2020/21 Phase 3 planning submission guidance

1. Introduction

This section outlines the submission process for the activity, performance, and workforce planning returns as we plan for the remainder of 2020/21. It includes the list of activity and performance metrics (Appendix 1) and links to the technical definitions for activity, performance and workforce measures.

1.1 Background

The third phase of NHS response to COVID-19 letter from Sir Simon Stevens and Amanda Pritchard issued 31 July 2020 recognises that working across Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) has been essential for dealing with the pandemic and the same is true in recovery. We are asking systems to now plan and deliver the goals set out for Phase 3. The planning metrics reflect this by focusing on service demand as reflected in referrals, acute and diagnostic activity, acute bed capacity, and associated ambitions for elective care, cancer, mental health, and learning disabilities and autism.

1.2 Overview

A fundamental principle of this Phase 3 implementation process is that it will be STP/ICS led.

The process for submission of a small number of core metrics will be as follows:

- Draft numerical submission by 1 September submitted through Strategic Data Collection Service (SDCS) by STPs/ICSs. The accompanying short plan commentary should be submitted by email to the relevant regional planning mailbox (see Section 7).

- Final submission to be made by 21 September. Submissions will again be submitted via SDCS and the relevant regional planning mailbox.
- Submission of system level 'Local People Plans', as requested in 'We are the NHS: People Plan 2020/21 - action for us all', also to be made by 21 September as a key enabler of Phase 3 STP/ICS plans. Plans should also be submitted by email to the relevant regional planning mailbox (see Section 7) alongside the plan commentary as set out above.

STPs/ICSs are expected to work across their partner organisations to produce plans that consider alignment between CCGs and providers, and correlation between activity and workforce.

1.3 Timetable

Key tasks	Date
Phase 3 letter issued	31 July
Guidance and template issued	7 August
Draft submission of the STP/ICS activity/performance and workforce templates. Draft submission of the associated STP/ ICS activity/ performance/workforce narrative commentary	1 September
Final submission of the STP/ICS activity/ performance and workforce templates. Final submission of the associated STP/ICS activity/ performance/workforce narrative commentary. Submission of system level 'Local People Plans'	21 September

2. STP/ICS plan collection

2.1 Activity and Performance

The set of planning metrics has been reduced to align with the priorities outlined in the 'third phase of NHS response to COVID-19' letter, and can be found at Appendix 1.

Systems are asked to provide a provide a brief commentary on the key strategic actions and assumptions that underpin the activity metrics within the STP/ICS plan template (see Section 5).

STPs/ICSs are asked to provide forecasts of activity and performance measures to cover the last 7 months of the 2020/21 financial year.

The measures being requested in Phase 3 are a subset of those requested as part of previous operational planning rounds, with a few additional amendments.

- Additional outpatient categories to capture face to face and telephone/video attendances separately
- Additional COVID/Non-COVID split for 1+ day non elective attendances
- Cancer data is requested as a count of activity rather than performance measures around waiting times,

2.2 Workforce

We are the NHS: People Plan 2020/21 - action for us all has been published in parallel. It asks that, in response, all systems should develop a Local People Plan. The submission of these Local People Plans is being aligned to the final submission of STP/ICS Phase 3 plans, and they should reinforce and expand on the workforce element of the STP/ICS planning template (see Section 5).

This submission is intended to collect STP/ICS workforce plans for the last 7 months of the 2020/21 financial year. For 2020/21 the workforce plan is profiled for each month, including 2020/21 forecast outturn values.

The sections in the provider input workforce tab of the template are as follows:

- WTE- Substantive, bank and agency WTE forecasts by staff group and by professions, in post.
- Validations: Summary of any errors highlighted, to be cleared before final submission.

2.3 Support available

Support materials will be made available on the NHS Planning FutureNHS collaboration platform as they become available. Regional leads will be the primary link to STPs/ICSs throughout the preparation, review and assurance of operational plans.

3. Detailed guidance

3.1 Commissioner assignment

For the outpatient, admitted patient care and A&E data sets, the Prescribed Specialised Services Identification Rules (PSS IR) Tool and Commissioner Assignment Method (CAM) have been applied within the National Commissioning Data Repository (NCDR) to identify which commissioner is responsible for purchasing each unit of activity.

A number of changes to the PSS IR Tool were introduced in April 2020. NHS Digital have released the latest version of the tool on their website[15].

3.2 Activity breakdown by Commissioner/Provider

Although the more detailed commissioner/provider categories are not required as part of this return, there are a few subsets of activity measures which are still requested to ensure a full picture of activity is captured.

CCG based activity will include the following “of which” category:

- Independent Sector (IS) activity – the subset of total activity commissioned by the CCG which will be commissioned directly from the independent sector. This activity is in addition to, and should therefore exclude any:
    - activity planned to be delivered by providers covered under the existing nationally agreed contract; or
    - activity that would be delivered by those same providers under a re-procured national framework (see the ‘Phase 3 of COVID-19 response and NHS recovery’ letter).

[15] https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools/prescribed-specialised-services-psp-planning-tool-2020-21

Provider based activity will include the following “of which” category:

- Specialised Commissioning – the subset of total activity which is expected to be commissioned by Specialised Commissioning rather than CCG or other sources.

Independent Sector Activity as part of the national contract / framework

The STP/ICS should set out:

- activity planned to be delivered by providers covered under the existing nationally agreed contract; or
- activity that would be delivered by those same providers under a re-procured national framework (see the ‘Phase 3 of COVID-19 response and NHS recovery’ letter).

This will cover elective and diagnostic activity and is requested as a weekly rather than monthly breakdown. It should not include any activity already recorded under the CCG and Provider input tabs.

This is the only part of the template where IS activity delivered under the national contract / re-procured national framework should be captured. Activity delivered by independent sector providers that are covered by the current national contract should be excluded from the CCG and Provider input tabs.

4. STP/ICS plan template

The template will be configured by each STP/ICS through selecting your organisation from the drop-down menu. You will then be asked to provide data for all measures for your relevant CCGs and providers, which will be used to calculate a total STP/ICS view. Each provider will appear only once, using mapping derived from system control totals.

Data should be recorded by month from September 2020 onwards. April 2020 data will be prepopulated for activity wherever these figures are published and available, however there will be no prepopulated data for performance or workforce measures. Please consult the activity, performance and workforce technical definitions for details of the source data should you wish to consult previously published figures.

4.1 Data sharing

This tab contains important information about how the data submitted in the return will be shared within the system post submission. STPs/ICSs and organisations are asked to take a shared, open-book approach to planning.

To support the development and assurance of plans and to monitor progress, NHS England and NHS Improvement intend to share plans with other NHS organisations and STP/ICS partners, including the production of assurance tools and the pre-population of plans in the final submission template. If you do not consent to the sharing of plans in this way, you can opt out via the relevant tick box in the template.

4.2 Validations

The validation summary provides an overview of all hard validations included in the template. Any validation which has triggered on this page will prevent your file from being submitted. It is important that this page is reviewed prior to submission and any outstanding issues resolved. All validations contain hyperlinks to each cell to reconcile and assist with the error clearance process. Please adhere to these guidelines to help minimise error:

- Avoid dragging and dropping as this can corrupt formulas; please use ‘copy’ and ‘paste special values’ for data extracted from other sources.
- The correct signage and currency must be used – e.g. WTE figures should be rounded to two decimal places. Activity number should be provided as whole numbers etc.
- Ensure when submitting that data is not linked to other workbooks.
- No required cell should be left blank – if no activity or WTE value of the type indicated has been planned for then a 0 should be entered. All data should be entered as numbers, with the exception of comments fields – do not use “N/A”, “NIL” etc.
- Check the validation section summary to ensure all errors are cleared before submission.

4.3 STP/ICS selection

This page allows you to select your STP/ICS and will populate the rest of the return accordingly. All providers and commissioners are assigned to a single STP/ICS, and this configuration cannot be changed within the template. Please record all

data relating to a particular organisation, and not just the portion that relates to the parent STP/ICS.

4.4 STP/ICS overview

This tab provides an aggregate view of all data submitted throughout the template, giving an overall STP/ICS position. It also includes some additional calculations and visualisations to assist in the assessment of your data to ensure it reflects your expected position. Please review this tab before submission, with particular reference to:

- the overall STP/ICS position and whether the activity and workforce positions align with each other and the expected financial position
- whether activity levels account for seasonality and meet the expectations laid out in the planning letter and
- the level of alignment in activity volumes between providers and commissioners - although it is not expected that volumes will match an indication is provided on this tab to highlight where provider and commissioner values show a high level of variation.

4.5 CCG input

This tab requires the input of activity and performance profiles for September 2020 to March 2021. Full definitions are in the technical definitions document – wherever possible total fields will be auto-calculated. One table must be completed for each CCG assigned to the STP/ICS.

Validations are present against each data row, with a summary of the status of these validations at the top of the page. Hyperlinks are also used to allow the user to navigate to each individual CCG table.

All activity figures should be provided in whole numbers and take account of seasonality and other factors. Comments boxes are also provided to allow for additional commentary to explain the planned profiles.

4.6 Provider input – activity

This tab is the provider equivalent of the CCG input tab, covering provider activity and performance measures.

Providers are only allocated to a single STP/ICS and data submitted here should represent the entirety of the provider's expected activity, not just the activity occurring on behalf of CCGs within the STP/ICS.

All activity figures should be provided in whole numbers and take account of seasonality and other factors. Comments boxes are also provided to allow for additional commentary to explain the planned profiles.

4.7 Independent Sector

This tab requires a weekly breakdown of the expected independent sector activity from providers covered by the current national contract, or those same providers under a re-procured framework (once in place) across the STP/ICS footprint. This should not include any activity captured elsewhere in the template (e.g. other locally commissioned arrangements) and relates to elective and diagnostic activity only.

Data should be provided per week, but otherwise follows the definitions for the relevant measures as set out in the technical definitions. All figures must be entered as whole numbers.

4.8 Provider input - workforce

This section collects whole-time equivalent (WTE) forecast information by staff and professional groups for substantive, bank and agency staff numbers.

Substantive staff WTE should be based on WTEs from the electronic staff record (ESR), or similar workforce system, adjusted for:

- secondments in and secondments out;
- recharges in and recharges out; and
- staff provided or received through provider-to-provider contracts.

The all-staff total represents the total planned workforce. The substantive staff section should represent planned substantive staffing levels, while any staffing gaps between the substantive position and total planned workforce should be captured in bank and agency figures to indicate how the shortfall is planned to be filled.

For each heading, the provider is required to provide the planned monthly profile of WTEs for the 2020/21 financial year.

Occupational codes are mapped against each of the roles and have been included as a guide for trusts.

4.9 STP/ICS input

This tab collects information provided for an entire STP/ICS footprint, covering various performance measures not required/appropriate for collection at provider or commissioner level. This tab also includes measures relating to ambulance trusts. As with the provider tab, each ambulance trust has been assigned to a single STP/ICS, but it is expected that the submission will encompass all activity for that ambulance trust, and not just that activity which relates to the STP/ICS.

5. STP/ICS plan commentary

5.1 Commentary on patient activity and workforce numbers in plans

STPs/ICSs need to provide an explanation of the key elements of their delivery plans that drive the patient activity and performance elements of their plans.

In your commentary, please also set out how key services will be restored inclusively to help address health inequalities.

Area	Areas and assumptions to be covered by commentary

Elective	• Key strategic actions and assumptions that underpin:
	  ○ Planned referral levels;
	  ○ Outpatient
	  ○ Day case;
	  ○ Ordinary elective activity; and
	  ○ RTT waiting list position
	• Where not included in the above, the assumed impact of any significant capacity constraints related to minimising the risk of COVID-19 transmission and how these are addressed as part of your plan including:
	  ○ The level of activity expected to be delivered through additional sessions e.g. through extended hours / at weekends
	  ○ Actions to maximise independent sector activity under the national contract
	  ○ Availability of workforce and actions to use the skills of people and teams most effectively and efficiently across the system (linked to overall workforce narrative)
	  ○ Availability of protected diagnostic and treatment facilities (surgical and non-surgical)
	  ○ Actions to maximise the use of digital technology to provide care more efficiently
	• Additional actions planned to sustain the continued recovery of services during the winter period
	• Any key issues and risks associated with the above

Non-elective	• Key strategic actions and assumptions that underpin:
	  ○ A&E attendances
	  ○ Non-elective admissions (including 0 vs +1 length of stay)
	  ○ Available G&A beds and occupancy
	• Where not included in the above, the assumed impact of actions to:
	  ○ Minimise demand on A&E services
	  ○ Increase acute admission capacity and improve flow
	  ○ Sustain reductions in length of stay
	• COVID patient demand
	• Additional actions planned to sustain the continued recovery of services during the winter period
	• Any key issues and risks associated with the above

Area	Areas and assumptions to be covered by commentary

Cancer	• Key actions and assumptions that underpin planned treatment volumes and waiting time performance
	• Where not included in the above, the assumed impact of any significant capacity constraints related to minimising the risk of COVID-19 transmission and how these are addressed as part of your plan including:
	  ○ Availability of capacity and workforce (both diagnostic – especially endoscopy and CT/MRI – and treatment) to meet current and returning demand, including from independent sector.
	  ○ Availability of protected diagnostic and treatment facilities (surgical and non-surgical)].
	  ○ Any significant expected variation in access to services for particular patient groups and how this is being mitigated.
	• Any key issues and risks associated with the above

Diagnostics	• Key strategic actions and assumptions that underpin planned activity volumes, where not covered under the elective and cancer elements above. • Any key issues and risks associated with the above

Area	Areas and assumptions to be covered by commentary

Workforce	• Key actions and assumptions that underpin the workforce numbers in the completed STP/ICS plan template. This should include a workforce availability assessment that covers the following critical areas:
	  ○ Retaining and deploying NHS returners
	  ○ Further recruitment plans
	  ○ Use of bank and agency
	  ○ Use of additional hours (balanced with health and wellbeing considerations)
	  ○ Redesign of teams and roles
	  ○ Managing redeployment following risk assessments
	  ○ Deployment across systems, sectors and organisations
	  ○ Addressing sickness absence
	  ○ Supporting health & wellbeing, including rest and recuperation
	• An assessment of the match between workforce availability and the workforce requirement linked to the activity and service redesign plans
	• Plans to complete staff risk assessments on an ongoing basis
	• Any key issues and risks associated with the above

5.2 Local People Plans

STPs/ICSs are asked to provide their system level response on the priorities set out within 'We are the NHS: People Plan 2020/21 - action for us all'. This narrative should include:

1. a summary of the system response to the actions across the sections of the Plan:
    a. Looking after our people
    b. Belonging in the NHS
    c. New ways of working and delivering care
    d. Growing for the future
2. any key risks to delivery and further support required to meet each of the actions.

The actions set out within the Local People Plan should be fully aligned with the Phase 3 workforce template and narrative submissions as set out above.

6. Submission process

Each STP/ICS will submit a single completed template to SDCS. This system will then collate the returns and produce extracts post submission.

STPs/ICSs are requested to submit the accompanying plan commentary in a word document at the same time alongside the SDCS template. The commentary should be submitted by email to the regional planning mailbox as set out in Section 7. Local People Plans should also be submitted by email to the regional planning mailbox.

All submitters for the STP/ICS should receive an email from SDCS service shortly before the window opens, to confirm they are the correct submitter. If you do not receive this invitation at least 1 day before the window opens please contact the NHS Digital Data Collections team to request a log in[16].

Data can be submitted at any point once the submission window is open via the SDCS website[17]

Guidance on the SDCS system can be accessed on the NHS Digital website[18]

Wherever possible, on submission validation will be used to ensure plans are complete and that files which breach hard validations cannot be submitted (e.g. missing or invalid data). Please ensure that you review the validation section of your return before submission – this will indicate any remaining errors which would cause your file to be rejected.

6.1 Sign off

The template does not include details of the internal sign off process within each STP/ICS. It is assumed that by submitting the return the STP/ICS confirms that the plan is a reflection of the collective intentions of the system for the rest of the year, that activity and workforce plans align and that the plan is agreed by all STP/ICS partners.

[16] The data collections team can be contacted at data.collections@nhs.net
[17] https://datacollection.sdcs.digital.nhs.uk/
[18] https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/strategic-data-collection-service-sdcs

7. Key planning contacts and resources

7.1 Regional contacts

STPs/ICSs should initially contact their region for advice on planning, using the contact details below:

Location	Contact information
North East and Yorkshire	england.nhs-NEYplanning@nhs.net
North West	england.nhs-NWplanning@nhs.net
East of England	england.eoe2021operplan@nhs.net
Midlands	england.midlandsplanning@nhs.net
South East	england.planning-south@nhs.net
South West	england.southwestplanning@nhs.net
London	england.london-co-planning@nhs.net

7.2 National and wider technical issues

Subject area	Contact information
SDCS collection portal	data.collections@nhs.net
NHS National Planning Team – activity and performance, workforce and general planning queries	england.nhs-planning@nhs.net
Integrated Planning Tool	england.covid-ipt@nhs.net

7.3 FutureNHS collaboration platform

General updates and resources will be provided on the NHS Planning FutureNHS collaboration platform throughout the Phase 3 planning round.

You will need a FutureNHS account to access pages, and can get this at: https://future.nhs.uk/connect.ti/system/home following the registration process outlined.

7.4 Integrated Planning Tool

An Integrated Planning Tool (IPT) has been developed to support STPs/ICSs in completing Phase 3 returns.

The IPT brings existing data and models together into a single system for planning. It is designed to assist STPs/ICSs in developing local plans and understanding the resource constraints and implications of planned activity.

How to access and further information

For further information regarding the tool, details on how to access and support sessions being made available please refer to the NHS COVID-19 Data Store FutureNHS collaboration platform.

8. Information governance

Information governance requirements on the collection of data from acute, specialist, mental health, community, and ambulance trusts relating to annual operational and strategic planning, intended data uses and further sharing are included in the relevant templates.

Data will be shared within NHS England and NHS Improvement. Any further data sharing will be subject to an opt-out clause as detailed in the appropriate submission template.

Further support and information on information governance can be provided by: england.ig-corporate@nhs.net

Appendix 1: Activity and performance metrics

Measure Reference	Sub Category	Measure Name
E.A.3		IAPT Roll Out
E.B.18		Number of 52+ Week RTT waits
E.B.3a		RTT Waiting List
E.B.26	E.M.26a; E.M.26b; E.M.26c; E.M.26d; E.M.26e; E.M.26f	Diagnostic Test Activity
E.B.30		Urgent cancer referrals
E.B.31		Cancer treatment volumes
E.B.32		Number of patients waiting 63 or more days after referral from cancer PTL
E.H.9		Improve access to Children and Young People's Mental Health Services (CYPMH)
E.H.12	E.H.12a; E.H.12b	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days
E.H.13		People with severe mental illness receiving a full annual physical health check and follow up interventions
E.H.15		Number of women accessing specialist perinatal mental health services
E.H.17		Number of people accessing Individual Placement and Support
E.H.27		Number of people receiving care from new models of integrated primary and community care for adults and older adults with severe mental illnesses
E.K.1	E.K.1a; E.K.1b; E.K.1c	Reliance on inpatient care for people with a learning disability and/or autism
E.K.3		Annual Health Checks delivered by GPs for those on the LD register

E.M.7	**E.M.7a; E.M.7b**	**Referrals made for a First Outpatient Appointment (General & Acute)**
E.M.8-9	**E.M.8c; E.M.8d; E.M.9c; E.M.9d**	**Consultant Led Outpatient Attendances (Specific Acute)**
E.M.10	**E.M.10a; E.M.10b**	**Total Elective Spells (Specific Acute**
E.M.11	**E.M.11a; E.M.11c; E.M.11d**	**Total Non-Elective Spells (Specific Acute)**
E.M.12	**E.M.12a; E.M.12b**	**Type 1-4 A&E Attendances**
E.M.23		**Ambulance conveyance to ED**
E.M.26		**General and Acute Bed Occupancy**

6. COVID-19 data collections: changes to weekend collections

As part of our COVID-19 response, we have been running a number of COVID-19 related data collections over the weekend. The reduction in the national incident level for the COVID-19 response from level 4 to level 3 stated that weekend collections would be stopping from Saturday 8 August onwards - here are more detail on these changes.

In the event of the incident increasing in severity once more, we may need to stand up working on a 7-day per week basis and would be in touch at that point.

For most of the weekend collection we will open the collections for submission on a Saturday/Sunday as normal, but instead of the collection closing that same day, it will remain open until the deadline for the Monday collection. This allows organisations to make no submissions over the weekend (and submit Saturday, Sunday and Monday submissions on a Monday morning), or to continue to upload data over the weekend. This excludes the reporting of deaths, which will continue daily.

The table below list the collections that are covered by this change and, for each one, describes the way in which weekend data will be collected going forwards:

Collection name	Changes to weekend collections
COVID-19 daily sitreps (including NHS Acute, NHS MHLDA, IS Acute and IS MHLDA)	Saturday and Sunday collections will open at 08:00 as usual on Saturday/Sunday morning but will remain open until 11:00 on Monday morning.
Daily discharge collections (including acute and community)	Collections in respect of Saturday and Sunday would open at the normal times but would remain open for submission until Monday.
UEC sitrep	Collections in respect of Saturday and Sunday would open at the normal times but would remain open for submission until Monday.
NHS111 MDS daily	We would not open collections on a Saturday or Sunday. The weekly MDS data already collected on a Monday will be used instead.
NHS111 staffing daily	We would not open collections on a Saturday or Sunday.
Daily deaths data	Continue daily

TRANSFORMING AND IMPROVING PATIENT CARE

8. Patient/Staff Story – Community Physiotherapy - James Lendon

To Note

9. Business Better Than Usual Service Transformation

To Approve

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	**3rd September 2020**
Meeting:	**Public Meeting of the Trust Board**
Title of report:	**Business Better than Usual (BBTU)**
Author:	**Anna Basford**
Sponsor:	**Owen Williams**
Previous Forums:	**Private Trust Board Meeting 2nd July 2020**

Actions Requested:

1. **CONFIRM SUPPORT** for the strategic learning themes that have been identified
2. **APPROVE** establishment of the BBTU Programme Management and Governance Arrangements

Purpose of the Report

- Describe the method used by CHFT to engage colleagues, patients and partners across the Calderdale and Greater Huddersfield health and social care system to capture learning from experience of their responses to the COVID -19 pandemic;
- Identify learning themes and new ways of working that need to continue and inform planning for future delivery models in the short, medium and longer term;
- Describe next steps and governance to take forward a strategic programme of transformation based on the learning.

Key Points to Note

The COVID-19 crisis has necessitated many changes implemented at pace across the health and social care system. Despite these challenging circumstances positive learning is emerging. The learning must inform future service delivery models to sustain examples of positive transformation and the future delivery of 'Business Better than Usual'.

The report identifies 12 learning themes and proposes that the Trust establishes Business Better than Usual programme management and governance arrangements to progress work.

EQIA – Equality Impact Assessment

The next steps to take forward the learning themes is to develop specific project plans.

The development of the plans will be informed through the continuous involvement of patients, carers and colleagues in focus groups to undertake Quality & Equality Impact Assessment (QEIA) and digital impact assessment. The programme management and governance arrangements described will ensure that plans to mitigate risks or negative impacts are developed and implemented.

Recommendation

CONFIRM SUPPORT for the strategic learning themes that have been identified

APPROVE establishment of the BBTU programme management and governance arrangements.

Business Better Than Usual

Findings from engagement with CHFT colleagues, partner organisations, members of the public, and patients to learn about new ways of working that have been implemented during the COVID-19 pandemic to inform planning for future delivery models

September 2020

1. Background

The COVID-19 crisis has necessitated many changes forced by critical need and implemented at an unprecedented pace across the health and social care system. Despite these challenging circumstances positive learning is emerging.

The threat of COVID-19 is still present in our communities and we must ensure that we remain prepared for any future surges. Services will need to be rebuilt around a new reality in which social distancing and the use of Personal Protective Equipment (PPE) will have paramount importance.

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.

2. Purpose

The purpose of this report is to:

- describe the method used by CHFT to engage colleagues, patients and partners across the Calderdale and Greater Huddersfield health and social care system to capture learning from experience of their responses to the COVID - 19 pandemic;
- share the findings from the engagement undertaken;
- identify learning themes and new ways of working that need to continue and inform planning for future delivery models in the short, medium and longer term (including how this will impact on hospital reconfiguration and estate development plans);
- propose next steps and governance to take forward a strategic programme of transformation based on the learning.

3. Engagement Approach – Method

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. The engagement included:

- A series of digital Teams meetings with invited representatives from all clinical and non-clinical services provided by the Trust. A set of question prompts was used to structure discussion and each engagement meeting was supported by a facilitator. Notes were taken and shared with participants to confirm accuracy.
- The provision of an email portal that any colleague in the Trust was invited to send their comments and views to – this was repeatedly publicised via the daily communications bulletin;
- Digital Teams meetings with invited representatives from health and social care partner organisations in Greater Huddersfield and Calderdale. A set of question prompts was used to structure discussion and each engagement meeting was supported by a facilitator. Notes were taken and shared with participants to confirm accuracy.
- A public and patient electronic survey was also undertaken. The survey questions were developed with advice provided by Healthwatch and the survey was distributed; by direct text and email to all patients that had been contacted during the pandemic; by email to Trust volunteers and members; via social media (Facebook and Twitter). A telephone number that people could call if they required support to complete the on-line survey was also provided.

4. Findings

The table below provides a summary of the number of people that participated in the engagement. Overall 185 CHFT colleagues, 9 health and care partner organisations, and; 1,377 patients and members of the public have provided input to the engagement.

CHFT Colleagues	28 digital meetings involving 185 colleagues (excluding engagement staff leading the sessions) 18 individual colleague responses were also submitted via email
Partner Organisations	8 meetings scheduled with partner organisations including: Locala, Kirklees Council, Calderdale Council, Greater Huddersfield Primary Care Network Directors, Calderdale Primary Care Network Directors, Calderdale and Greater Huddersfield CCGs, South West Yorkshire Partnership Foundation Trust and Yorkshire Ambulance Service.
Patient and Public Survey	Survey distribution to circa 38,000 people (in addition the survey may have been forward / retweeted). 1,377 responses have been received – a 4% response rate.

The approach of engaging people has been positively received. Colleagues and partner organisations have advised that they have found it beneficial to have dedicated time to reflect on their experience during the pandemic and to share their views on how this can inform the development of services and new ways of working in the future. Partner organisations have requested that the findings from this engagement are shared and that this will provide useful information to inform the development of place-based system recovery plans.

The detailed outputs from the engagement are provided in supporting documents that are available for review on request and can be accessed by Board members in the Convene Review Room.

Supporting document 1 – Provides the detailed notes of discussion at the meetings held with CHFT colleagues by service grouping or with partners by organisation. A standard structure for the notes was used.

The meetings that were held is shown below.

Service or Partner Engagement Meetings Held		
1. Oncology & Haematology 2. Neurology, Neurophysiology, Stroke 3. Dermatology, Rheumatology, Renal, Psychology 4. Gastroenterology 5. Cardiology 6. Respiratory 7. Diabetes & Endocrinology, Geriatric Medicine, Acute Medicine 8. Emergency Medicine 9. General Surgery – Colorectal, Upper GI, Breast, Urology 10. Critical Care, Pain Management 11. Theatres and Anaesthetics and Day Surgery 12. Trauma and Orthopaedics	13. Head and Neck – Ophthalmology, ENT, Maxillofacial 14. Radiology 15. Pathology 16. Children's Services 17. Pharmacy 18. Outpatients and Records 19. Community Services Division 20. Gynaecology, Obstetrics, Sexual Health 21. PMO, Transformation and Communications 22. Finance 23. Workforce and OD 24. Central Operations 25. Patient Experience (including risk and corporate quality) 26. Calderdale and Huddersfield Solutions - Procurement, Estates, Facilities Management and Transport	27. The Health Informatics Service (THIS) 28. Huddersfield Pharmacy Solutions 29. Locala 30. Kirklees Council Social Care 31. Calderdale Council Social Care 32. Greater Huddersfield Primary Care Network Directors 33. Calderdale Primary Care Network Directors 34. Calderdale and Greater Huddersfield CCGs 35. South West Yorkshire Partnership Foundation Trust 36. Yorkshire Ambulance Service

Supporting document 2 – Provides analysis of the notes of engagement meetings structured by the following topics: diagnostics, digital, emergency, inpatients, outpatients, workforce, estates and facilities.

Supporting document 3 – Provides analysis of the 1,377 patient and public survey responses received. Whilst there has been a relatively high number of responses there are some gaps in responses from people with protected characteristics. The survey period was extended to the end of June to enable the Trust to continue work with Healthwatch and the Trust's Equality and Diversity Manager to reach out and encourage more responses from people with protected characteristics.

In summary the survey findings indicate that the majority (88%) of patients contacted during the pandemic felt this had been handled well and sensitively. The majority of people were also positive about accessing healthcare through digital consultations or telephone and that this was due to not wanting to travel, not wanting to be in a waiting room, wanting to social distance and to only attend hospital if this was urgent. However, there are some responses that indicate not all

patients are comfortable with the use of digital technology and may experience difficulties due to language, cost, usability – potentially this could be the experience of people that have the greatest health inequality challenges and future plans will need to understand and mitigate these risks.

5. Learning Themes

The supporting documents provide very rich detail of the feedback obtained through the engagement. The notes of the meetings have been shared with participants and it is expected that these will be used to inform service specific planning and development. Analysis has also been undertaken to distil the broad organisation and system wide learning themes that could inform a strategic programme of transformation.

The 12 strategic themes identified by most services and organisations as the areas where they would want to sustain the changes that have been made and build on the transformation that has taken place during the pandemic are:

i. Community integration and partnerships
ii. Remote patient appointments
iii. Direct assessment pathways
iv. Workforce and organisational development
v. Working from home
vi. Needs based prioritisation
vii. Clinical communication, virtual multi-disciplinary team (MDT) meetings and education
viii. Digital options for visitors
ix. Theatre productivity
x. Pathology
xi. Estates and Facilities
xii. Preventative Care

A summary description of each of themes is provided in the table below and also shown as a single ‘plan on a page’ at appendix 1. The themes are inter-connected and could be progressed as a programme of work to describe a system-wide transformation of the future health and care operating model in Calderdale and Greater Huddersfield.

THEME	BUSINESS BETTER THAN USUAL - SUMMARY DESCRIPTION
Community Integration and Partnerships	Participants in the engagement reported that the pandemic removed organisational barriers and bureaucracy to enable the integration of care out of hospital. There is a reported cultural shift (re-set) with people taking whatever actions are necessary and having a problem-solving approach to support patients. New and integrated community models have been implemented at pace. For example this includes discharge to assess, care home support (redeploying staff and providing enhanced support), collaboration with hospices to provide specialist end of life care, integrated working of optometrists and ophthalmologists, electronic prescribing and pharmacy delivery, integrated working of the frailty team with community services and care homes, use of Independent Sector capacity. Primary Care Networks have had a key role in leading and organising care in localities. There is a shared appetite to sustain and further develop new integrated community models of care and to accelerate this through the use of digital technology across health and social care. During the engagement participants have advised that the national relaxation on some regulations has enabled changes to streamline care and that these should continue – e.g. Continuing Healthcare Assessments. The development of care out of hospital and modelling of required hospital capacity are mutually dependent - the learning from the pandemic will need to be considered in the plans for future hospital service reconfiguration.
Remote Patient Appointments	Across primary, community and hospital services digital or telephone appointments has been the first option during the pandemic for patient access with face to face appointments only available for urgent care. Generally, members of the public have found this a positive experience. There is recognition that the need for social distancing in the future will mandate that this remains the first option for patient access. The future delivery model for outpatient services in all specialities will need to consider options to include clinical assessment service (triage review of all referrals), virtual and telephone appointments, straight to test options, patient-initiated follow ups, and one-stop clinics with reduced numbers attending for face to face appointments only when absolutely necessary. In taking forward this model the risk of digital exclusion and the negative impact this could have on people already experiencing significant health inequalities has been identified - and there is a shared commitment of the need to mitigate this risk. GPs have identified that digital meetings and telephone contact with hospital colleagues to enable a two-way conversation / advice and guidance on referrals should be part of the future model. The development of alternate options for access to out-patient services will need to be considered in the estate plans for future hospital service reconfiguration.
Direct Assessment Pathways	During the pandemic to reduce the number of people waiting to be treated in Emergency Departments (ED) and the requirement for segregation of patients, a number of direct assessment pathways were implemented - this includes in gynaecology, ENT, ophthalmology, paediatrics, frailty, and minor injuries. These pathways have been recognised as having benefit in terms of social distancing, infection control and patient experience outcome – as patients receive more timely definitive assessment and treatment in the speciality. These

THEME	BUSINESS BETTER THAN USUAL - SUMMARY DESCRIPTION
	benefits and the continued need for space in ED to segregate COVID patients means that these direct assessment pathways need to continue. Development of new direct assessment pathways will need to be considered in the plans for hospital configuration to clarify the essential clinical adjacencies and physical space requirements.
Workforce & OD	There has been consistently positive feedback from all organisations about the focus on support for colleagues' well-being that has been provided and a request for continuation of this. In terms of new ways of working CHFT colleagues and partners have identified that the redeployment of staff to new areas has enabled people to develop new skills. There is a request to retain this option in the future that could enrich job roles, spread learning, and support service integration models - e.g. ODAs in ICU, specialist nurses working in DN teams. This could inform the development of new 'generic' and multi-disciplinary workforce models in the future.
Working from Home	Home working has been implemented at pace across most clinical and non-clinical services in the health and care system during the pandemic. This has included the direct provision of patient consultations delivered from home by clinicians. There has been very positive feedback on the use of digital meetings that this has improved attendance and removed stress related to travel and car parking. The option of working from home has brought reported benefits in 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. However, this will also require focused work to address issues related to availability of digital equipment, risk assessments relative to homeworking environment (seating, lighting etc) and health and well-being support and risk assessment for colleagues working in remote / isolated environment. The potential for increased homeworking will need to be factored into plans for future hospital service reconfiguration and future physical space required for meetings rooms, offices, car parking and the impact on travel plans etc.
Needs based Prioritisation	During the pandemic all non-urgent and routine care across primary, secondary and social care has been suspended. As services consider the re-start of care there is recognition that going forward this must be based on prioritisation of people's needs and risks and take account of population health inequalities. This is a fundamental change from treating people based on their chronological order of referral – or ability to pay under means testing. A programme of work is needed to establish system wide transparent, ethical and needs based prioritisation criteria to model future demand and capacity.
Clinical Communication, Virtual MDTs & Education	During the pandemic there has been acceleration of the use of digital / virtual multi-disciplinary team meetings (MDTs). These were already the way of working in some services but have been more widely adopted during the pandemic. Feedback has been largely positive advocating this must become the new normal – delivering benefit related to timely review of patient care, colleague social distancing, improved productivity, home-life balance and positive impact on climate change (reducing travel to other hospitals such as Leeds or Bradford). Some colleagues have identified that whilst digital meetings are

THEME	BUSINESS BETTER THAN USUAL - SUMMARY DESCRIPTION
	effective it does not provide face to face peer support in the same way and they hope this more informal support will become possible in the future. GPs have identified the benefit of digital meetings and direct telephone contact with hospital colleagues to enable a two-way conversation / advice and guidance on referrals and that this should continue in the future. During the engagement some colleagues have also suggested that there is opportunity to re-think the provision of clinical and non-clinical training with more options provided for this to be delivered on-line or via digital meetings. This could have implications regarding the education physical space required in the future and will need to be considered in the plans for hospital reconfiguration.
Digital Options for Visitors	During the pandemic restrictions have been applied to limit hospital visitors. Digital options have been made available and there is support for these to continue in the future and potentially could have wider applicability in other care setting such as care homes. A number of benefits have been identified in relation to social distancing and also that friends and family who may be geographically remote can keep in touch and support patients. Future plans for hospital reconfiguration will need to consider the provision of digital access points at each bedside to enable remote visiting.
Theatre Productivity	During the pandemic all non-urgent elective surgery was cancelled / suspended. The restart of operating services is complex as it will require the continued need for infection control requirements that limit the number of procedures per list due to use of PPE, infection control cleaning, patient and staff segregation. The reduction in number of procedures that can be undertaken per operating list will require needs-based prioritisation of patients and subject to availability of resources the possible move to 3 session days and weekend working. The future models must ensure the physical segregation of elective and non-elective operating areas and staffing, and consideration needs to be given to the on-going role of capacity provided at private sector providers. This will inform the future estate plans for reconfiguration of hospital services and the importance of having separate sites for elective and non-elective care. Many participants in the engagement shared their concern regarding delay in patients accessing the treatment and procedures they need during the pandemic. There was a common theme of the need to ensure that in the future there are clear mechanisms for keeping in touch and communicating with patients, providing regular review of their condition and to offer support.
Pathology	During the pandemic fundamental changes in the provision of pathology services have been implemented. This has included the development of in-house COVID-19 testing; a reduction in routine blood tests; booking systems introduced for phlebotomy; changes in mortuary service to use electronic system for transferring registration of death documentation – which has improved family and carer experience and taken days off the release times for deceased patients; reduction in histo-pathology required (associated with reduction in elective procedures).

THEME	BUSINESS BETTER THAN USUAL - SUMMARY DESCRIPTION
	Going forward there is an appetite to redesign the service delivery model learning from this experience, considering options for delivery of some services in the community (e.g. phlebotomy) and to take account of changing patterns of demand to reshape the estate, equipment and workforce capacity to meet future requirements. This will need to inform the future plans for reconfiguration of CHFT hospital services and West Yorkshire plans for future pathology models of provision.
Estates and Facilities	Estates and facilities across all organisations have had a major role during the pandemic. This includes critical functions such as cleaning, procurement, catering, car parking, waste disposal, equipment tracking cleaning and maintenance. Going forward there is need to describe how these functions can be delivered in the future. Potentially this could include greater collaboration of shared support across organisations (e.g. care home support). There has also been significant learning in relation to physical estate – and it is recognised the need for zoning /segregation of patient care and social distancing will continue in the future and will need to inform future estate development plans. The provision of 'scrubs' and staff changing / shower areas has been a common theme raised across most services. The pandemic has brought benefits in relation to climate change and reduction in carbon emissions - learning from this need to inform future plans. The above issues could have significant impact on the hospital reconfiguration estate plans and wider system strategic estate plans.
Preventative and holistic care	During the engagement colleagues and partners have identified that there is work that needs to continue and develop to proactively support patients and families in managing their health and long-term conditions.

6. Next Steps

To take forward the above learning the following actions will be progressed:

i. <u>EQIA and QIA Assessments</u>

Through-out the engagement patients, colleagues and partners have all emphasised the need to ensure that the responses to COVID-19 and any subsequent adoption of new ways of working do not exacerbate health inequalities or result in discrimination.

The strategic themes identified are intended to provide a programme of change that will minimise the loss of life across the whole population and protect all colleague's safety in the future.

The next steps to take forward these themes and develop specific project plans will be informed through the continuous engagement of patients, carers and colleagues

in focus groups to undertake Quality & Equality Impact Assessment (QEIA) and digital impact assessment. Through this approach the proposed changes will be subject to impact assessments for equality, diversity, inclusion, quality, effectiveness, productivity and safety for patients, carers and staff. Programme management arrangements will ensure that plans to mitigate risks or negative impacts are developed and implemented.

ii. <u>CHFT will establish programme management and governance arrangements</u>

Appendix 2 describes CHFT governance arrangements that will be established during September to take forward the BBTU programme of work.

The key features of this are:

- The Trust Board will have overall responsibility for delivery of the programme and regular written update reports will be provided to meetings of the public Trust Board.
- The programme will be led by and report into the Transformation Programme Board (a formal sub-committee of the Trust Board) there will also be regular dialogue and input of specific expertise or assurance from other formal sub-committees of the Trust Board such as the Workforce and Organisational Development Committee, the Quality Committee and the Finance and Performance Committee.
- A BBTU Delivery Group led by the Chief Executive or Deputy Chief Executive supported by the Director of Transformation and Partnership will be established and meet every 2 weeks.
- For each of the 12 learning themes there will be a named senior lead accountable for progressing the agreed necessary actions in relation to the learning theme. This may be a CHFT Director or could be a senior manager or clinical colleague (nurse, therapist or doctor) in the Trust but could also be led by an external partner from the local system or across West Yorkshire & Harrogate Care Partnership (WY&HCP).
- Critical success factors will be agreed for each theme and monitored with reference to levels of adoption of new ways of working as well as clarity on the quantified and qualitative impacts on finance, workforce and quality. A key requirement will be the demonstration of successful colleague involvement and participation, and quality and equality impact assessments undertaken with clear mitigation plans if required.
- Detailed reports will be provided to the BBTU Delivery Group and a standard high-level reporting format will be agreed with the Programme Transformation Board, Trust Board and any other Committees where the development of themes need to be progressed or shared for comment. In addition, case studies, patient stories and colleague feedback will be essential methods used to monitor progress.

7. Recommendation

CHFT Board members are requested to:

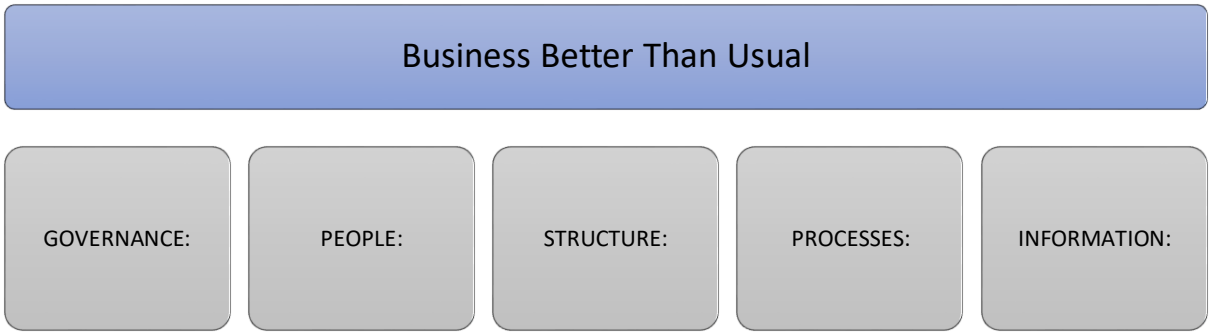
- **CONFIRM SUPPORT** for the strategic learning themes that have been identified;
- **APPROVE** establishment of the BBTU programme management and governance arrangements described.

BUSINESS BETTER THAN USUAL - RESULTS PLAN ON A PAGE		
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. 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.	**Theatre Productivity** Infection control will reduce procedures per list and require new ways of working in the future - subject to resources could consider 3 session days more day case, 7 day working, continued use of independent sector capacity.
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.

Appendix 2

Business Better than Usual Governance and Programme Management

Overview



GOVERNANCE:

The Trust Board has overall responsibility for delivery of the programme. The BBTU programme of work will be led by and report into the Transformation Programme Board (a formal sub-committee of the Trust Board).

The Transformation Programme Board terms of reference specify the purpose of the TPB is to "*oversee the development and delivery of complex transformation programmes in the Trust, and to provide assurance on these matters to the Trust Board".* The Transformation Programme Board also has specific responsibility for *"delivery of the key milestones for the capital investment and estate development at Huddersfield Royal Infirmary and Calderdale Royal Hospital to enable service reconfiguration."* It is essential that the planned reconfiguration of hospital services and investment in the estate is informed and responds to the learning from the pandemic and that future models of care are based on an approach of BBTU.

There is a significant overlap of the work required to progress BBTU, the programme of hospital and community reconfiguration and the more immediate Covid-19 reset and stabilisation requirements which all require colleague and public involvement in the development of the Trust's future service delivery model and understanding of the impact of this in relation to workforce, finance, patient outcomes and experience, equality impact assessment, digital technology, estate, etc.

The strategic importance of the BBTU programme will require that the Transformation Programme Board provides a written update report to meetings of the public Trust Board and also that there is regular dialogue and input of specific expertise or assurance from other formal sub-committees of the Trust Board such as the Workforce and Organisational Development Committee, the Quality Committee and the Finance and Performance Committee.

PEOPLE - the right people to deliver the programme (capacity and capability);

The Director of Transformation and Partnership is the Director accountable to the Chief Executive for leading the overall delivery of the BBTU programme of work. This also ensure that the BBTU work will be aligned with the programme(s) of reconfiguration and Covid-19 stabilisation and reset which is led by the Chief Operating Officer.

For each of the 12 learning themes there will be a named responsible senior lead accountable for progressing the agreed necessary actions in relation to the learning theme. This may be a Director or could be a senior manager or clinical colleague (nurse, therapist or doctor) in the Trust but could also be led by an external partner from the West Yorkshire & Harrogate Care Partnership (WY&HCP) or for that matter the business/independent sector. The named lead for a theme will be accountable for delivery of the spread and adoption of the identified new way of working across the Trust ensuring this is underpinned by robust understanding of the quality, financial and workforce impacts.

In relation to capacity and capability to support the work:

- consideration will be given to whether additional external change agency capacity is required to accelerate the programme;
- the internal and external infrastructure that has been established for the programme(s) of reconfiguration and stabilisation and reset will support delivery of BBTU as there is an overlap in key aspects of the work;
- The Trust has invested over a number of years in a programme management office. This has previously focused on the delivery of cost improvement programmes and more recently included support to the GIRFT programme and capital and estates work of the WY&HCP. This capacity can support the project management and programme reporting that will be required in relation to BBTU and has experience of drawing upon and managing external resource as and when required. This capacity will need to be kept under review as the future financial operating requirements emerge in the coming months.

STRUCTURE - to manage interdependent workstreams:

A BBTU Delivery Group led by the CE or Deputy Chief Executive supported by the Director of Transformation and Partnership will be established and meet every 2 weeks. This will comprise membership of the 12 accountable leads for each of the strategic themes and administrative support and reporting functions will be supported by the programme management office. It is expected that all theme leads will attend together once every six weeks or if and when their theme is on the agenda for discussion or update. This will enable a six weekly round up on combined progress as well as a more frequent focus on specific themes that require more attention and focus. This approach is advocated as it is probable that some theme leads will also have direct responsibilities across the overlapping Covid-19 stabilisation and reset process.

The BBTU programme will be managed through the structure of the 12 strategic work themes. With critical success factors agreed for each theme and monitored with reference to levels of adoption of new ways of working across the Trust and wider system as well as clarity on the quantified and qualitative impacts on finance, workforce, quality etc. A key requirement will be the demonstration of successful colleague involvement and participation, and quality and equality impact assessments undertaken with clear mitigation plans if required. It is an expectation of this structure that as a result all services in the Trust will develop a written 'blue-print' describing the ambition / plan for future service delivery that clarifies how the BBTU themes apply to their service. It is important to note that this is not just about clinical services but support functions as well. The BBTU programme will identify and address any cross-cutting constraints, dependencies or key enablers and subsequently monitor progress to implement this.

PROCESSES – to manage the programme

The programme will develop a managed timeline such as illustrated below (this will need further development):

September 2020	• Appoint accountable leads for each theme who will develop the 'blue-print': defining critical success factors for the theme - including a timescale for full optimisation of the new ways of working related to the theme, the key enablers, and lead on engagement and communication in relation to the theme • Establish the BBTU delivery group • Map key interdependencies between the BBTU themes. • Communication across the Trust to explain the BBTU approach and how this aligns with reconfiguration service planning and the more immediate reality of Covid-19 stabilisation and reset.
September 2020	• Support each service through process of involvement and co-production (with colleagues and patients) to articulate a written future ambition for service and how this has adopted the BBTU new ways of working • Quantify the service ambition described in relation to workforce and finance impact (by service and aggregate for Trust) • Identify key dependencies, constraints and enablers • Identify the benefits of the service ambition • Undertake QIA and EQIA of the ambition and agree any mitigation actions needed • Agree timeline delivery of the ambition and milestones • Assess the impacts of meeting reconfiguration deadlines; stabilisation and reset planning and/or a second wave and make programme adjustments accordingly.
October 2020	• Translate service ambition into future hospital design plans for reconfiguration and development of the associated business cases as well as progress in respect to care closer to (or in) home.
November 2020 - onwards	• Support BBTU delivery and monitor progress through regular updates and reporting into the Steering Group and the Transformation Programme Board • Assess the impacts of meeting reconfiguration deadlines; stabilisation and reset planning and/or a second wave and make programme adjustments accordingly.

INFORMATION – to track and report on progress

Dashboards / highlight reports will initially be developed with simple RAG rating to enable tracking of progress in relation to delivery of key process outputs to agreed timeline (e.g. 'blue-print' developed, EQIA undertaken, Workforce plan in place etc).

Once service ambition plans reflecting BBTU from each service are agreed the information tracking and reporting will shift focus to monitoring and reporting on benefits realisation. The reporting of benefits will be collated relevant to each service operating model and also in relation to each BBTU theme across a number of services.

Detailed reports will be provided to the BBTU Delivery Group and a standard high-level reporting format will be agreed with the Programme Transformation Board, Trust Board and any of the other Committees where the development of themes need to be progressed or

shared for comment. In addition, case studies, patient stories and colleague feedback will be essential methods used to monitor progress.

FINANCIAL SUSTAINABILITY

10. Month 4 Financial Summary

To Note

Calderdale and Huddersfield NHS Foundation Trust

COVER SHEET

Date of Meeting:	Thursday 3 September 2020
Meeting:	Board of Directors
Title:	Month 4 Finance Report
Author:	Philippa Russell – Assistant Director of Finance
Sponsoring Director:	Gary Boothby - Director of Finance
Previous Forums:	Finance and Performance Committee

Actions Requested:
To note.

Purpose of the Report

To provide a summary of the financial position as reported at the end of Month 4 (July 2020)

Key Points to Note

Year to Date Summary

The Trust's own financial plan for 2020/21 has been replaced by an NHSI derived plan which assumes a breakeven position will be achieved for at least the first four months of the financial year. Income flows are largely on a block basis and Covid-19 costs are funded retrospectively. Year to date the position is at breakeven after assumed receipt of £9.65m of retrospective top up funding: £3.39m in M1, £2.41m in M2, £2.12m in M3 and £1.73m in M4.

- Year to date 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.
- The underlying position excluding Covid-19 costs is a year to date favourable variance of £2.32m, driven by the impact of lower levels of other activity on non-pay costs and staffing vacancies.
- Divisional plans have been retained as per the original business as usual internal plan. The adjustment to the NHSI derived breakeven plan has been held centrally at Trust level. NHS Clinical contract income has been allocated to divisions based on their planned level of activity and income, following the fixed block principle of the national allocations. As such divisional variances represent the financial impact of operational changes as a result of Covid-19 on other income generation and most notably to expenditure.
- Whilst there is no national expectation of CIP delivery, the Trust continues to deliver some savings as planned. CIP achieved year to date is £1.27m, £3.65m lower than planned.
- Agency expenditure year to date is £1.13m, £1.10m below the planned level.

Key Variances (compared to NHSI derived plan)

- Clinical Contract income is in line with the NHSI Interim plan due to new fixed block and top up arrangements. The assumed 'Retrospective Top Up' of £9.65m drives a favourable variance in overall Clinical Income, offset to some extent by lower than planned income from other sources including private patients, and the absorption of CCG Health Informatics contracts, (usually invoiced as non-clinical income), into the Block. In addition, the direct impact of Covid-19 on income generation is a £1.39m adverse variance, including a reduction in Car Parking and Catering income.
- Pay costs are £2.59m above the planned level year to date due to the impact of Covid-19 which is calculated to be £4.31m year to date. The costs attributed to Covid-19 were offset to some extent by underspends in some specialties due to reduced activity and a level of unfilled vacancies in non-Covid impacted areas.
- Non-pay operating expenditure is higher than planned by £3.64m. The costs directly attributable to the Covid-19 response are £7.66m, offset in part by lower than planned costs for specialties that have seen lower than planned activity over the last 4 months. This includes lower than planned consumables, drugs and a favourable variance on high cost drugs which would usually be treated as pass-through, but related income is temporarily fixed.

Forecast

Indications are that existing Block and Top Up arrangements will be extended for another 2 months until the end of M6. Pending further guidance on M7-12, the forecast assumes that the Trust will continue to receive CCG clinical income at current block levels, that Covid-19 costs will remain at a broadly similar level to those seen in M4 and that activity will increase in line with the 'base-case', Covid-19 Phase 3 planning return previously submitted to the ICS. The forecast also assumes that the Trust will continue to have access to some sort of top up funding in future months to bridge the financial gap.

Attachment: Finance report Month 4

EQIA – Equality Impact Assessment

The attached paper is for information only. Where this information is used to inform changes to services, policies or procedures, an Equality Impact Assessment will first be completed to assess the effects that it is likely to have on people from different protected groups, as defined in the Equality Act 2010.

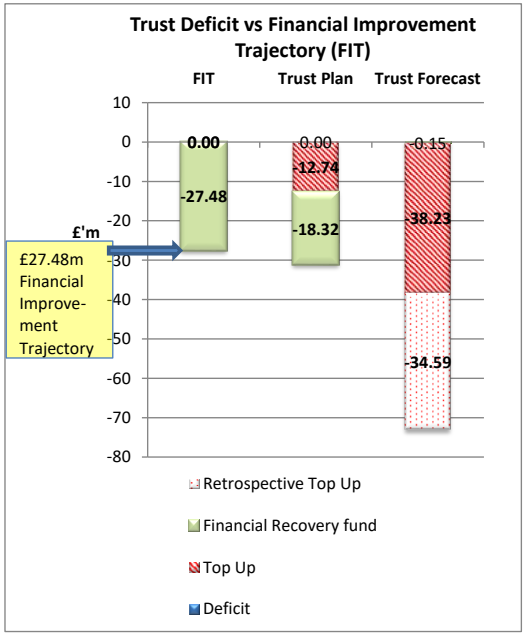
Recommendation

The Board is asked to note the information in the attached summary.

EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st Jul 2020 - Month 4

KEY METRICS

	M4				YTD (JUL 2020)				Forecast 20/21			
	Plan £m	Actual £m	Var £m		Plan £m	Actual £m	Var £m		Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£0.00)	£0.00	£0.00		(£0.01)	£0.00	£0.01		£0.46	£0.31	(£0.15)	
Agency Expenditure	(£0.48)	(£0.32)	£0.17		(£1.93)	(£1.13)	£0.80		(£6.77)	(£4.12)	£2.64	
Capital	£1.39	£0.29	£1.10		£4.79	£2.46	£2.33		£20.85	£20.50	£0.35	
Cash	£8.79	£55.71	£46.92		£8.79	£55.71	£46.92		£3.99	£15.29	£11.30	
Borrowing (Cumulative)	£152.56	£161.70	£9.14		£152.56	£161.70	£9.14		£19.88	£19.88	£0.00	
CIP	£1.23	£0.34	(£0.89)		£4.92	£1.27	(£3.65)		£14.77	£5.63	(£9.14)	
Use of Resource Metric	3	2			3	2			3	2		



Year to Date Summary

The Trust's own financial plan for 2020/21 has been replaced by an NHSI derived plan which assumes a breakeven position will be achieved for at least the first four months of the financial year. Income flows are largely on a block basis and Covid-19 costs are funded retrospectively. Year to date the position is at breakeven after assumed receipt of £9.65m of retrospective top up funding: £3.39m in M1, £2.41m in M2, £2.12m in M3 and £1.73m in M4.

- Year to date 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.
- The underlying position excluding Covid-19 costs is a year to date favourable variance of £2.32m, driven by the impact of lower levels of other activity on non-pay costs and staffing vacancies.
- Divisional plans have been retained as per the original business as usual internal plan. The adjustment to the NHSI derived breakeven plan has been held centrally at Trust level. NHS Clinical contract income has been allocated to divisions based on their planned level of activity and income, following the fixed block principle of the national allocations. As such divisional variances represent the financial impact of operational changes as a result of Covid-19 on other income generation and most notably to expenditure.
- Whilst there is no national expectation of CIP delivery, the Trust continues to deliver some savings as planned. CIP achieved year to date is £1.27m, £3.65m lower than planned.
- Agency expenditure year to date is £1.13m, £1.10m below the planned level.

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- Pay costs are £2.59m above the planned level year to date due to the impact of Covid-19 which is calculated to be £4.31m year to date. The costs attributed to Covid-19 were offset to some extent by underspends in some specialties due to reduced activity and a level of unfilled vacancies in non-Covid impacted areas.
- Non-pay operating expenditure is higher than planned by £3.64m. The costs directly attributable to the Covid-19 response are £7.66m, offset in part by lower than planned costs for specialties that have seen lower than planned activity over the last 4 months. This includes lower than planned consumables, drugs and a favourable variance on high cost drugs which would usually be treated as pass-through, but related income is temporarily fixed.

Forecast

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Total Group Financial Overview as at 31st Jul 2020 - Month 4

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M4

CLINICAL ACTIVITY

	M4 Plan	M4 Actual	Var
Elective	1,890	407	(1,483)
Non-Elective	19,949	14,693	(5,256)
Daycase	14,554	4,307	(10,247)
Outpatient	124,138	58,638	(65,499)
A&E	53,990	37,960	(16,030)
Other NHS Non-Tariff	608,808	276,281	(332,528)
Other NHS Tariff	44,337	24,785	(19,553)
Total	**867,666**	**417,071**	**(450,596)**

TOTAL GROUP: INCOME AND EXPENDITURE

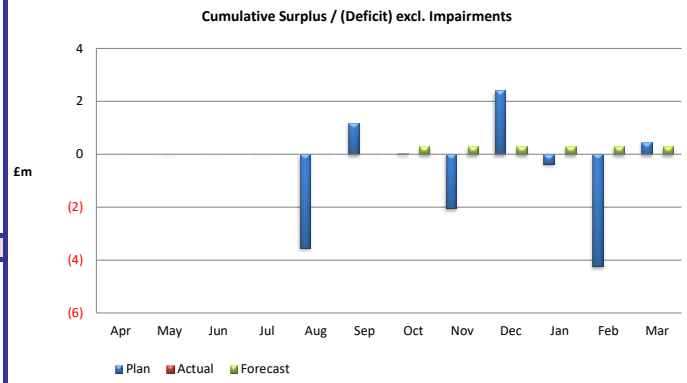
	M4 Plan	M4 Actual	Var
	£m	£m	£m
Elective	£6.11	£6.11	£0.00
Non Elective	£37.66	£37.66	£0.00
Daycase	£10.30	£10.30	£0.00
Outpatients	£15.51	£15.51	£0.00
A & E	£7.91	£7.91	£0.00
Other-NHS Clinical	£35.65	£35.97	£0.33
CQUIN	£1.27	£1.27	£0.00
Other Income	£18.52	£14.62	(£3.90)
Total Income	**£132.92**	**£129.35**	**(£3.57)**
Pay	(£89.01)	(£91.60)	(£2.59)
Drug Costs	(£14.16)	(£13.79)	£0.37
Clinical Support	(£8.77)	(£9.79)	(£1.02)
Other Costs	(£21.00)	(£23.99)	(£3.00)
PFI Costs	(£4.43)	(£4.43)	£0.00
Total Expenditure	**(£137.37)**	**(£143.60)**	**(£6.23)**
EBITDA	**(£4.45)**	**(£14.25)**	**(£9.80)**
Non Operating Expenditure	(£8.30)	(£8.14)	£0.16
Surplus / (Deficit) Adjusted*	**(£12.75)**	**(£22.39)**	**(£9.64)**
Conditional Funding (MRET/FRF/Top Up)	£12.74	£22.39	£9.65
Surplus / Deficit*	**(£0.01)**	**£0.00**	**£0.01**

* Adjusted to exclude items excluded for Financial Improvement Trajectory purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

	M4 Plan	M4 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	£5.35	£8.63	£3.28
Medical	£14.51	£12.02	(£2.49)
Families & Specialist Services	(£2.53)	(£1.62)	£0.91
Community	(£0.63)	(£0.99)	(£0.36)
Estates & Facilities	£0.00	£0.00	£0.00
Corporate	(£14.50)	(£15.25)	(£0.75)
THIS	£0.76	£0.59	(£0.16)
PMU	£1.18	£1.05	(£0.13)
CHS LTD	£0.15	£0.28	£0.13
Central Inc/Technical Accounts	(£5.93)	(£4.38)	£1.55
Reserves	(£0.92)	(£0.34)	£0.59
Unallocated CIP	£2.55	£0.00	(£2.55)
Surplus / (Deficit)	**(£0.01)**	**£0.00**	**£0.01**

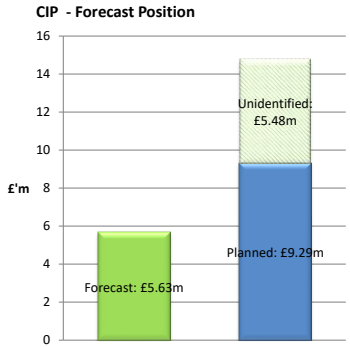
TOTAL GROUP SURPLUS / (DEFICIT)

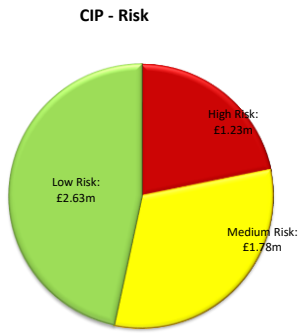


KEY METRICS

	Year To Date			Year End: Forecast		
	M4 Plan	M4 Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£0.01)	£0.00	£0.01	£0.46	£0.31	(£0.15)
Capital	£4.79	£2.46	£2.33	£20.85	£20.50	£0.35
Cash	£8.79	£55.71	£46.92	£3.99	£15.29	£11.30
Loans	£152.56	£161.70	£9.14	£19.88	£19.88	£0.00
CIP	£4.92	£1.27	(£3.65)	£14.77	£5.63	(£9.14)
	Plan	Actual		Plan	Forecast	
Use of Resource Metric	3	2		3	2	

COST IMPROVEMENT PROGRAMME (CIP)





Total Planned: **£14.77m** **Total Forecast** **£5.63m**

YEAR END 20/21

CLINICAL ACTIVITY

	Plan	Actual	Var
Elective	5,574	1,464	(4,110)
Non-Elective	60,676	55,528	(5,148)
Daycase	43,418	13,843	(29,576)
Outpatient	368,867	198,203	(170,664)
A&E	158,149	142,118	(16,031)
Other NHS Non- Tariff	1,835,796	837,611	(998,185)
Other NHS Tariff	131,518	73,668	(57,850)
Total	**2,603,999**	**1,322,434**	**(1,281,565)**

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var
	£m	£m	£m
Elective	£18.01	£18.01	(£0.00)
Non Elective	£114.89	£114.89	(£0.00)
Daycase	£30.72	£30.72	(£0.00)
Outpatients	£46.12	£46.12	£0.00
A & E	£23.16	£23.16	£0.00
Other-NHS Clinical	£110.48	£107.05	(£3.43)
CQUIN	£3.79	£3.79	(£0.00)
Other Income	£55.25	£44.70	(£10.55)
Total Income	**£402.43**	**£388.44**	**(£13.98)**
Pay	(£268.59)	(£282.49)	(£13.90)
Drug Costs	(£42.41)	(£41.96)	£0.45
Clinical Support	(£27.63)	(£32.24)	(£4.62)
Other Costs	(£58.35)	(£66.70)	(£8.35)
PFI Costs	(£13.19)	(£13.41)	(£0.22)
Total Expenditure	**(£410.17)**	**(£436.79)**	**(£26.63)**
EBITDA	**(£7.74)**	**(£48.35)**	**(£40.61)**
Non Operating Expenditure	(£25.16)	(£24.16)	£1.00
Surplus / (Deficit) Adjusted*	**(£32.89)**	**(£72.51)**	**(£39.62)**
Conditional Funding (MRET/FRF/Top Up)	£33.35	£72.82	£39.47
Surplus / Deficit*	**£0.46**	**£0.31**	**(£0.15)**

* Adjusted to exclude items excluded for Financial Improvement Trajectory: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

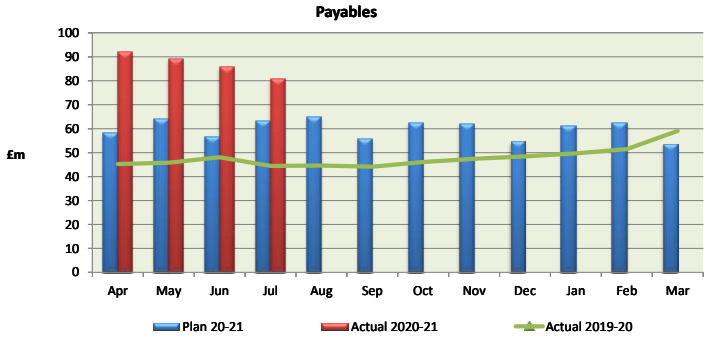
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	£14.99	£18.36	£3.36
Medical	£44.03	£36.57	(£7.46)
Families & Specialist Services	(£7.10)	(£8.54)	(£1.44)
Community	(£1.89)	(£3.65)	(£1.76)
Estates & Facilities	£0.00	£0.00	£0.00
Corporate	(£43.21)	(£45.88)	(£2.67)
THIS	£2.27	£1.64	(£0.63)
PMU	£3.55	£3.15	(£0.40)
CHS LTD	£0.75	£0.78	£0.03
Central Inc/Technical Accounts	(£15.43)	(£0.27)	£15.16
Reserves	(£4.11)	(£1.83)	£2.28
Unallocated CIP	£6.62	£0.00	(£6.62)
Surplus / (Deficit)	**£0.46**	**£0.31**	**(£0.15)**

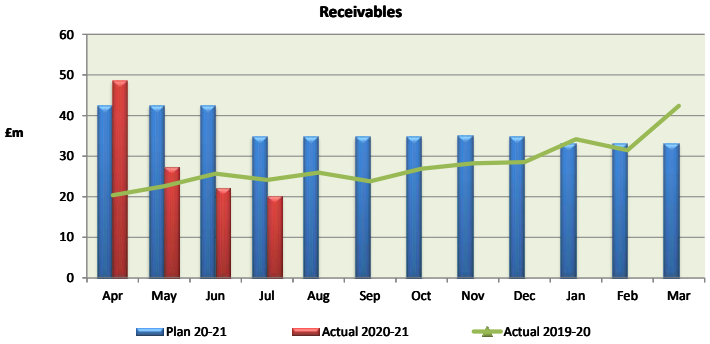
Total Group Financial Overview as at 31st Jul 2020 - Month 4

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

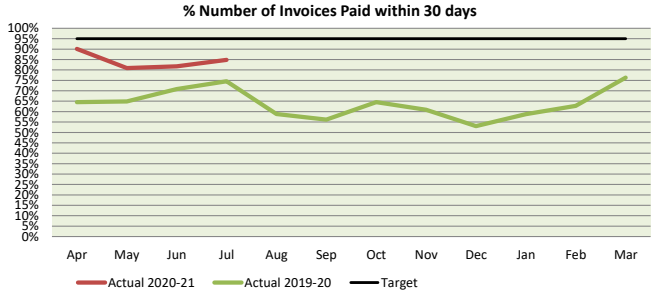
WORKING CAPITAL

	M4 Plan £m	M4 Actual £m	Var £m	M4
Payables (excl. Current Loans)	(£63.36)	(£80.88)	£17.52	
Receivables	£34.71	£20.30	£14.41	



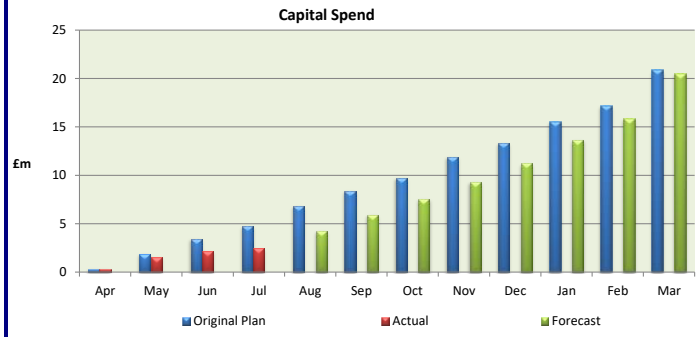


BETTER PAYMENT PRACTICE CODE



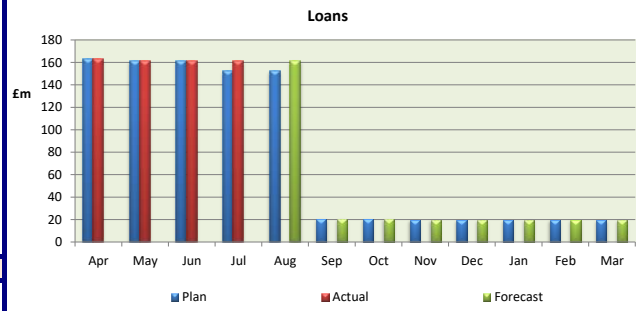
CAPITAL

	M4 Plan £m	M4 Actual £m	Var £m	M4
Capital	£4.79	£2.46	£2.33	

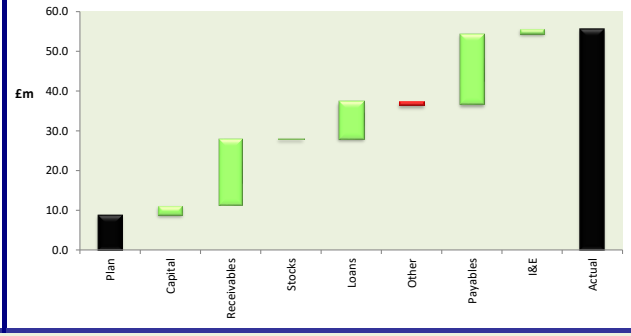


CASH

	M4 Plan £m	M4 Actual £m	Var £m	M4
Cash	£8.79	£55.71	£46.92	
Loans (Cumulative)	£152.56	£161.70	£9.14	



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The Trust's own financial plan for 2020/21 has been replaced by an NHSI derived plan which assumes a breakeven position will be achieved for at least the first four months of the financial year. Income flows are largely on a block basis and Covid-19 costs are funded retrospectively. Year to date the position is at breakeven after assumed receipt of £9.65m of retrospective top up funding.
- Clinical Contract income is in line with the NHSI Interim plan due to new fixed block and top up arrangements. The assumed 'Retrospective Top Up' of £9.65m drives a favourable variance in overall Clinical Income, offset to some extent by lower than planned income from other sources including private patients and the absorption of CCG Health Informatics contracts, (usually invoiced as non-clinical income), into CCG block contracts.
- Year to date activity is well below plan for all points of delivery as a result of the Covid-19 response, but is increasing month on month.
- The Trust has incurred £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.
- Year to date Capital expenditure was lower than planned at £2.46m against a planned £4.79m.
- Cash balance is £55.71m, £46.92m above plan: payments for August's Block and Top Up received in advance and £10m bonus Financial Recovery Funding (19/20
- No interim Revenue loans or PDC were required in month.
- Year to date CIP schemes have delivered £1.27m of savings, £3.65m lower than planned.
- NHS Improvement performance metric Use of Resources (UOR) stands at 2 against a planned level of 3. The Trust's Internal Plan was for a deficit position year to date, where as the interim NHSI Plan is for a break-even position, improving the overall UOR.

NOTES

- The Forecast is based on the 'basecase' planning assumptions submitted to the ICS in June, updated for any known changes and assumes that the Trust will continue to receive sufficient funding to achieve a break-even position. The forecast position shown includes a planned gain on disposal of £0.31m, below the planned level of £0.46m, (and assumed excluded for the purposes of Top Up / FRF funding).
- The Forecast position assumes that the Trust's underlying deficit and ongoing costs relates to Covid-19 will be supported by a continuation of the current Block and Top Up arrangements (as per the Interim Plan).
- The Trust is forecasting Agency expenditure of £4.12m, considerably below the NHSI ceiling of £8.82m, but offset by an increase in expenditure on Bank staff.
- The Trust is forecasting delivery of £5.63m savings against a Trust CIP plan for 20/21 of £14.77m.
- The Trust is not planning to borrow during this financial year due to changes in the cash regime and planned Financial Recovery Fund / Top Up payments that should bring the Trust to a break-even position.
- The total loan balance at year end is forecast to be £19.88m as planned. All Revenue and Interim Capital Loans (totalling £140.72m) will be repaid and replaced by PDC funding by 30th Sept 20.
- Capital expenditure is forecast at £15.95m, £0.26m lower than the recently resubmitted 20/21 Capital Plan due to a reduction in costs relating to reconfiguration, offset to some extent by additional Covid-19 related expenditure that is still waiting for approval.

RAG KEY: (Excl: UOR)

- Actual / Forecast is on plan or an improvement on plan
- Actual / Forecast is worse than planned by <2%
- Actual / Forecast is worse than planned by >2%

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

RAG KEY: UOR

- All UOR metrics are at the planned level
- Overall UOR as planned, but one or more component metrics are worse than planned
- Overall UOR worse than planned

COVID-19

Revenue Impact of Covid-19 - YTD JUL 2020

Division	Annual Leave Accrual	Covid-19 Direct Costs	Impact on activity	Loss of Income	Total
	£	£	£	£	£
Central & Technical	0	6,598,136	208	0	6,598,344
Medicine	0	2,886,304	(379,959)	0	2,506,345
Families & Specialist Services	0	517,847	(102,932)	323,560	738,475
Calderdale & Huddersfield Solutions Ltd	0	569,613	(70,225)	59,000	558,388
Corporate Services	0	260,823	0	985,015	1,245,838
Community	0	488,030	0	24,277	512,307
Health Informatics	0	46,168	0	0	46,168
Surgery & Anaesthetics	0	598,253	(1,520,603)	0	(922,350)
NHS Nightingale (Hosted Costs)		3,264			3,264
Total costs identified	**-**	**11,968,439**	**- 2,073,511**	**1,391,852**	**11,286,781**
Retrospective Top Up requested					**9,648,168**

Capital Impact of Covid-19 - JUL 2020

Details	Covid-19 Costs
	£
NPEX (PDC received)	330,000
Equipment	444,578
Asset Tracking	105,422
Total costs identified	**880,000**
PDC Confirmed	**330,000**

The Trust has incurred Covid-19 direct costs totalling £11.97m year to date as shown in the table and these have been reported to NHSI in support of the requested 'Retrospective Top Up'.

Key areas of spend are as follows:
Pay - £4.31m

Reported Covid-19 costs are the 'net cost' and represent the additional staffing costs incurred due to the Covid-19 response and do not include the cost of substantive staff that have been redeployed into expanded capacity areas. Pay costs relating to the Covid-19 response were primarily linked to the requirement for existing staff to work additional shifts, in particular over the Easter Bank Holiday weekend which coincided with a peak in the number of Covid-19 cases across the two hospitals. There were also significant additional costs incurred as a result of increased shifts in community services with most staff working the April bank holidays and additional shifts to support 7 day working which to some extent have continued into July. Almost 150 students (nursing, therapies and medical) have been added to the payroll, many of which have been working in a supernumerary capacity. Changes to medical rotas also had a financial impact with additional enhancements paid to junior medical staff. Increased substantive costs were offset to some extent by a reduction in agency and bank costs and lower than planned pay costs in some non Covid ward areas where bed occupancy was lower than usual.

Non Pay - £7.66m

Clinical Supplies costs linked to Covid-19 are £1.97m, including costs related to increased ICU capacity of £0.25m, £1.07m on Covid testing and £0.26m on CT scanner hire.
Other non-pay costs attributable to Covid-19 total £5.69m but includes the full cost incurred for the purchase of gowns (PPE) on behalf of the whole region (£3.14m) and other costs attributable to Covid-19 of £2.22m including other PPE costs of £1.52m (masks, additional scrubs, respirators etc), additional equipment, minor works for social distancing / segregation and patient transport.

Nightingale Hospital - £0.003m
The Trust has not accounted for any costs relating to the Nightingale hospital in Month 4.

Income Losses

In addition, the Trust has lost income totalling £1.39m due to loss of Car Parking Income, (£0.89m which is a combination of income from staff permits and income from patients and visitors), loss of catering income (£0.06m), loss of apprentice levy income (£0.08m from pausing of HCAs apprenticeships delivered internally) and loss of private patient income (in particular from Yorkshire Fertility).

These costs have been offset to some extent year to date by the indirect impact of lower than planned costs in non-Covid areas where activity has reduced as a result of the Covid-19 response.

Capital funding for Covid-19 costs has also been requested as shown. The Trust is still waiting for confirmation of PDC funding to cover most of this additional expenditure.

A WORKFORCE FOR THE FUTURE

11. Health and Well-being Risk Assessment – Overview of responses and proposed mitigations

To Approve

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	3 September 2020
Meeting:	Board of Directors
Title:	Covid Health and Wellbeing Risk Assessment Update, Mitigations and Next Steps
Author:	Suzanne Dunkley, Executive Director of Workforce and Organisational Development
Presented By:	Suzanne Dunkley, Executive Director of Workforce and Organisational Development
Previous Forums:	BAME Network – 30/07/2020 Quality Committee – 03/08/2020 Workforce Committee – 10/08/2020 Incident Management Team (IMT) – 06/08/2020 Trade Union Meetings – 06/07/2020

Actions Requested:

- To note the responses to the Health and Wellbeing Risk Assessment
- To agree a series of Trust wide mitigations arising from responses to the Health and Wellbeing Risk Assessment
- To support the next steps as identified in section nine of the report

Purpose of the Report

This paper updates the Board on the progress of the COVID Health and Wellbeing Risk assessment process, responses to date, and the proposed mitigations arising from the responses received. It also proposes a series of actions to increase our response rate in preparation for a potential resurge of COVID cases and/or increased activity and acuity as a result of winter pressures.

Key Points to Note

- The Trust's aim is to have as many colleagues as possible complete the assessment so that it can address any current requirements, as well as help the Trust plan its services for winter pressures, alongside an additional resurge of COVID cases.
- Following its launch in June 2020, 43.7% of the workforce has responded to the Health and Wellbeing Risk Assessment.
- The Risk Assessment focuses not only on any physical risk factors that colleagues may have, but also their mental health and any personal circumstances that may mean they require additional flexibility (including child care or caring responsibilities and travel disruption).
- The purpose of the risk assessment is to develop mitigations to minimise risk wherever possible.
- The paper outlines a series of proposed Trust wide mitigations, including actions to ensure that higher risk colleagues are given options to remain outside 'red zones';

continuing our 24/7 counselling helpline; and ensuring that colleagues are properly rested over the coming weeks.
- Listening events, debriefs and consistent and caring leadership behaviours are vital to address the issues raised in the risk assessment responses.
- The paper concludes by identifying a number of next steps that will help to improve the response rate as well as support required from the Board to make full use of the information included in the responses to the risk assessment.

EQIA – Equality Impact Assessment

The Risk Assessment has been designed to capture colleagues' protected characteristics, and to report any trends that arise from the analysis of the data responses.

Our BAME network has been integral to the development of the assessment and the approach that the Trust has decided to take.

Importantly, should there be any trends in our data that relate to certain characteristics, specific mitigations have been highlighted to address them, thus identifying and addressing any health inequalities that may exist.

Nationally identified COVID risk groups include BAME communities, men, older people, and people with underlying health conditions or a high BMI. Whilst high BMI is not a protected characteristic, there are associated health factors that may mean that some protected characteristics are more prone to higher BMI levels. A secondary physical assessment - the 'COVID age' test, is carried out for any colleagues who have a high score in the risk assessment. The COVID age test includes high BMI.

In analysing and redressing issues related to mental health, the assessment also identifies mitigations that will support colleagues who have a mental health disability.

In order to engage colleagues with cognitive conditions, the assessment has been designed with the use of plain English.

Recommendation

The Board is asked to note the findings of the assessment to date, agree the proposed Trust wide mitigations and support the next steps identified in the report.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

BOARD OF DIRECTORS

3 SEPTEMBER 2020

COVID HEALTH AND WELLBEING RISK ASSESSMENT UPDATE, MITIGATIONS AND NEXT STEPS

1. Introduction

This paper updates the Board on the progress of the COVID Health and Wellbeing Risk assessment process. It identifies the number of responses to date, key trends identified from the responses received and proposed mitigations to the risks identified. It also proposes a series of actions to increase our response rate in preparation for a potential resurge of COVID cases and/or increased activity and acuity as a result of winter pressures.

2. Aim

The aim of this paper is to provide:-

- A proposed list of Trust wide mitigations to the risks identified
- A series of steps to improve the Trusts response rate
- An agreed approach to prepare a safe and productive working environment at CHFT both now, and in the future

3. Overview

3.1 Background

Following a request from NHS England/Improvement (NHSE/I) in June 2020 to risk assess all BAME colleagues due to physical attributes that may make them more at risk of harm from COVID 19, a series of collaborative sessions were held with colleagues to seek their views and incorporate them into a CHFT risk assessment process approach.

At that time, NHSE/I was reporting an increased morbidity rate nationally amongst BAME people, however our local data showed that 93% of deaths in our communities were white patients (hospital only data). At that time, there was little internal data that identified BAME colleagues at greater risk from their white colleagues. Colleagues identified as most 'at risk' based on positive PCR (polymerase chain reaction) test results and absence data were white men, over 55, working in the Medical Division. The position has since changed on this with test results now showing that BAME colleagues are more likely to receive a positive test result. 23.2% (32) of the 138 tested for BAME colleagues were positive compared with 15.2% for white colleagues (76 of 499). The test results also suggest male colleagues are more 'at risk' with 32.6% of results (30 of 92) returning positive compared with 14.2% for females (82 of 577).[1]

Through a series of listening events, direct contact, and feedback from our 24/7 counselling line, of most concern was colleagues' increased levels of anxiety, which was witnessed across all protected characteristics.

In addition, and as a result of the closure of schools and other support frameworks, and disruption to public transport, colleagues were also reporting severe impact on their personal circumstances.

[1] NB this is observed data from 21 July 2020

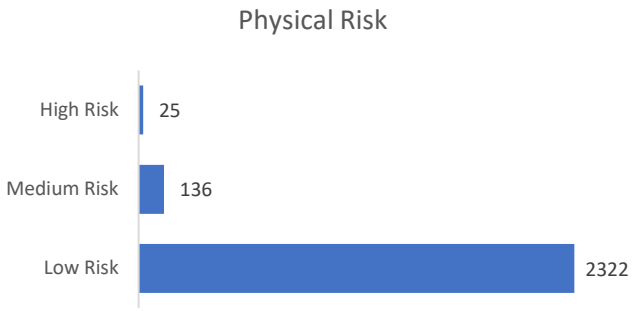
In collaboration with a group of colleagues from across the Trust from a wide variety of backgrounds, specialisms and staffing groups, and particularly with our team of Psychologists, BAME network, LNC and Trade Union colleagues, the Trust put forward an idea to risk assess ALL colleagues for physical and mental health risk factors, and details about their personal circumstances requiring increased levels of flexibility.

3.2 'Its ok to not be ok' and launch of the Health and Wellbeing Risk Assessment

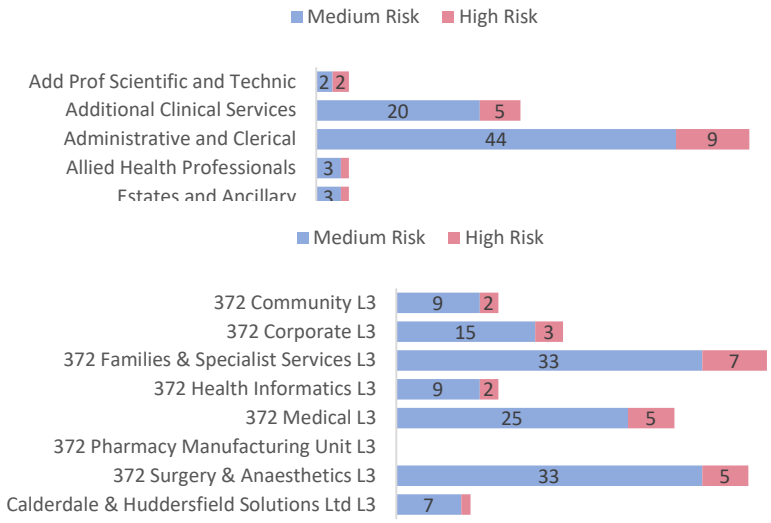
Following the Trust wide feedback, the Chief Executive wrote to all colleagues reflecting the issues that our colleagues were experiencing in an email entitled 'its ok to not be ok'. This email generated a great deal of positive response and demonstrated that colleagues' levels of anxiety were such that action needed to be taken to enquire in greater detail so that continued mental health support could be put in place. The Health and Wellbeing Risk assessment was launched two weeks after this email, on 16 June through a dedicated daily brief bulletin. The risk assessment template is at Appendix 1.

4. Health and Wellbeing Risk Assessment responses

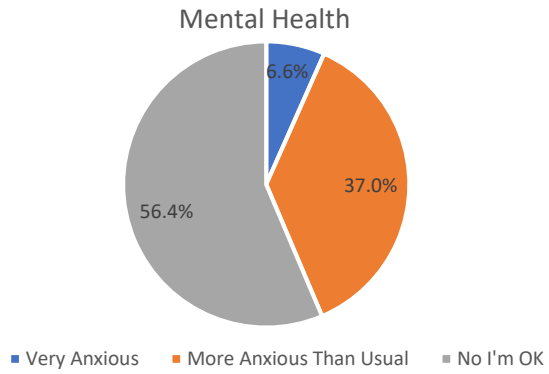
As at, 18 August the Trust has received 2,494 responses to the assessment. The following shows a breakdown of the results.



161 colleagues flagged as being at an increased risk of severe COVID infection based on a number of factors including ethnicity, gender, age and any underlying health conditions. Occupational Health has attempted to make contact with all of these colleagues but been unsuccessful in those attempts for 53 colleagues. A report has been shared with the line manager for 50 colleagues. HR Business Partners have since contacted those managers to ensure a meeting has taken place and to establish the outcome. For the remaining 58 colleagues either a report was not required, or they asked for it not to be shared with their manager. The graphs below show the breakdown by staff group and Division to highlight the potential impact.



1,088 (43.6%) colleagues are experiencing increased levels of anxiety. The graph below shows the split.



All 1,088 colleagues have been contacted either by the 24/7 counselling service or the engagement team to offer a friendly ear and to see if they would like any further support.

5. Key themes and trends

Analysis of the data shows some themes and trends as below.

- Response rates have tended to be lower for those groups of colleagues that were identified nationally as being as 'high risk'. BAME colleagues have a response rate of 37.1% compared to 44.8% for White colleagues.
- Responses have suggested that colleagues in the 'high risk' groups are less anxious than colleagues that are not. Younger age groups are experiencing increased levels of anxiety, 50.7% of the 26-30 age group compared with 44.1% of the 56-60 age group. Similarly, a greater proportion of White colleagues are experiencing increased levels of anxiety compared to BAME colleagues, 44.0% compared to 40.3%.
- Anxiety levels are highest within the Healthcare Assistant staff group, particularly in the Surgery and Anaesthetics Division.
- Only 55.5% of colleagues experiencing increased levels of anxiety were happy for their results to be shared with their manager. This indicates there is still a stigma attached to mental health.
- Of the 161 colleagues whose responses indicated that they were at an increased risk of severe COVID infection, 108 work in a clinical area, and only 24 of those have been redeployed.
- 1,040 respondents have carer responsibilities including 847 with childcare responsibilities. 56.9% of the 847 with childcare responsibilities need to work more flexibly because of the changes to/closure of schools.

Examples of the extracts from the free text fields (anonymised) show that redeployment of colleagues was an area of concern.

- 'Anxious about the uncertainty of the future and that I do not know how long I will be redeployed for or even when I might find out more about my redeployment.'
- 'I have found it very stressful being redeployed out of my usual area at such a short notice. It has also been hard to experience the new way of working.'
- 'Since being redeployed I have felt more alone, anxious, upset about coming to work, I feel that I have not got a job role on the wards and I have been left to find things to do myself.'

6. Proposed mitigations

Following analysis of the data themes and trends, the following mitigations have been drafted with help from our team of Psychologists, BAME Network, LNC and Trade Union colleagues.

Mitigations are categorised by physical, mental health, and personal circumstance:

6.1 Mitigations addressing physical risk factors

- Map individual risk assessments against workplace risk assessments[2] to clearly identify high risk individuals and higher risk service areas
- Manage rotas/activities carefully - ensure colleagues who have a higher physical risk are offered the opportunity not to work in red zones[3]
- Mandatory 121s for all colleagues who have a higher physical risk (including shielding colleagues). Document and agree appropriate mitigations
- Ensure colleagues are properly rested before September – annual leave 'check and plan'
- Ensure that colleagues who have been shielding and who are returning to site are appropriately 'phased' back into their role or temporarily redeployed to a role that is more appropriate for them
- Clear guidelines on PPE, with a 'seek to understand' approach for colleagues with repeated failure to wear correct PPE

6.2 Mitigations addressing mental health risk factors

- Immediate and urgent facilitated team 'listening' and Q&A sessions for teams displaying high levels of anxiety
- Develop and deliver high impact and high intensity 'wrap around' support packages for teams in need[4]
- Develop a clear, supportive plan for redeployment of colleagues, taking on board feedback from colleagues who have recently been redeployed
- Bring forward our Leadership Development Programme to help colleagues reflect and learn, stay connected, have opportunity to be creative
- Ensure mental health training is a key focus of the Leadership development programme
- Introduce protected time for all colleagues to attend Trust wellbeing activities (approved at Board – July 2020)[5]

[2] Place based risk assessments are mandatory

[3] Colleagues have told us that they want to be involved in the discussion and decision about where they work

[4] We will secure support and expertise from our team of psychologists to do this.

[5] This is also a key priority to respond to our staff survey 2019

- Assign wellbeing champions to each service/ward/department/unit (approved at Board – July 2020), ensuring that the champions are from a diverse group of colleagues including BAME, LGBTQ, Disabled, age, gender
- Protected time for health and wellbeing champions plus protected time to support colleague engagement either via networks, focus groups or WTGR sessions. In addition, Staff Governors should have protected time to attend Governors meetings.
- Continue debrief and listening events for all teams needing space to talk, including for senior colleagues. For acute service or services highly effected by COVID, refresh wrap around services
- Continue to seek advice and expertise of our psychologists to develop appropriate wellbeing response activities
- Offer colleagues an annual mental health check
- Extend and further communicate our listening ear service and 24/7 counselling support offer (approved at Board – July 2020)
- Continue to engage colleagues to identify and address why colleagues who have known higher risk factors based on ethnicity, gender and age have a lower responses rate and lower levels of anxiety than other groups
- Realign WOD resources to have a greater focus on health and wellbeing, ensuring correct resource levels
- Break stigma of mental health by sharing stories of our own mental health
- Consistent and appreciative leadership – seek to understand
- Develop a sensitive communications strategy – seek advice from our Communications team and our team of psychologists for appropriate language and messaging
- Recirculate our COVID leadership behaviours to ensure managers continue to 'seek to understand' and listen to colleagues – create spaces for honest feedback and make best use of our networks
- Ensure a re-escalation plan is in place and ensure that this is communicated to colleagues.

Mental health is our greatest challenge, with a risk to the organisation if we do not take urgent action to address – failure to act could lead to colleague or patient harm, higher absence and greater turnover. This is replicated in other Trusts locally regionally and nationally.

6.3 Mitigations addressing personal circumstance risk factors

- Ensure regular communication with colleagues working from home/shielding – diarise weekly team or individual touch points
- Ensure that all colleagues working from home fill out a desk assessment as per HSE website guidance
- Identify services that can work from home – but identify any colleagues who may use work as their only social interaction and return them to site if necessary following appropriate place based risk assessments

- Managers to identify any colleagues that have caring responsibilities and discuss a flexible approach that works for the service and the colleague

- Managers to identify any colleagues who are/may be disrupted due to reliance on public transport and agree a flexible approach that works for the service and the colleague

7. Mitigations considered but not adopted

A potential mitigation was raised by colleagues for those who feel they have higher physical risk factors than the Occupational Health Department or national guidance advises. For these colleagues, it was proposed that they should be allowed to wear enhanced PPE to help their levels of anxiety.
The PPE group, which is a sub work stream of the Incident Management Team, and The Medical Director, Chief Nurse, COO and Director of WOD discussed this potential and agreed that this was not appropriate at this time. Colleagues felt that this could alienate colleagues within their team and cause confusion about the correct levels of PPE that colleagues should be wearing.
Colleagues did agree, however, to return to this decision regularly.

8. Improving the risk assessment response rate

Whilst 2,494 responses have already been received, the aim is to have as many colleagues as possible return the assessment in order that we can demonstrate our duty of care to colleagues Trust wide. The WOD team have undertaken a series of enquiries with colleagues who have not yet completed the assessment to ask them why. Based on their feedback, the following actions will be taken to improve response rate.

- From analysis of our data, we know that our response rate increases following the issue of a single topic Trust wide email. We will therefore continue to identify colleagues who have not yet completed the assessment and email them directly – this avoids annoying colleagues who have already completed the assessment.

- Appraisal guidance for Managers will be updated to remind colleagues to complete their assessment as part of their appraisal

- A communications plan, cascaded through Departments and Divisions, will focus the need for assessment returns as part of our plan for a second wave of COVID infections and/or winter planning

- Special focus will be given to Departments/services with a low response rate

- Engage BAME colleagues to talk to other BAME colleagues about any reluctance to fill out the Risk Assessment

- Any colleague who works in a ‘red zone’ will be contacted directly to ensure that they complete the assessment

- During an identified week in August, Managers will be asked to roster time dedicated to filling out the assessment. Guidance will be issued to ensure that this is managed positively and sensitively

- All new starters and doctors in rotation will be asked to fill out the assessment as part of their onboarding documentation returns

- Advice and guidance from colleagues is to keep the assessment voluntary but to contact colleagues directly to encourage them to complete the assessment

- A communications plan will be developed in partnership with WOD and Communications to ensure that the launch of the staff survey complements to Health and Wellbeing Risk Assessment. A decision to launch the staff survey in September to maximise our response rate will be reconsidered
- As part of our refresh of CHFT weekly, Board members will be asked to 'guest edit' the newsletter and focus on the Health and Wellbeing Risk Assessment

9. Next steps

- Should the Board support the proposed mitigations and actions to increase response rates, the WOD team will collaborate with colleagues across the Trust to implement the proposals as soon as possible.
- A communications and engagement plan will be developed to effectively plan the improved response rate for risk assessments, staff survey roll out, winter planning and flu vaccination calendar
- Response rates for the assessment will be reported weekly to the Weekly Executive Board
- Prepare a report to Capital Investment Strategic Group to secure funds to keep the 24/7 helpline available and to refocus WOD priorities on colleague health and Wellbeing as agreed at Board in July 2020
- Make the risk assessment mandatory for all new starters and doctors on rotation

10. Recommendation

The Board is asked to note the findings of the assessment to date, agree the proposed Trust wide mitigations and support the next steps identified in the report.

Suzanne Dunkley
Director of Workforce and Organisational Development
August 2020

HEALTH AND WELLBEING RISK ASSESSMENT

This risk assessment should take less than 10 minutes to complete. Responses should be submitted by 26 June 2020. Please do participate by completing and submitting the assessment because your health and wellbeing is extremely important to us.

On 26 May 2020, Owen Williams wrote to all colleagues saying that 'it's OK to not be OK'. Since then, we have received a lot of feedback about various issues that affect you. This assessment asks a few questions about your current experiences of work, how you are feeling and also gives you a chance to raise any concerns you might have.

The questions asked are based around what many people would call a risk assessment, however we have widened our approach to get a better understanding of your health and wellbeing needs and experiences at this time. Your responses will help us to ensure that we have the right information so that we can support your needs and be aware of key issues going forward.

Completion of the assessment is not mandatory, but we really want you to complete it. Your responses really matter. Each of us are responsible for our own health and wellbeing and by working together, we can ensure that we stay well and healthy for our loved ones and continue to ensure CHFT/CHS provides the best environment for us to work and for our patients and their families to receive care with compassion.

This data will be stored securely and will not be shared outside of CHFT/CHS. More information about data and privacy can be found here: https://intranet.cht.nhs.uk/staff-privacy-notice/

YOU AND YOUR ROLE

Q1. FORENAME

Q2. SURNAME

Q3. DATE OF BIRTH (DD/MM/YYYY)

☐☐/☐☐/☐☐☐☐

Q4. EMPLOYEE NUMBER

☐☐☐☐☐☐☐☐

Q5. CONTACT TELEPHONE NUMBER SHOULD WE NEED TO TALK TO YOU.

Q6. DO YOU WORK FOR CHFT OR CHS?

Q7. JOB TITLE

Q8. DO YOU WORK IN A CLINICAL AREA?

YES ☐ SOMETIMES ☐ NO ☐

Q9. DO YOU HAVE DIRECT FACE TO FACE PATIENT CONTACT?

YES ☐ SOMETIMES ☐ NO ☐

Q10. NORMAL PLACE OF WORK – WARD/DEPARTMENT

Q11. HAVE YOU BEEN REDEPLOYED AS A RESULT OF COVID-19 ARRANGEMENTS?

YES ☐ NO ☐

Q12. IF YES, WHERE IS YOUR CURRENT PLACE OF WORK – WARD/DEPARTMENT

RISK FACTORS

Q13. ARE YOU PREGNANT?

YES ☐ NO ☐

Q14. IF YES, HOW MANY WEEKS PREGNANT?

☐☐

Q15. AGE

UNDER 50 ☐ 50 – 59 ☐ 60 – 69 ☐ 70 – 79 ☐ 80 AND OVER ☐

Q16. GENDER AT BIRTH

FEMALE ☐ MALE ☐

Q17. GENDER YOU IDENTIFY AS

FEMALE ☐ MALE ☐ NON-BINARY ☐ PREFER NOT TO SAY ☐ IN TRANSITION ☐

Q18. ETHNICITY

WHITE – BRITISH ☐
WHITE – IRISH ☐
WHITE – ANY OTHER WHITE BACKGROUND ☐
MIXED – WHITE AND BLACK CARIBBEAN ☐
MIXED – WHITE AND BLACK AFRICAN ☐
MIXED – WHITE AND ASIAN ☐
MIXED – ANY OTHER MIXED BACKGROUND ☐
ASIAN OR ASIAN BRITISH – INDIAN ☐
ASIAN OR ASIAN BRITISH - PAKISTANI ☐
ASIAN OR ASIAN BRITISH – BANGLADESHI ☐
ASIAN OR ASIAN BRITISH – ANY OTHER ASIAN BACKGROUND ☐
BLACK OR BLACK BRITISH - CARIBBEAN ☐
BLACK OR BLACK BRITISH – AFRICAN ☐
BLACK OR BLACK BRITISH – ANY OTHER BLACK BACKGROUND ☐
CHINESE ☐
ANY OTHER ETHNIC GROUP ☐
NOT STATED ☐

Q19. DIABETES

☐ TYPE 1 OR 2 – UNCOMPLICATED (BLOOD SUGARS ARE WELL CONTROLLED AND NO DIABETIC COMPLICATIONS)
☐ TYPE 1 OR 2 – COMPLICATED (BLOOD SUGARS ARE NOT CONTROLLED AND/OR DIABETIC COMPLICATIONS)
☐ NOT APPLICABLE

Q20. HEART DISEASE AND STROKE

- ☐ ANGINA OR PREVIOUS HEART ATTACK OR STROKE
- ☐ TAKING TABLETS FOR HEART FAILURE
- ☐ BOTH
- ☐ NOT APPLICABLE

Q21. LUNG DISEASE

- ☐ ASTHMA
- ☐ ANY OTHER CHRONIC
- ☐ NOT APPLICABLE

Q22. CANCER

- ☐ YOU ARE CURRENTLY RECEIVING EITHER CHEMOTHERAPY OR RADIOTHERAPY FOR CANCER
- ☐ YOU HAVE HAD CANCER BUT ARE IN REMISSION AND HAVE NOT HAD TREATMENT FOR 6 MONTHS OR MORE
- ☐ NOT APPLICABLE

Q23. RHEUMATOLOGY

- ☐ ANY CONDITIONS FOR WHICH YOU ARE RECEIVING TREATMENT
- ☐ NOT APPLICABLE

Q24. WEAKENED IMMUNE SYSTEM

- ☐ TAKING ANY MEDICATION THAT YOU HAVE BEEN TOLD WILL SUPPRESS YOUR IMMUNE SYSTEM
- ☐ NOT APPLICABLE

FIT TESTING AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

Q25. HAVE YOU BEEN FIT TESTED?

YES ☐ NO ☐ NOT APPLICABLE ☐

Q26. DATE OF FIT TEST? *(Please leave blank if unsure)*

☐☐/☐☐/☐☐☐☐

Q27. DETAILS OF FIT TEST *(Do you have to wear a hood instead of a mask for example?)*

Q28. HAVE YOU BEEN ABLE TO ACCESS PERSONAL PROTECTIVE EQUIPMENT (PPE) IN YOUR CLINICAL AREA/DEPARTMENT?

YES ☐ NO ☐ NOT APPLICABLE ☐

Q29. HAVE YOU COMPLETED YOUR INFECTION CONTROL TRAINING?

YES – LEVEL 1 ☐ YES – LEVEL 2 ☐ NOT APPLICABLE ☐

AT HOME

Q30. DO YOU LIVE WITH SOMEONE THAT IS CLASSED AS HIGH RISK AND SHIELDING?

YES ☐ NO ☐

Q31. DO YOU LIVE WITH AN NHS WORKER FROM ANOTHER TRUST?

YES ☐ NO ☐

Q32. HAVE THEY HAD A RISK ASSESSMENT AT THEIR TRUST?

YES ☐ NO ☐ DON'T' KNOW ☐ NOT APPLICABLE ☐

Q33. DO THEY WORK ON A COVID ACTIVE WARD/DEPARTMENT?

YES ☐ NO ☐ DON'T' KNOW ☐ NOT APPLICABLE ☐

WORKING PATTERNS

Q34. ARE YOU ABLE TO TAKE REGULAR BREAKS AT WORK?

YES ☐ NO ☐

Q35. DO YOU HAVE ANY ANNUAL LEAVE BOOKED IN THE NEXT 8 WEEKS?

YES ☐ NO ☐

Q36. HAVE YOU HAD ANY DIFFICULTIES BOOKING ANNUAL LEAVE?

YES ☐ NO ☐

Q37. DOES THE CLOSURE/CHANGE TO HOURS OF SCHOOLS MEAN YOU NEED TO WORK MORE FLEXIBLY?

YES ☐ NO ☐ NOT APPLICABLE ☐

Q38. DO YOU HAVE ANY CARER RESPONSIBILTIES?

YES – DEPENDANT ADULT ☐ YES – DEPENDANT CHILD ☐ NO ☐

Q39. ARE THERE ANY LIMITATIONS TO YOUR TRAVEL ON PUBLIC TRANSPORT AND THEREFORE DO YOU REQUIRE MORE FLEXIBILITY IN YOUR WORKING PATTERN?

YES ☐ NO ☐ NOT APPLICABLE ☐

FREEDOM TO SPEAK UP

Q40. DO YOU KNOW ABOUT FREEDOM TO SPEAK UP AND WHERE TO RAISE A CONCERN SHOULD YOU HAVE ONE?

YES ☐ NO ☐

WELLBEING

Q41. ARE YOU ANXIOUS OR CONCERNED ABOUT BEING AT WORK AT THE MOMENT?

NO I'M OK ☐ I'M MORE ANXIOUS THAN USUAL ☐ I'M VERY ANXIOUS ☐

Q42. IF SO, CAN YOU TELL US MORE ABOUT YOUR MAIN CONCERNS?

Q43. HAVE YOU ACCESSED ANY SUPPORT?

YES – OCCUPATIONAL HEALTH ☐ YES – BOTH ☐ NOT APPLICABLE ☐

YES – PSYCHOLOGICAL WELLBEING SERVICE ☐ NO ☐

Q44. WOULD YOU LIKE TO RECEIVE SUPPORT?

YES ☐ NO ☐ IN THE FUTURE IF NEEDED ☐

Q45. DO YOU HAVE ANY CONCERNS ABOUT YOUR SAFETY AT WORK?

YES ☐ NO ☐

Q46. ARE THERE SUFFICIENT GUIDES AND NOTICES TO PROVIDE A SAFE ENVIRONMENT WHERE YOU WORK ON SITE?

YES ☐ NO ☐ DON'T KNOW ☐

Q47. ARE YOU ABLE TO FOLLOW SOCIAL DISTANCE RULES WHEN WORKING ON SITE?

YES ☐ NO ☐

Q48. CAN YOUR ROLE BE UNDERTAKEN AT HOME?

YES ☐ PARTLY ☐ NO ☐

Q49. IF YOU ARE WORKING FROM HOME, IS THE ENVIRONMENT YOU ARE WORKING IN SAFE AND COMFORTABLE?

YES ☐ NO ☐

Q50. IF NO, PLEASE PROVIDE DETAILS.

Q51. DO YOU HAVE ANY CONCERNS ABOUT WORKING FROM HOME ON A LONGER TERM BASIS?

YES ☐ NO ☐ NOT APPLICABLE ☐

Q52. IF SO, CAN YOU TELL US MORE ABOUT YOUR CONCERNS?

Q53. IF YOU ARE RETURNING TO WORK ON SITE FOLLOWING WORKING FROM HOME, DO YOU HAVE ANY CONCERNS?

YES ☐ NO ☐ NOT APPLICABLE ☐

Q54. WHAT CAN WE DO TO SUPPORT YOU WITH THESE CONCERNS?

Q55. HAVE YOU TOLD US EVERYTHING ABOUT YOUR HEALTH AND WELLBEING THAT WE NEED TO KNOW?

YES ☐ NO ☐

Q56. IF NOT, WHAT MORE WOULD YOU LIKE TO TELL US ABOUT?

Q57. WHAT OTHER CONCERNS DO YOU HAVE THAT WE HAVE NOT ASKED ABOUT?

Q58. IS THERE ANYTHING MORE WE CAN DO AS A TRUST TO SUPPORT YOUR HEALTH AND WELLBEING?

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Health and Wellbeing Risk Assessments

Board of Directors, 3 September 2020

Suzanne Dunkley

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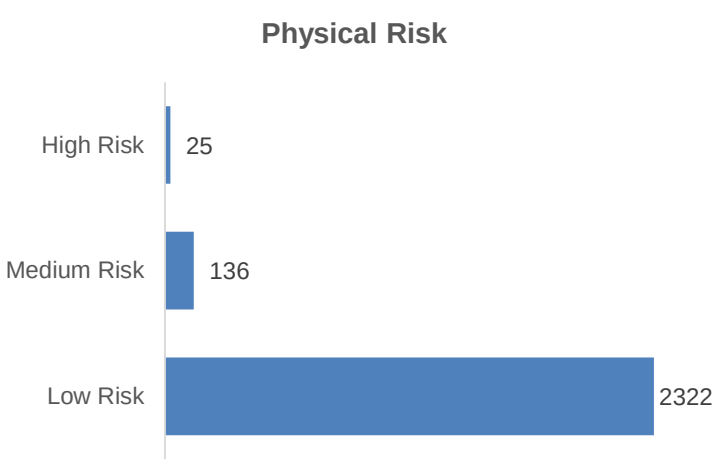
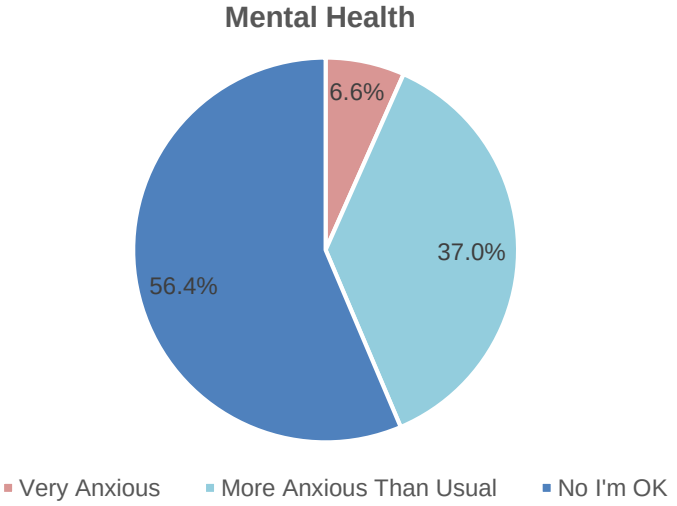
Background

- Launched mid June 2020 as part of our COVID Health and Wellbeing response
- Developed in collaboration with colleagues and Trade Unions
- Purpose – to identify any colleagues who may be at risk and mitigate the risk
- Open to ALL colleagues
- Focuses not just on physical risk factors, but mental health and personal circumstances
- Access to a data set that tells us everything we need to know about our workforce and how they are feeling
- As per NHSE/I guidance our response rate is 100% however, in reality it is 43.7% with an ambition for ALL colleagues to complete by September 2020
- Not just to review our reactive or current risk factors, but also to be prepared for any reescalation and/or a difficult winter
- Part of a dual approach to risk assessments – place based risk assessments are mandatory
- What we do as a result of the assessment is crucial

Headline results





161 colleagues flagged as being at an increased risk of severe COVID infection based on a number of factors including ethnicity, gender, age and any underlying health conditions.

43.6% of colleagues (1,088) are experiencing increased levels of anxiety. 165 of those colleagues are ‘very anxious’.

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Trends

- Response rates have tended to be lower for those groups of colleagues that were identified nationally as being as ‘high risk’. BAME colleagues have a response rate of 37.1% compared to 44.8% for White colleagues.
- Responses have suggested that colleagues in the ‘high risk’ groups are less anxious than colleagues that are not. Younger age groups are experiencing increased levels of anxiety, 50.7% of the 26-30 age group compared with 44.1% of the 56-60 age group. Similarly, a greater proportion of White colleagues are experiencing increased levels of anxiety compared to BAME colleagues, 44.0% compared to 40.3%.
- Anxiety levels are highest within the Healthcare Assistant staff group, particularly in the Surgery and Anaesthetics Division.
- Only 55.5% of colleagues experiencing increased levels of anxiety were happy for their results to be shared with their manager. This indicates there is still a stigma attached to mental health.
- Of the 161 colleagues whose responses indicated that they were at an increased risk of severe COVID infection, 108 work in a clinical area, and only 24 of those have been redeployed.

Trends

- 1,040 respondents have carer responsibilities including 847 with childcare responsibilities. 56.9% of the 847 with childcare responsibilities need to work more flexibly because of the changes to/closure of schools.

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Key areas of concentration

- Break the stigma attached to mental health
- Redeployment of colleagues
- Healthcare Assistants
- District Nurses
- Critical Care
- Emergency Care

Proposed mitigations - physical

- Map individual risk assessments against workplace risk assessments to clearly identify high risk individuals and higher risk service areas
- Manage rotas/activities carefully - ensure colleagues who have a higher physical risk are offered the opportunity not to work in red zones
- Mandatory 121s for all colleagues who have a higher physical risk (including shielding colleagues). Document and agree appropriate mitigations
- Ensure colleagues are properly rested before September – annual leave ‘check and plan’
- Ensure that colleagues who have been shielding and who are returning to site are appropriately ‘phased’ back in to their role or temporarily redeployed to a role that is more appropriate for them
- Clear guidelines on PPE, with a ‘seek to understand’ approach for colleagues with repeated failure to wear correct PPE

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Proposed mitigations –mental health

- Immediate and urgent facilitated team ‘listening’ and Q&A sessions for teams displaying high levels of anxiety
- Develop and deliver high impact and high intensity ‘wrap around’ support packages for teams in need.
- Develop a clear, supportive plan for redeployment of colleagues, taking on board feedback from colleagues who have recently been redeployed
- Bring forward our Leadership Development Programme to help colleagues reflect and learn, stay connected, have opportunity to be creative
- Ensure mental health training is a key focus of the Leadership development programme
- Introduce protected time for all colleagues to attend Trust wellbeing activities *(approved at Board – July 2020)*
- Assign wellbeing champions to each service/ward/department/unit *(approved at Board – July 2020)*, ensuring that the champions are from a diverse group of colleagues including BAME, LGBTQ, Disabled, age, gender
- Protected time for health and wellbeing champions plus protected time to support colleague engagement either via networks, focus groups or WTGR sessions. In addition, Staff Governors should have protected time to attend Governors meetings.
- Continue debrief and listening events for all teams needing space to talk, including for senior colleagues. For acute service or services highly effected by COVID, refresh wrap around services
- Continue to seek advice and expertise of our psychologists to develop appropriate wellbeing response activities

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Proposed mitigations –mental health

- Offer colleagues an annual mental health check
- Extend and further communicate our listening ear service and 24/7 counselling support offer *(approved at Board – July 2020)*
- Ensure a re-escalation plan is in place, and ensure that this is communicated to colleagues
- Continue to engage colleagues to identify and address why colleagues who have known higher risk factors based on ethnicity, gender and age have a lower responses rate and lower levels of anxiety than other groups
- Realign WOD resources to have a greater focus on health and wellbeing, ensuring correct resource levels
- Break stigma of mental health by sharing stories of our own mental health
- Consistent and appreciative leadership – seek to understand
- Develop a sensitive communications strategy – seek advice from our Communications team and our team of psychologists for appropriate language and messaging
- Recirculate our COVID leadership behaviours to ensure managers continue to ‘seek to understand’ and listen to colleagues – create spaces for honest feedback and make best use of our networks

Mental health is our greatest challenge, with a risk to the organisation if we do not take urgent action to address – failure to act could lead to colleague or patient harm, higher absence and greater turnover. This is replicated in other Trusts locally, regionally and nationally.

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Proposed mitigations - personal circumstances

- Ensure regular communication with colleagues working from home/shielding – diarise weekly team or individual touch points
- Ensure that all colleagues working from home fill out a desk assessment as per HSE website guidance
- Identify services that can work from home – but identify any colleagues who may use work as their only social interaction and return them to site if necessary following ap-propriate place based risk assessments
- Managers to identify any colleagues that have caring responsibilities and discuss a flexible approach that works for the service and the colleague
- Managers to identify any colleagues who are/may be disrupted due to reliance on public transport and agree a flexible approach that works for the service and the colleague

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Mitigations considered but not adopted

- Enhanced PPE

Other mitigations to consider

- What other mitigations should we consider?

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Improving the response rate

- Whilst 2,483 responses have already been received, the aim is to have as many col-leagues as possible return the assessment in order that we can demonstrate our duty of care to colleagues Trust wide. The WOD team have undertaken a series of enquiries with colleagues who have not yet completed the assessment to ask them why. Based on their feedback, the following actions will be taken to improve response rate.
- From analysis of our data, we know that our response rate increases following the issue of a single topic Trust wide email. We will therefore continue to identify col-leagues who have not yet completed the assessment and email them directly – this avoids annoying colleagues who have already completed the assessment.
- Appraisal guidance for Managers will be updated to remind colleagues to complete their assessment as part of their appraisal
- A communications plan, cascaded through Departments and Divisions, will focus the need for assessment returns as part of our plan for a second wave of COVID infections and/or winter planning
- Special focus will be given to Departments/services with a low response rate
- Engage BAME colleagues to talk to other BAME colleagues about any reluctance to fill out the Risk Assessment

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Improving the response rate

- Any colleague who works in a ‘red zone’ will be contacted directly to ensure that they complete the assessment
- During an identified week in August, Managers will be asked to roster time dedicated to filling out the assessment. Guidance will be issued to ensure that this is managed positively and sensitively
- All new starters and doctors in rotation will be asked to fill out the assessment as part of their onboarding documentation returns
- Advice and guidance from colleagues is to keep the assessment voluntary but to contact colleagues directly to encourage them to complete the assessment
- A communications plan will be developed in partnership with WOD and Communications to ensure that the launch of the staff survey complements to Health and Wellbeing Risk Assessment. A decision to launch the staff survey in September to maximise our response rate will be reconsidered
- As part of our refresh of CHFT weekly, Board members will be asked to ‘guest edit’ the newsletter and focus on the Health and Wellbeing Risk Assessment

Next steps

- Should the Board support the proposed mitigations and actions to increase response rates, the WOD team will collaborate with colleagues across the Trust to implement the proposals as soon as possible.
- A communications and engagement plan will be developed to effectively plan the improved response rate for risk assessments, staff survey roll out, winter planning and flu vaccination calendar
- Response rates for the assessment will be reported weekly to the Weekly Executive Board
- Prepare a report to Capital Investment Strategic Group to secure funds to keep the 24/7 helpline available and to refocus WOD priorities on colleague health and Wellbeing as agreed at Board in July 2020
- Make the risk assessment mandatory for all new starters and doctors on rotation

Support required from the Board

- Guest Editors for our new look CHFT weekly
- Insights and expertise to improve response rate

12. Engagement and Actions Related to the Impact of Covid-19 on BAME Communities in Calderdale

For Comment

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	3 September 2020
Meeting:	Board of Directors
Title:	Engagement and Actions Related to the Impact of Covid 19 on BAME Communities in Calderdale
Author:	Deborah Harkins, Director of Public Health, Calderdale Council Kate Horne, Senior Programme Manager, Public Health, Calderdale Council
Presented By:	Suzanne Dunkley, Executive Director of Workforce and Organisational Development, CHFT Deborah Harkin, Director of Public Health, Calderdale Council Kate Horne, Senior Programme Manager, Public Health, Calderdale Council
Previous Fo-rums:	Weekly Executive Board 20/08/20 BAME Network 18/08/20

Actions Requested:

- To identify how CHFT can contribute to reducing health inequalities for BAME communities in Calderdale

Purpose of the Report

The presentation shows insight gathered through engagement with BAME communities about the impact of COVID 19. The report identifies a series of actions that will address this inequality, and partner organisations are asked to support the delivery of the plan. The Board is asked to identify how CHFT can be an advocate/key enabler to the successful delivery of the plan.

Key Points to Note

1. Calderdale's largest ethnic minority is the South Asian community of whom a large proportion live in Park Ward
2. Calderdale Councils data shows that Calderdale BAME communities are disproportionately impacted by COVID 19
3. The report concludes that much of the impact of COVID 19 is due to the wider determinants of health and has shone a light on existing inequalities that have been further exacerbated by the pandemic
4. Calderdale Council has developed an action plan to address the inequality identified in their findings
5. Partner organisations, including CHFT, are being asked to support the delivery of the action plan

EQIA – Equality Impact Assessment
The community engagement and action plan focuses on the health inequalities of Calderdale's BAME community. An EQIA has been carried out on the impact of this plan on other protected characteristics, and also any actions that are required to address multiple protected characteristics, e.g. women of colour, gay men of colour, younger/older members of the public etc.
Recommendation
• The Board is asked to note the paper and the associated action plan • The Board is asked to commit its support to assist Calderdale Council achieve its plan • The Board is asked to identify key contributory actions and workstreams already underway at CHFT by considering the following: 1. Are there any specific actions recommended in the report that CHFT could lead on? 2. Is there any work underway currently that could extend the findings of the report – eg Chief Executive Health Inequality work, staff data, deaths in hospitals, attendances at A&E etc? 3. Who would the Board identify as key CHFT contacts and contributors to assist Calderdale Council deliver its action plan?

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The Impact Of Coronavirus On Calderdale's BAME Communities

By Kate Horne, Public Health 2020

In April 2020 evidence began to emerge surrounding the impact of Coronavirus on our BAME communities.

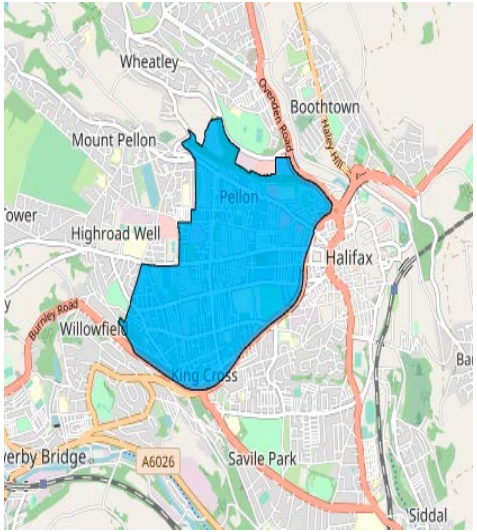
Some of the BAME healthcare staff who have died during the coronavirus pandemic

Why? What?

- The limited local data supported the national picture that our BAME communities are disproportionately being impacted upon by Covid.
- Following emerging evidence Calderdale Public Health, CMBC began consulting with some of our BAME communities, to obtain insight as to why they thought they were disproportionately being impacted upon by Covid
- The purpose of this was to improve our understanding, to listen to our BAME communities and to begin to co-produce an action plan, to reduce this impact on our communities most affected by the pandemic.

So **what**?

- Approximately 30 telephone conversations have taken place to date with people living or working in Park ward and surrounding areas.
- This is because the majority of residents in Park Ward are of Asian ethnicity. Total resident population 17,327, 68.02% (11, 786) are Asian.
- The South Asian community is the largest ethnic minority group in Calderdale, making up 8.3% (16, 875) of the population (ONS, 2011).
- The insight gathered largely reflects the learning from Calderdale's South Asian community in this area, but does include some insight into other BAME communities, such as our Eastern European community and Calderdale Asylum Seekers/ Refugees.
- The insight to date has been pulled into themes (displayed in the following slides) and is currently being tested with the community.



Where are we now?

- Insight is ongoing, as we move through the pandemic different challenges are presenting. Part of the plan is to ensure we hear from all our BAME communities .
- Insight revealed that the pandemic exacerbated existing inequalities.
- Whilst the local work was evolving the Black Lives Matters (BLM) movement further resurged around the world, following the killing of George Floyd.
- PHE (2020) also released the COVID-19: review of disparities in risks and outcomes, which provided an epidemiological review of the risks and outcomes of Covid 19.
- PHE (2020) approximately a week later then released Beyond the data: Understanding the impact of COVID-19 on BAME groups,
- The insight from this literature and the BLM movement was considered and discussed with some of the people that were engaged with and this has been added into the findings and plan- which recognises the organic nature of the work.
- There is a need to further develop elements of this work and across the system.

Disparities in the risk and outcomes of COVID-19 (PHE, 2020)

VISION 2024

Summary- findings

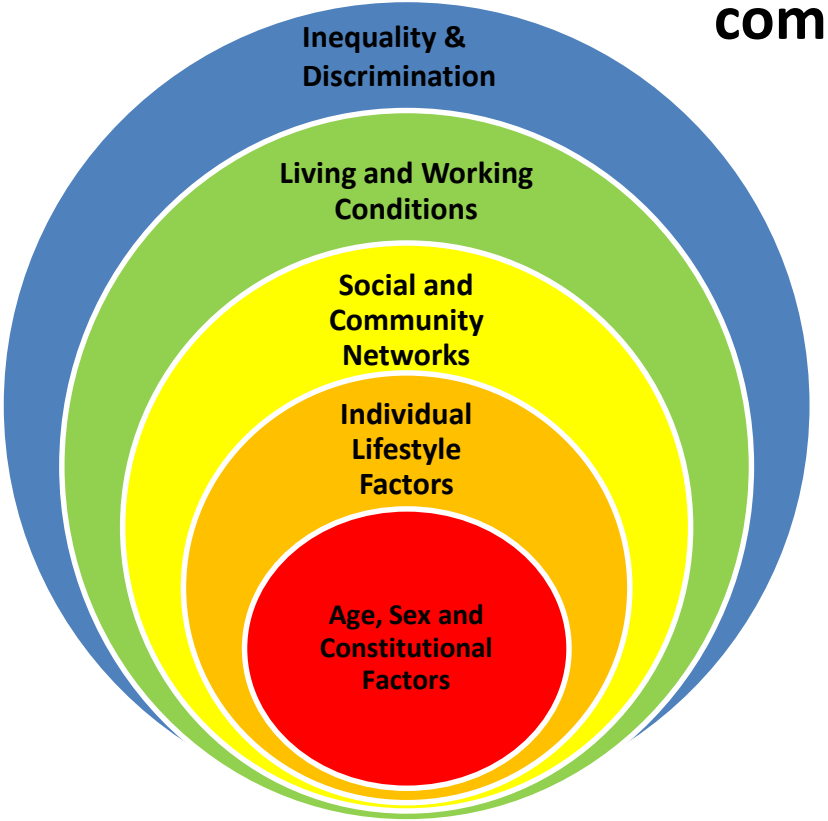
- There is clear evidence that COVID-19 does not affect all population groups equally. Many analyses have shown that older age, ethnicity, male sex and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death.
- These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups (PHE, 2020).
- An analysis of survival among confirmed COVID-19 cases and using more detailed ethnic groups, shows that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10% and 50% higher risk of death when compared to White British.*
- When standardised for age, Muslim religious group had the highest COVID-19 mortality rates, particularly for males (ONS, 2 March- 15th May).

Beyond the data: Understanding the impact of COVID-19 on BAME groups (PHE, 2020)

National Findings - literature review and stakeholder feedback

- There is some evidence which supports the hypothesis that BAME groups are more likely to test positive for COVID-19 than those identifying as White British. There is insufficient evidence to draw conclusions.
- The evidence describing risk of severe COVID-19 is mixed. The emerging evidence suggests excess mortality due to COVID-19 in BAME populations. Individuals of Black African or Black Caribbean and Asian ethnic groups may have the highest increased risk. More, high quality research is needed before any conclusions can be reached.
- Risks associated with COVID-19 transmission, morbidity, and mortality can be exacerbated by the housing challenges faced by some members of BAME groups. The most recent research from the UK suggests that both ethnicity and income inequality are independently associated with COVID-19 mortality. Individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure. They are more likely to use public transportation to travel to their essential work. Historic racism and poorer experiences of healthcare or at work may mean that individuals in BAME groups are less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment (PPE) or risk.

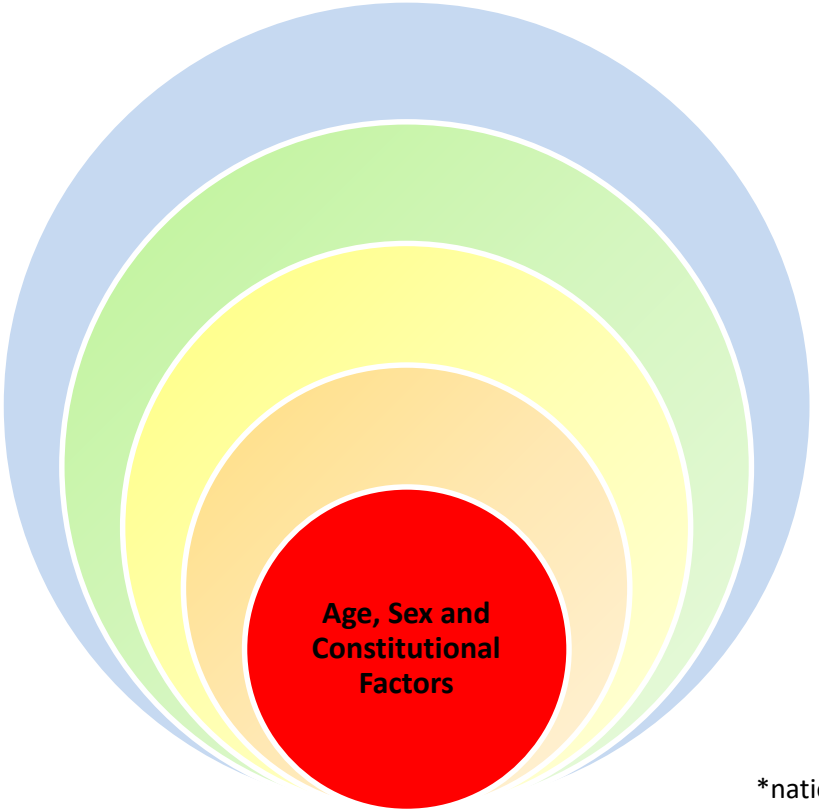
The findings from Calderdale's insight with our BAME communities



Based on Dahlgren and Whitehead's determinants model of health (1991) – helps us to visualise that much of the impact of Covid is due to the wider determinants of health and has shone a light on existing inequalities that have been further exacerbated by the pandemic.

It's Important to recognise that whilst evidence is emerging of the disproportionate impact of Coronavirus on our BAME community, evidence surrounding the factors that may be causing this is inconclusive to date. Calderdale insight with our BAME community identifies factors not always unique to BAME groups.

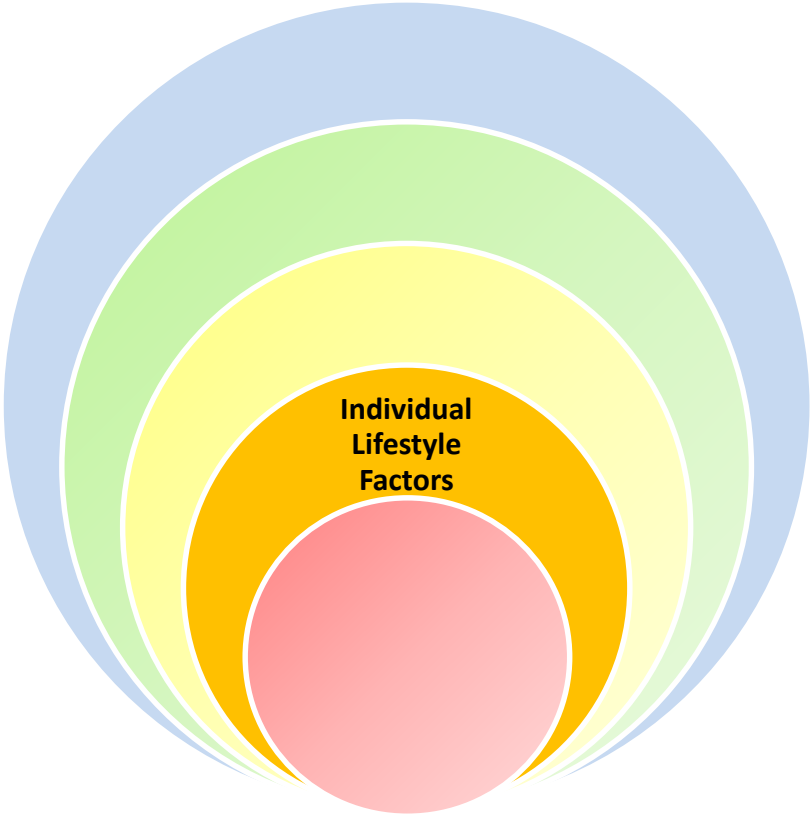
Section 1: Age, Sex and Constitutional Factors



- Increased prevalence of Long-term Conditions (LTC), in-particular CVD and diabetes.
- ***Increased mortality rate from Covid 19****
- Increased prevalence of bereavement in deaths from extended family

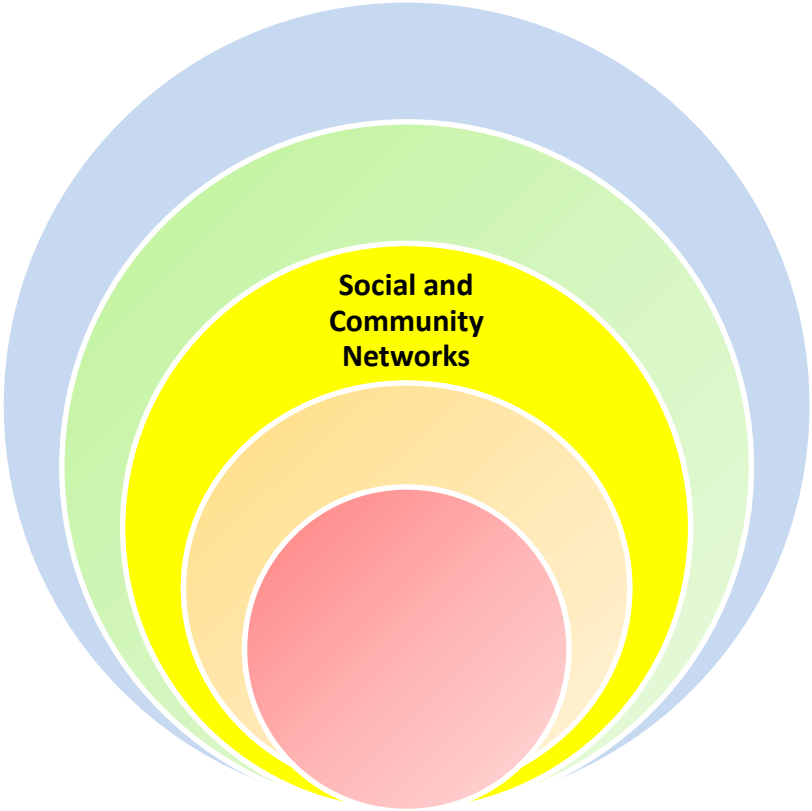
*national factor that needs reputing locally

Section 2: Individual Lifestyle Factors



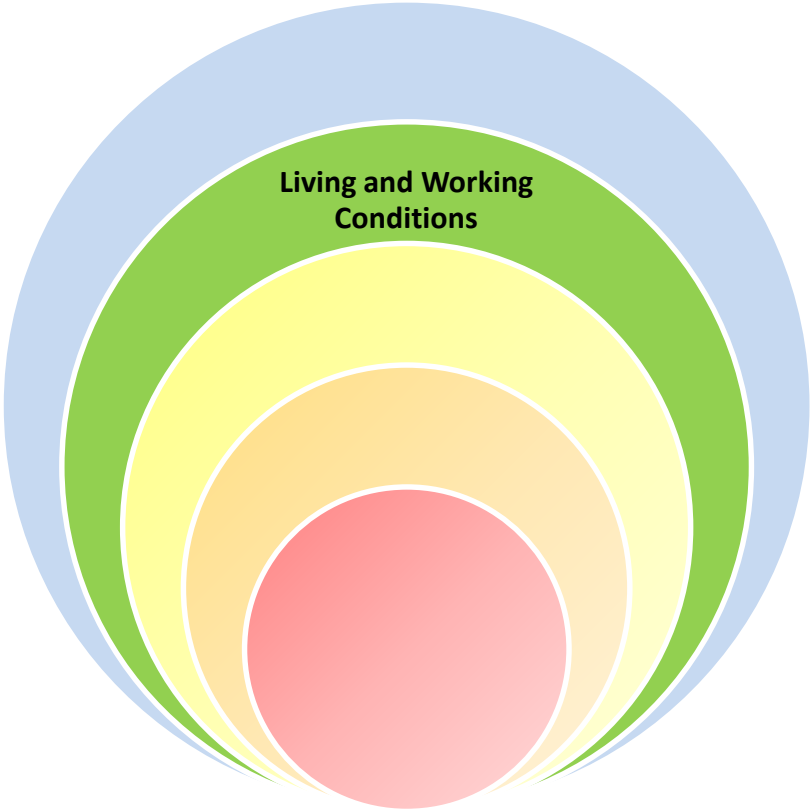
- Fear of going out for food & physical activity (further exacerbated by media/ evidence in relation to impact on BAME)
- Findings from Covid 19 physical activity survey identified that our BAME community were a lot less active during lockdown (Active Calderdale, 2020).
- To avoid isolation and boredom some older and younger people are not following government guidance in relation to social distancing or staying at home.

Section 3: Social and Community Networks



- Less visible networks under lockdown measures.
- Reduced access to digital connectivity
- Where English Second Language (ESL)/ lower literacy levels difficult to navigate digital system.
- Where ESL/ lower literacy difficult to understand reputable guidance.
- Reduced spiritual guidance/connectivity between religious leaders and the local BAME community in times of uncertainty (perhaps due to communication platforms or reduced social presence)
- Too proud to ask existing networks for help

Section 4: Living and Working Conditions



1. Housing

- Multi-generational households increased risk to spread within households-reduced ability to isolate more vulnerable.
- Asylum seekers, Refugees and new migrants living in overcrowded housing, increased risk to spread within households.

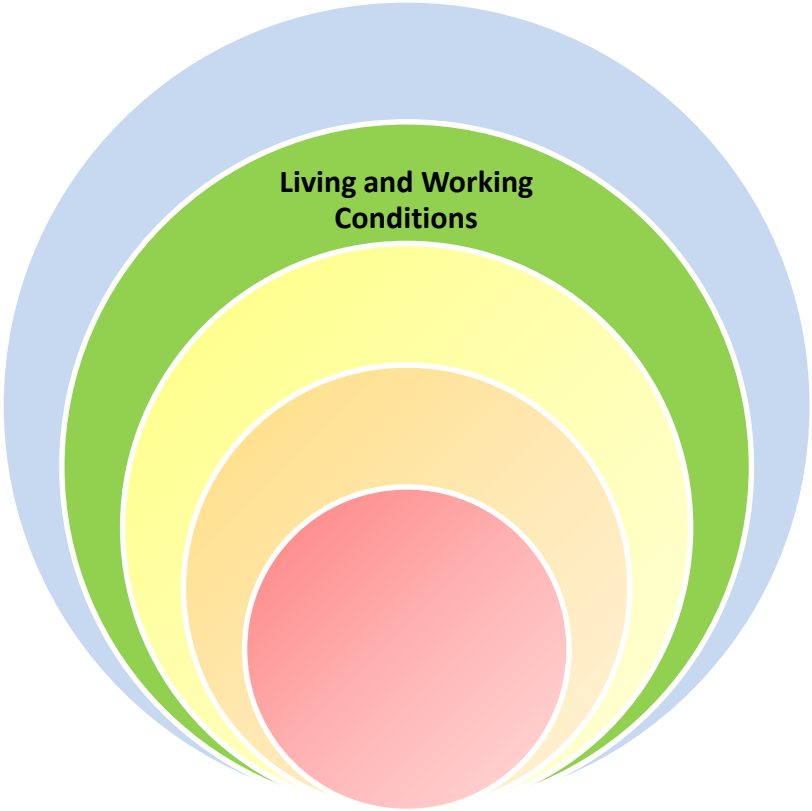
2. Education

- Lower literacy levels in any language, particularly older generation/ new migrants and where ESL, means; lack of understandable reputable guidance and difficulty navigating the system for support
- Increased difficulty to support Children and young people (CYP) home schooling, particularly where language barriers exist.
- Limited access to digital means (computer/ internet) impacts on home schooling.
- Challenging circumstances at home impacts on ability to home school.

3. Work Environment

- Community in more frontline roles (Bluebird homecare provider, Hopwood lane & Summerfield nursing homes)
- Local Asian Shop workers
- Taxi drivers

Section 4: Living and Working Conditions



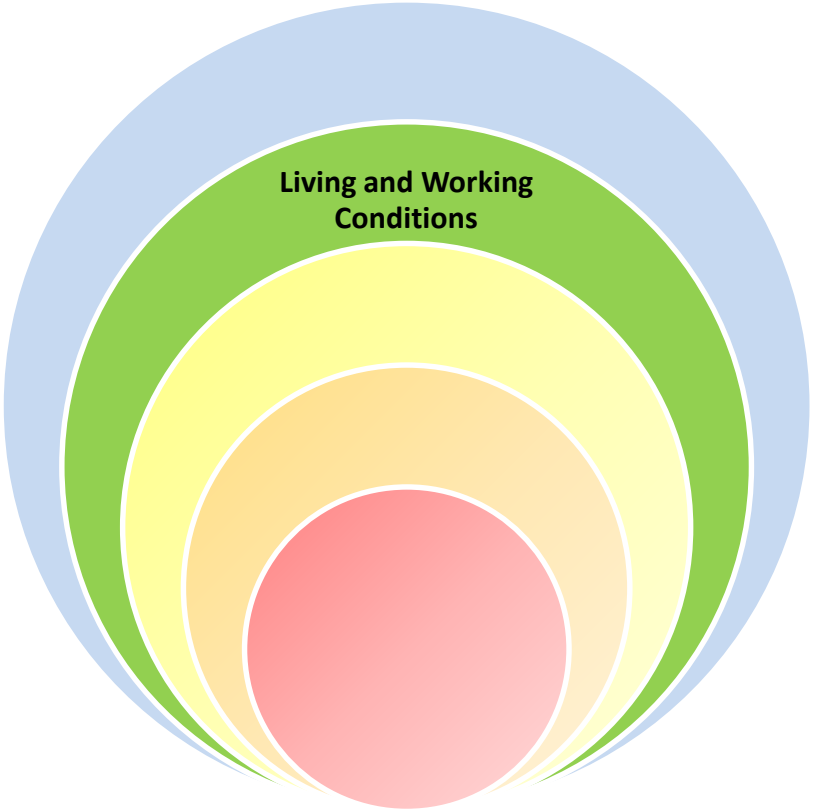
4. Unemployment/Finance

- Predominant roles; taxi driver; work in takeaway or restaurant- paid cash in hand, zero hour contracts, declared tax all have an impact on recourse,
- Exacerbated possible unemployment.
- Lack access and ability to navigate digital system to apply for support.
- Negative impact on bread winner, partner and CYP's mental health.
- People proud, don't want to ask for help.

5. Food

- Inflated prices in local shops.
- Is the time slot for older people in the bigger supermarkets at the wrong time, needs to be in the evening for older Asian group.
- Lack income to buy food/healthy food.
- Unable to stand in long food bank/shop queues.
- Lack of awareness for some of available help.

Section 4: Living and Working Conditions



6. Access to Health Services

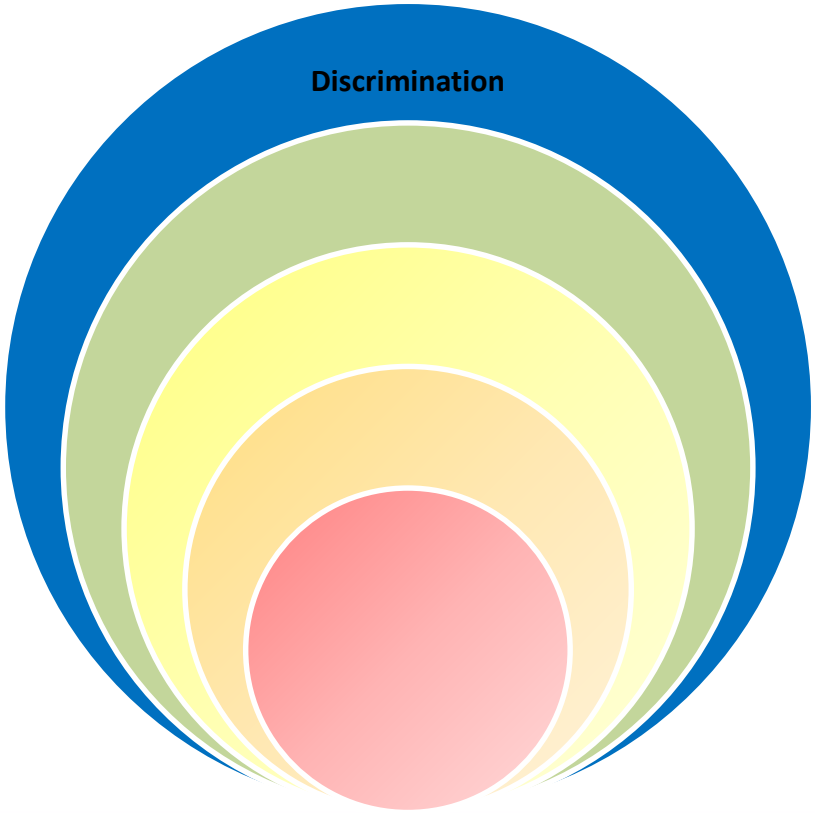
- **Think GPs are closed/ can't get hold of GP by phone/ worried about using health services for fear of being charged.**
- ***Access/ uptake of immunisations/ Cancer screening.****
- **Can't articulate needs in appointment, particularly where ESL and can't have anyone present/ reported practices can't have 3-way conversations with interpreter over the phone- causing increased anxiety especially for expectant Mums.**
- ***Limited access to appointments for people with LTC*.***
- **People with LTC reported not picking up regular medication.**

7. Access to green space

- **Dense neighbourhoods increases risk of spread between households.**
- **Only people's park in Park Ward.**
- **Increased fear to go out for food/ PA/ Medication.**
- **Impacts on LTC and emotional health and well-being.**

*national factor that needs reputing locally

Section 5: Discrimination



- Lack of cultural sensitivity of statutory organisations; unclear government messages in English only-listen more, involve us, listen to women too.
- Racism -“Racism is a worse pandemic than Covid, we will recover quicker from Covid.”
- Media provoking racism.
- Trust in the system- repeated negative experiences.

Where are we now?

- Following the initial insight findings -a plan was co-produced with Calderdale's BAME communities and will remain organic to reflect the ongoing insight, emerging evidence, and changes in need.
- Calderdale didn't focus on producing a glossy plan at first- we took immediate action. The plan captures lots of work that is already well underway and identifies our longer-term commitments given the pandemic and insight gathered both locally and nationally has shone a light on existing inequalities that have been exacerbated.
- The plan has been tested with our stakeholders in our BAME communities and our delivery partners, to ensure it accurately reflects conversations and the work in motion. It is due to be shared with Health & Care Leaders in July 2020.
- The following slides will summarise some of the local action, which arise from a range of requests for action from stakeholders and point to the areas where commitment, focus, and delivery at scale could make a significant difference in improving the lives and experiences of BAME communities. This is crucially important as we emerge from the first phase of the COVID-19 pandemic.

Local action in relation to the national recommendations – steps towards equality

1. **Mandate comprehensive and quality ethnicity data collection and recording** – we will ensure that equality monitoring is undertaken across the public sector in Calderdale – including the workforce, service users/ clients, service delivery and outcomes.

2. **Support community participatory research**, in which researchers and community stakeholders engage as equal partners – our commitment to this has been from the beginning, by gathering insight we have also asked our communities to think and be involved in the actions/ solutions. Calderdale Council would like to expand on this work to ensure all our BAME communities are involved as equal partners. We will empower BAME communities to contribute to making the new normal a reality.
3. **Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities** – we will conduct equity audits and have already been taking action to rebuilding trust with our BAME communities with health and health care services. We will embed co-production of our work with all communities.

Steps towards equality…

4.Accelerate the development of culturally sensitive occupational risk assessment tools – our culturally competent occupational risk assessment tools have been co-produced with our BAME staff network.

5.Fund, develop and implement culturally sensitive COVID-19 education and prevention campaigns – our action plan has been co-produced with our communities, including test and trace, risk reduction strategies including with our faith communities, SMEs and occupations at higher risk to exposure from Covid 19.

6. Accelerate efforts to target culturally sensitive health promotion and disease prevention programmes – we have been providing practical and emotional health and well-being support for people staying at home (shielding/ isolation/ fear), particularly for those with long-term conditions. There is identified work planned to help support people to effectively self-manage their condition. This is built into the Active Calderdale Strategy and will build on the role of the locality work, through Calderdale Cares- the single plan for Calderdale.

Steps towards equality…

7.Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health – it is evident from the insight that this work has highlighted existing inequalities for our BAME communities that have been exacerbated by the pandemic. The actions in our plan to address these will ensure that this is our bread and butter, where this has been overlooked. The plan pulls together a lot of action from varying strategies that was already in motion and identified areas we need to accelerate our focus on. It is very much linked with all other strategies such as the inclusive economy strategy, Active Calderdale and Calderdale Cares. Commitment from Health & Social Care leaders, will ensure the work is owned, accelerated and embedded across the local authority and across the system.

Strategy Map - TO COMPLETE

- Vision 2024
- Calderdale Cares- the single plan
- NHS Long-term Plan
- Care Closer to Home Plan
- Calderdale Well-being Strategy 2019-24
- 1001 Days
- Speech Language and Communication Plan
- Active Calderdale Strategy
- Inclusive Economy Strategy
- West Yorkshire and Harrogate Health Inequalities- PB
- Digital Inclusion strategy
- Anti-poverty Strategy
- Cohesive Communities Strategy

RT/ DH- anymore to include.

Calderdale Inclusive Recovery
COVID-19 Impact Assessment
17th July 2020

COVID-19 Impact Assessment

1st draft – July 2020

- This first draft of the Calderdale COVID-19 Impact assessment contains the available dataset identified in the KPI set agreed by the Inclusive Recovery Co-ordinating Group. **Unless stated otherwise, all data included in the assessment is specific to Calderdale.**

- The Impact Assessment **will change as we find out more about the impact of COVID-19** and more data become available. The combination of various data sources and background context will produce a full insight into the issues and opportunities Calderdale can seize to build back better.

- Calderdale Inclusive Recovery Group set out a clear intention to have a **focus on economic recovery but also to consider the wider impacts of COVID-19** on Calderdale and its communities. This impact assessment is therefore set out in 4 key areas of focus:
    - Health and Wellbeing (Slides 6- 9)
    - Business and Economy (Slides 10-13)
    - Community Resilience (Slides 14-18)
    - Environment & Infrastructure (Slides 19-20)

- We want to use this **alongside Calderdale Conversations** so that the voice and experience of our diverse communities can help bring insight to the hard data and frontline knowledge to provide a holistic oversight of the impact of COVID-19 in Calderdale.

- The impact assessment and engagement work will inform the development and delivery of **our Inclusive Recovery Plan**. A suggested timetable for reviewing the Impact Assessment is set out in the next slide

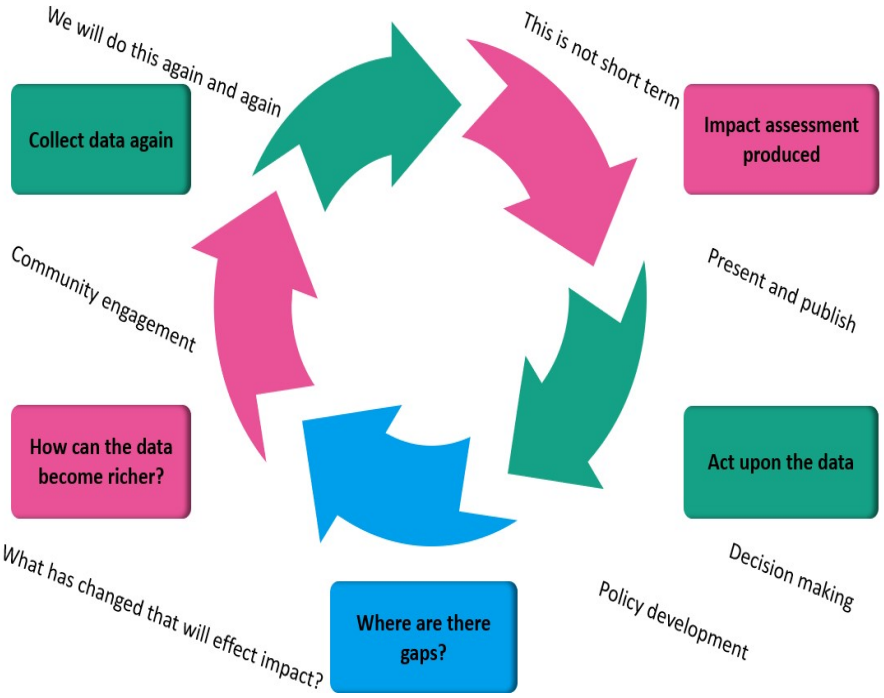
- The assessment will also seek to identify the impact of COVID-19 on the Council's **longer-term priorities** of reducing inequality, building stronger towns and combating climate change, and how it might affect the wider partnership activity necessary to achieve Vision 2024.

- **Proposed next steps**: The Recovery Group is asked to review the key impacts set out in this first draft and consider the following questions:
    - Does it resonate with partners perceptions of the key impacts of COVID-19 in Calderdale so far?
    - Are there any obvious gaps or areas of impact/analysis that we should be looking at?

COVID-19 Impact Assessment
Review, Recover, Rebuild

1st draft – July 2020

Task	When
Phase 1 - Initial COVID-19 impact assessment produced	End July 2020
Phase 2 - Identify gaps in data/areas where additional insight required for Recovery. Revised version COVID-19 impact assessment produced	August 2020
Phase 3 – On-going monitoring of Recovery	Early September 2020
Community engagement findings produced	Early October 2020
Phase 4 - Review impact assessment in light of community engagement. Review impact assessment in light of national developments	End October 2020
Phase 5 - Next COVID-19 Impact assessment produced to inform Recovery Plan	End November 2020
Phase 6 - Moving into 2021 repeat the cycle	December 2020 - January 2021 and onwards



Calderdale Key Messages
COVID-19 Impact Assessment 1st draft – July 2020

Calderdale Council

Health and Wellbeing

- The rate of infection from Covid-19, despite recent increases, remains low. Calderdale is in the bottom 20%, compared to the regional and national rates. Neighbouring areas are experiencing higher rates.
- Local care homes continue to deal with infections but at much lower levels, compared to during the initial peak of the pandemic.
- We expect the pandemic to impact on levels of physical activity and obesity locally, with people from BAME communities and those with disabilities, or long term health problems, to be most affected.
- The pandemic will have a long term impact on mental health, particularly for young people, women, people on low incomes and living in urban areas. This is an area for development, where further insight is needed to understand the scale of the issue locally.

Business and Economy

- The take up of benefits has increased significantly, with a 31% increase overall in the take up of Universal Credit locally. Young people are disproportionately affected, with 9.3% of 18 to 24 year olds claiming unemployment benefits locally.
- Centre for Cities identified Calderdale as an area where employment was more vulnerable to the impact of the pandemic. Local businesses responding to our survey initially estimated losses of £36 million, with 59% temporarily or indefinitely closed.
- With empty properties increasing prior to the pandemic, and a reduction in property sales, this suggests a slowdown in the local economy. Recent data demonstrates the impact on retail in lost footfall.
- So far over £65 million in grant funding allocated to support businesses locally.

Calderdale Key Messages
COVID-19 Impact Assessment 1st draft – July 2020

Calderdale Council

Community Resilience

- Increased local demand for free school meals and food banks highlights the impact of the pandemic on poverty.
- With the ban on evictions and the temporary lifting of benefit sanctions due to end, we may see increased numbers of people in crisis this autumn / winter.
- The long term impacts on educational and employment outcomes for children and young people are unclear. However, it is likely those from disadvantaged backgrounds will be most affected.
- Although acquisitive crime fell significantly during lockdown, the number of anti-social behaviour incidents increased. Hate incidents have also increased. This is thought to relate to public concerns over social distancing. We have not yet seen an increase in reported domestic abuse incidents but lockdown may have made it harder for victims to report these.
- We have seen an incredible response from the VCS sector, with over 800 people coming forward to volunteer to support us. However, more generally, the sector resilience and funding has been negatively impacted by lockdown.

Environment & Infrastructure

- Lockdown has led to a reduction in traffic volumes, with a corresponding fall in NO^2 emissions. National data suggests dramatic reductions in the use of public transport. Further insight required on local shifts in transportation modes.
- The volume of recycling has increased significantly during lockdown. However, levels of fly tipping have also increased.
- The shift to home working has resulted in a 30% reduction in CO^2 emissions through council property energy usage.

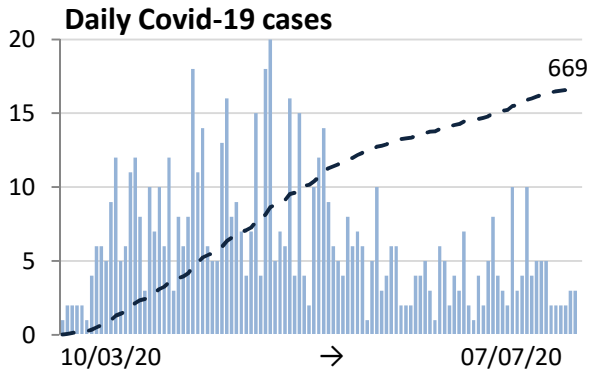
Health & Wellbeing: Covid-19

Summary

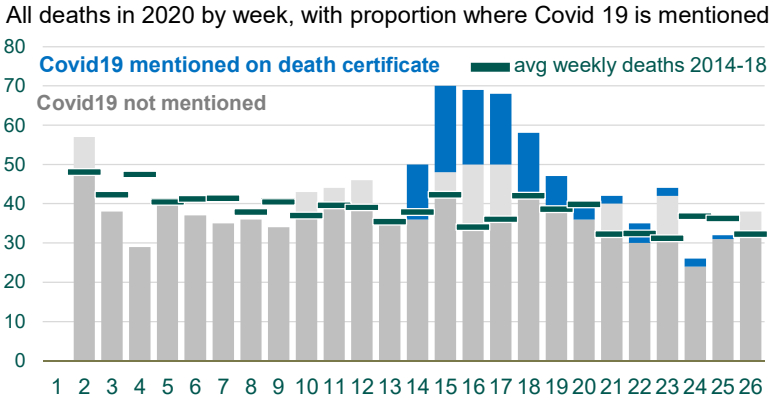
To date **669 people have been confirmed as having Covid-19** infections in Calderdale. Of those, **113 deaths have been confirmed**. Hospitals and care homes were the most common locations of deaths.

The local rate of infection has been increasing recently but remains low, compared to regional and national trends, but **some neighbouring areas are experiencing much higher infection rates.**

This underlines need for our approach to be **focussed on 'living with' COVID-19** until a vaccine has been produced.

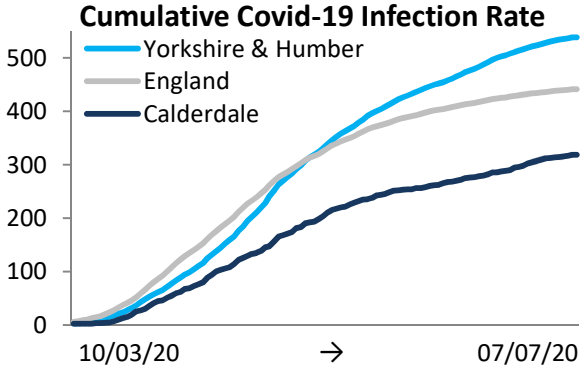


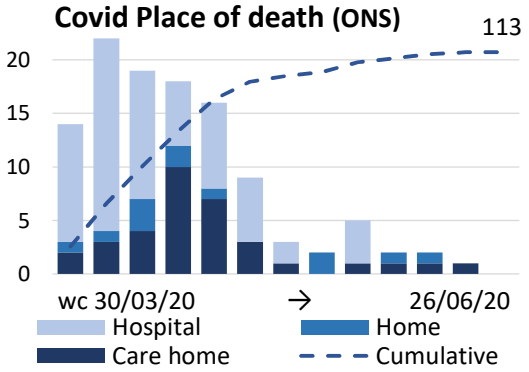
This chart shows the number of positive cases, identified through tests undertaken in Public Health England, Hospital labs (Pillar 1) and in the community (Pillar 2). Follow link for further detail.



The Office for National Statistics publish weekly mortality statistics, which highlight the impact of Covid-19. The chart above shows a significant rise in weekly deaths in Calderdale, compared to 2014-18 average, from week 14 onwards (30/03/20). More recent weeks show a return to previous trends, or below .

The chart below shows how Calderdale's infection rate (Pillars 1 and 2) compares with the national and regional equivalent. This highlights a significantly lower rate locally, but the gap to the national rate appears to be narrowing. Data for week commencing 29th June suggest the infection rate locally is above the national average, but almost all surrounding areas have substantially higher rates, with Bradford highest at 32.8 per 100,000.





The ONS mortality data also includes a breakdown by place of death. The chart above highlights an initial spike in deaths in hospital, with a subsequent rise in deaths located in care homes. No Covid-19 deaths recorded locally in week commencing 26th June.

All data as at 9th July 2020

Health & Wellbeing: Key Impacts on health and social care

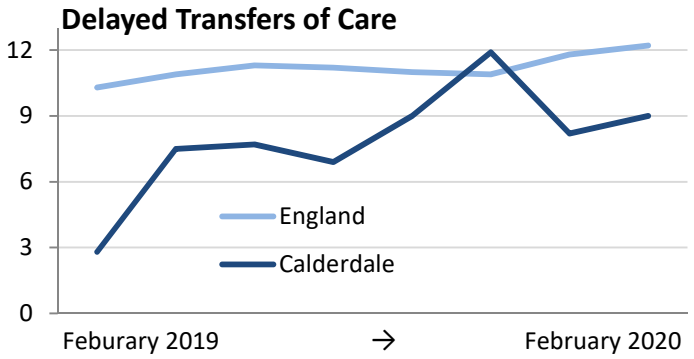
Summary

At outset of the pandemic, hospitals across the country attempted to increase bed capacity through safe discharges.

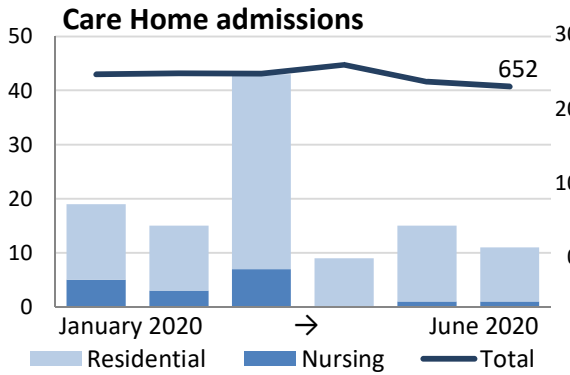
Locally, this led to **a significant increase in residential and nursing care admissions** in **March**. Subsequently, infections in care homes increased significantly throughout April.

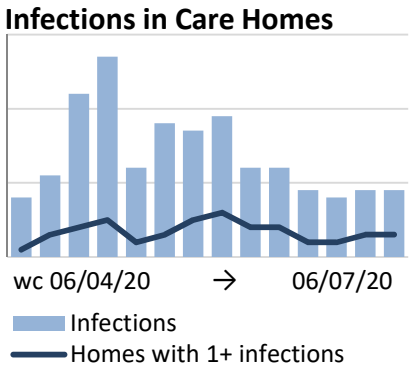
Care homes continue to experience outbreaks, but at a much lower level than during the peak of the pandemic.

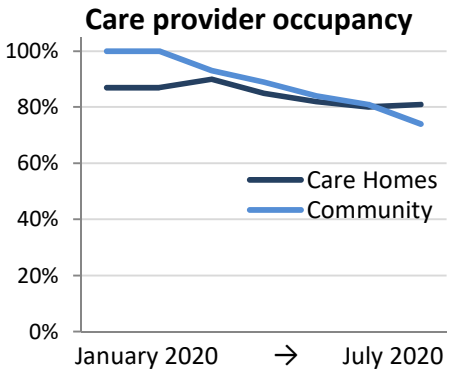
The overall care home population has fallen in the last 3 months. Occupancy levels have also dropped for care homes and domiciliary care providers.



Prior to the outset of the pandemic, daily delayed discharges from hospitals in Calderdale were increasing. The national collection of SITREP data was paused in April and may recommence in July. Future statistics are therefore likely to show a gap for the initial period of the pandemic, from March to June.







March 2020 saw a significant increase in care home admissions, following a national effort to increase capacity in hospitals through safe discharges. In subsequent weeks, the rate of Covid-19 infections in care homes started to increase, leading to increased mortality. As a result of the pandemic, there has been a reduction in the overall number of people in care homes, and also a decrease in numbers supported in the community, with corresponding decreases in occupancy. Please note, data on infections in care homes and care provider occupancy can be subject to some delays in reporting and may not reflect the final position.

All data as at 9th July 2020

Health & Wellbeing: Physical activity

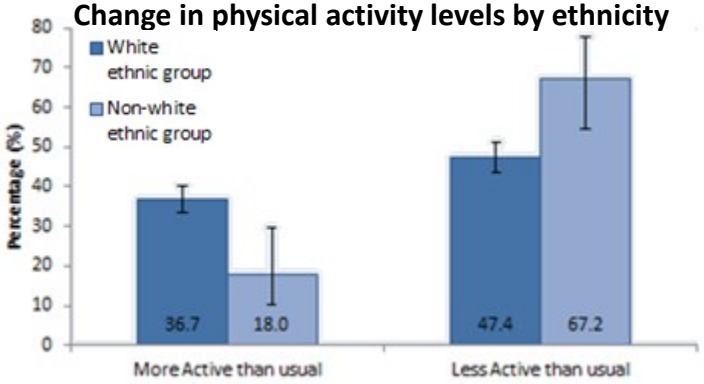
Summary

Prior to the pandemic, levels of physical activity in Calderdale were high, with decreasing inactivity. Data collected during the pandemic, both locally and nationally, suggests a split in the population, with a third of people being more active but **nearly half (49%) less active. Local data suggests those already least likely to be active are disproportionally affected, including BAME people and those with long term health problems or disabilities**.

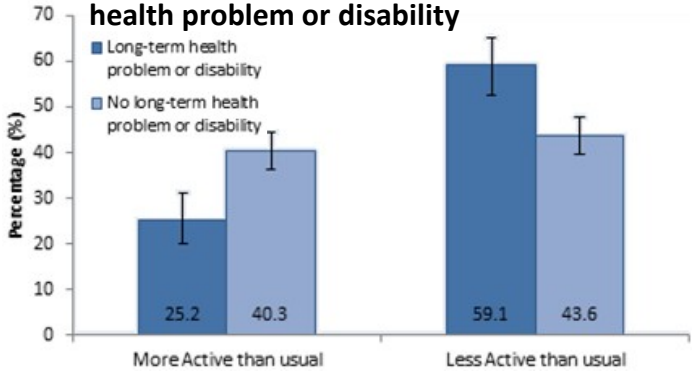
Sport England estimate that 44% of children nationally were doing no activity or less than half an hour nationally.

Although 2018/19 saw improvement, levels of excess weight in Calderdale children are slightly above the national average. Excess weight amongst adults is also above the national average.

Change in physical activity levels by ethnicity

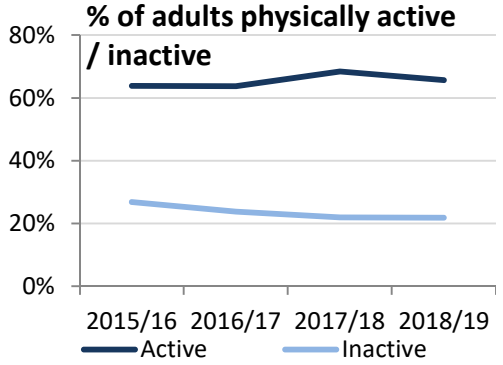


Change in physical activity levels by long term health problem or disability



We expect the pandemic to impact on levels of physical activity and obesity locally. Long term trends suggest Calderdale has higher levels of adult physical activity, when compared to similar areas. However, the findings from a local undertaken during lockdown, suggests a massive disruption in physical activity behaviour in adults. This shift could lead to greater inequalities, with the largest reductions in activity levels seen amongst the BAME population and those with a long term health problem or disability. National data from Sport England on children's activity levels highlighted that before the pandemic, around two thirds were doing the recommended 60 minutes a day**. Since the onset of the pandemic, it's thought 44% of all children nationally are either doing no activity, or less than half an hour each day.**

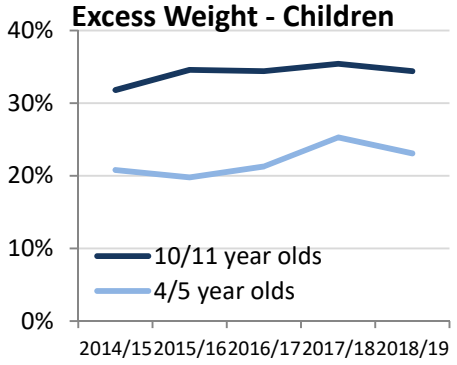
% of adults physically active / inactive



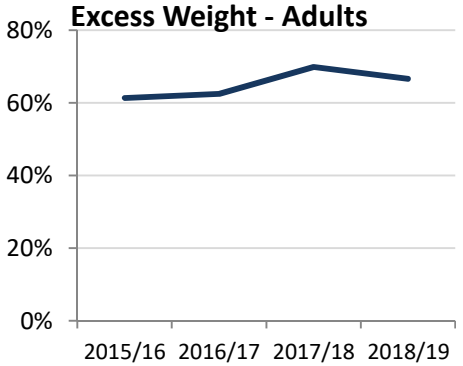
Statistics from the National Child Measurement Programme show the prevalence of obesity amongst Calderdale children (at 4/5 and 10/11 years old) to be broadly in line with national average. Data collection for 2020 was interrupted.

For adults, obesity levels remain above the national average. It is unclear what impact the pandemic will have locally on obesity. However, it is likely that households that were already struggling to access healthy foods would experience the greatest impact.

Excess Weight - Children



Excess Weight - Adults



All data as at 9th July 2020

Health & Wellbeing: Mental Health

Summary

The pandemic will have a long term impact on mental health, particularly for young people, women, people on low incomes and living in urban areas.

Locally, the majority of council staff reported changes in their mental health.

This section will be developed in future versions, as more information becomes available (locally and nationally) on the impact on mental health.

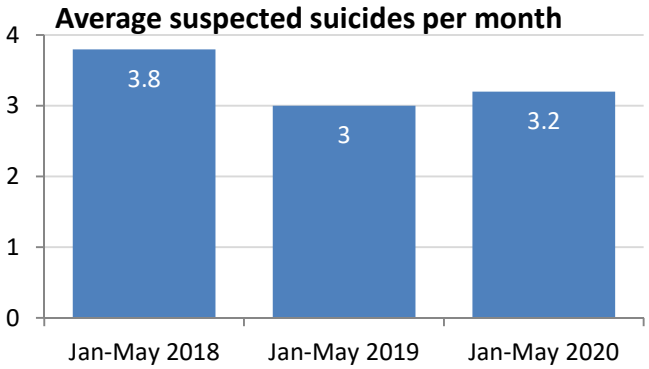
Covid-19, the associated lockdown and longer term social and economic effects are expected to have a long term impact on **mental health**. **The UCL Covid-19 social study, involving 90,000 UK adults, saw increased levels of depression and anxiety during the lockdown, with young adults, women and those with lower household income or living in urban areas most affected.**

Locally, the findings of a recent survey of 468 council employee offer insights into the short term affects of the lockdown:

- 83% identified the Covid-19 had 'somewhat to completely' impacted on their feelings, general mood and emotions
- 42% had felt lonely during the past week
- Over a third (38%) reported very high anxiety

Data on referrals to adult social care for mental health assessment show a significant increase in June 2020. The majority of the referrals relate to people of working age.

Nationally, charities supporting the elderly are reporting significant impacts on those with dementia.. Restrictions on visitors in care homes have been in place since early March in most settings.



Local data from the Police on suicides, comparing the same period this year and the two years previous, doesn't show any significant change.

The most recent data on the rate of suicides, aggregated for 2016-18, highlighted a marked increase in the rate for Calderdale, in comparison to the national and regional average. Prior to that period, the rate locally had fallen just below the national average.

All data as at 9th July 2020

Business & Economy - Unemployment

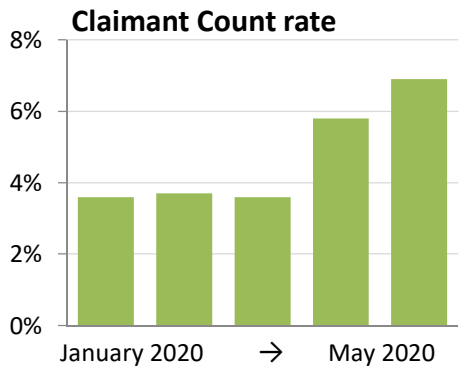
Summary

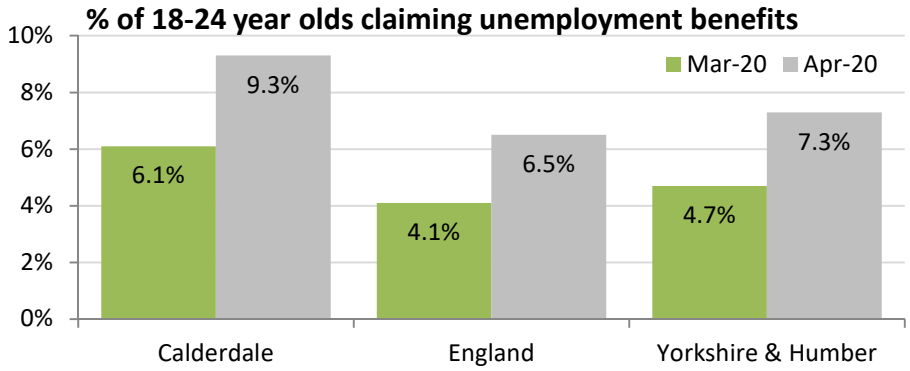
The number of unemployment benefit claimants has increased significantly, **rising to 6.9% in May 2020.** There was also a marked increase in Universal Credit claimants, with the largest increases relating to those not in work, with **those aged 25 to 49 most affected**.

Proportionally, younger adults have seen the largest increases in claimants. **Calderdale already had a higher proportion for people aged 18 to 24 claiming unemployed benefits, compared to regional and national averages. In April 2020, that disparity had grown even further.**

Those with the lowest qualifications will experience the biggest impact of any economic downturn.

More local data on Universal Credit take up is available via this link.



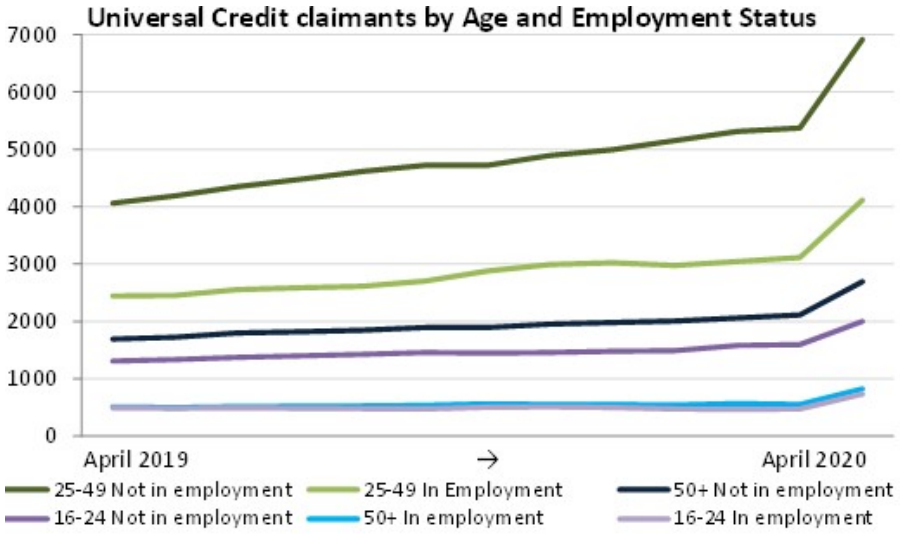


These charts highlight significant increases in claimants, from March onwards. The chart on the right confirms young people in Calderdale are disproportionately affected.

The Universal Credit data below shows the number of claimants aged 25 to 49 increasing, with a sharp rise in April 2020. Although the numbers are low in comparison to other groups, April 2020 saw increases in the region of 50% for those in employment aged 16 to 24, or 50 and over.

Data for April 2020 shows an overall increase of 31% in Universal Credit claimants in Calderdale, compared with March. At West Yorkshire level, the overall increase in universal credits claimants in April 2020 was larger still at 36%.

A recent report by the Resolution Foundation predicts that those with the lowest qualifications will experience the highest unemployment levels (and longest lasting), as a result of any economic downturn following the pandemic. 2019 data from the Annual Population Survey suggests just under 10% of the Calderdale population have no qualifications, compared with 8.5% regionally and 7.7% nationally.



All data as at 9th July 2020

Business & Economy: Employment

Summary

Centre for Cities identified Calderdale as being more exposed to the immediate economic affects of the pandemic. However, the proportion of staff furloughed is in line with the average for West Yorkshire. This is also the case for the Self Employment support scheme.

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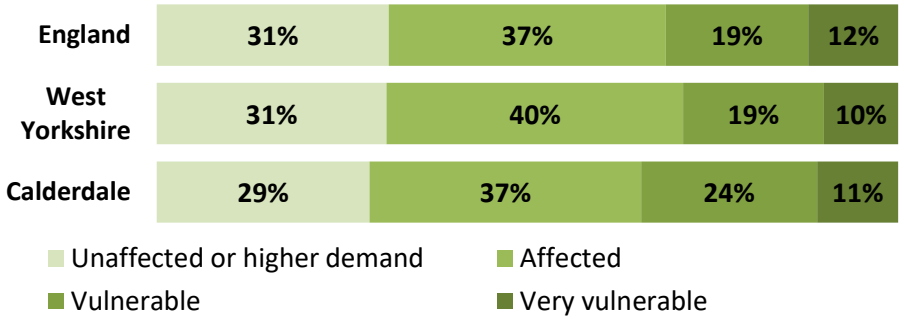
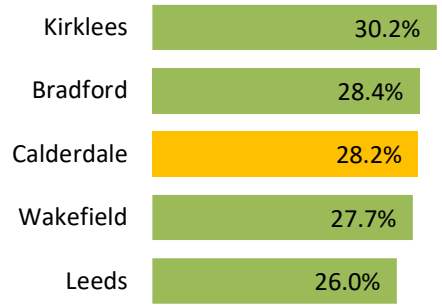
Immediate impact of Covid-19 on employment



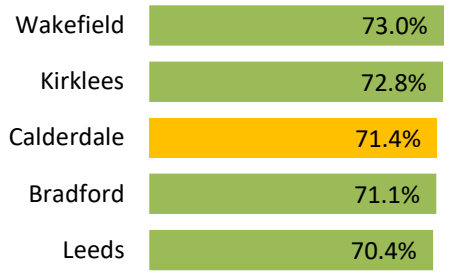
The chart above, based on a recent Centre for Cities report, suggests the pandemic had **a more significant immediate impact in Calderdale, compared to our West Yorkshire neighbours.**

Take up data from the Coronavirus Job Retention Scheme shows **28.2% of the local working age population has been furloughed,** in line with the average for West Yorkshire areas. Data on take up of the Self Employment Income Support Scheme shows a similar picture. However, the take up percentage figure is only based on those eligible, rather than the actual number of self employed people. This therefore excludes anyone who became self employed in 2019/20.

%of workforce furloughed



Self Employment Income Support Scheme Take up



All data as at 9th July 2020

Business & Economy – Business Survey

Summary

The findings from a recent business survey indicate that the vast majority of those replying have been negatively affected by the pandemic. **15% have had to close indefinitely, while a further 44% have closed temporarily**.

Total estimated losses in May stood at £36 million.

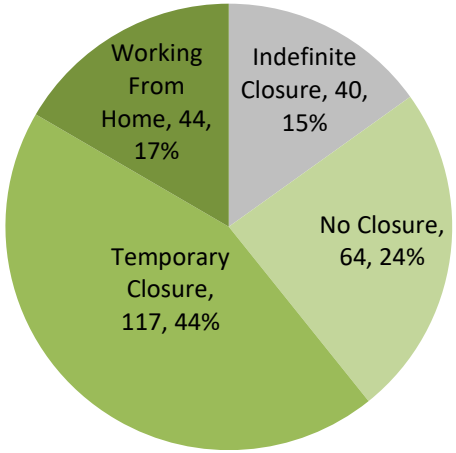
A key issue for businesses has been securing appropriate PPE. However, this demand has been mostly been met with the exception of face masks.

Local business surveys have been undertaken throughout the pandemic. These aim to develop an understanding of the impact on local companies, as well as the types of support that would be most appropriate.

In May, findings from the survey showed total estimated losses to be in the region of £36 million, with businesses from the administrative and support services sectors set to lose over £8 million in total.

The pie chart below demonstrates the scale of the impact on the working practices of local companies. **A relatively small proportion of companies have been able to shift their operations to home working**, but a much larger proportion have had to close, either on a temporary basis or indefinitely. Just 24% are continuing to operate without any closures

Business Survey - Latest Status



In addition to accessing grants, 56 local businesses have been able to access Government loans; representing 81% of those applying.

59 local businesses have struggled to access appropriate PPE, representing 23% of those responding. Face masks were the most common item of PPE that those companies struggled to source.

All data as at 9th July 2020

Business Survey Findings - Estimated Losses (May 2020)

Sector	
Administrative And Support Service Activities	£8.145 M
Manufacturing	£7.579 M
Wholesale And Retail Trade; Repair Of Motor Vehicles	£7.204 M
Professional, Scientific And Technical Activities	£4.768 M
Accommodation And Food Service Activities	£2.013 M
Arts, Entertainment And Recreation	£1.802 M
Not stated	£1.633 M
Construction	£.875 M
Other Service Activities	£.528 M
Education	£.491 M
Human Health And Social Work Activities	£.441 M
Financial And Insurance Activities	£.274 M
Transportation And Storage	£.223 M
Agriculture, Forestry And Fishing	£.100 M
Information And Communication	£.080 M
Real Estate Activities	£.030 M

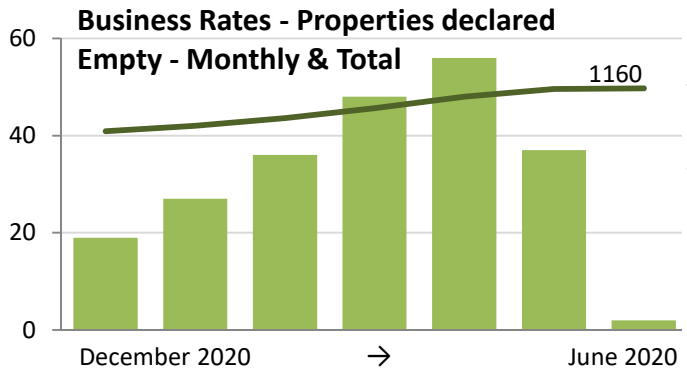
Business & Economy – Business environment

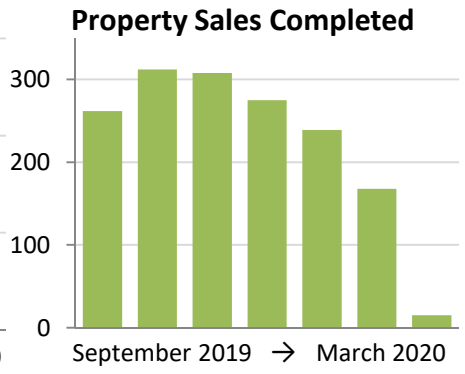
Summary

The first half of 2020 saw in increase in properties declared empty, rising to 1160 in total. **The six months leading up to the pandemic also saw a fall in the volume of property sales**.

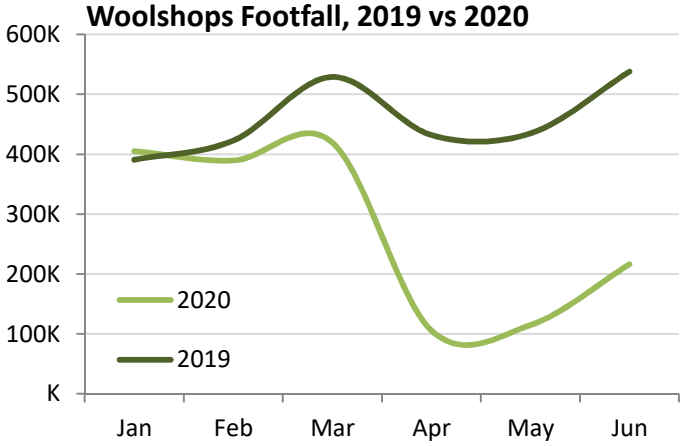
Footfall data for the Woolshops shows a steep decline in April and May, compared with 2019.

A total of £65.57 million has been allocated to Calderdale from the Government's Coronavirus business grant fund, which will support 5,387 businesses. A further 311 are eligible for support from the Discretionary Grants Fund.





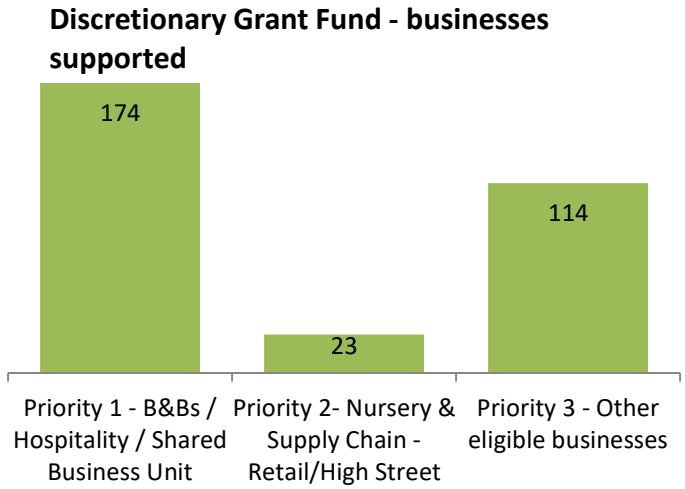
The two charts opposite suggest the **beginning of a shift in the local economy, prior to the onset of the pandemic**. The figures on properties declared empty show a significant increase, beginning last December and peaking in April 2020. Similarly, the data on property sales indicates **a fall in activity from November 2019 onwards. In both cases, the most recent data is likely to reflect the impact of the pandemic. However, the previous trends are likely to relate to other issues, such as the UK leaving the European Union.**



Footfall data for the Woolshops centre in Halifax shows a significant reduction from March 2020 onwards. June 2020 data shows recovery, but the gap to the same period last year remains consistent.

The **Government allocated Calderdale £65.57 million from the Coronavirus business grant fund. A total of 5,387 local businesses will ultimately receive support from the grant. At the end of June, the total paid out so far was £56.7 million.**

A further 311 local businesses are eligible for support from the Discretionary Grants Fund, as shown below.



All data as at 9th July 2020

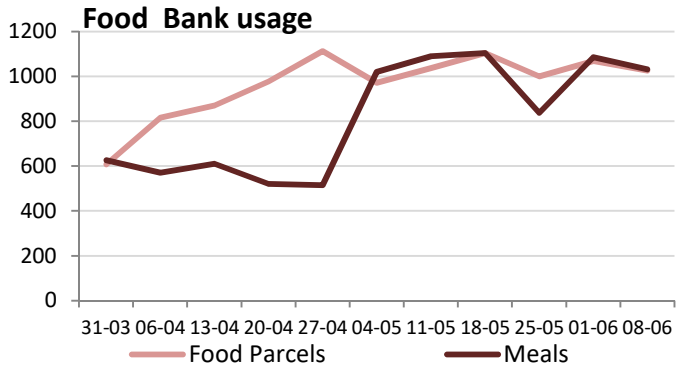
Community Resilience – Food Poverty

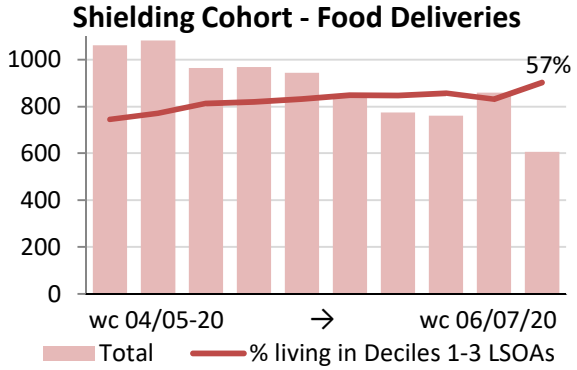
Summary

The pandemic has led to an unprecedented rise in the use of food banks nationally and locally.

The highest levels of foodbank referrals through the Volunteering Hub have been in North Halifax and South PCN (Sowerby Bridge and Elland).

Free School Meals eligibility has increased rapidly.





The pandemic has led to an unprecedented rise in the use of food banks. Nationally, the Trussell Trust reported an 81% increase in emergency food parcels in the second half of March 2020, compared to the same period last year. Data has been collected locally since late March this year, which highlights a significant increase, particularly in relation to meals from late April onwards.

The chart above right indicates the volumes of wholesaler food parcel deliveries completed, as part of the national shielding programme. This shows a reduction in demand in recent weeks, but highlights a proportional increase in demand from shielding individuals living in deprivation deciles 1 to 3. The shielding programme is due to be paused on the 31st of July and wholesaler food deliveries will cease.

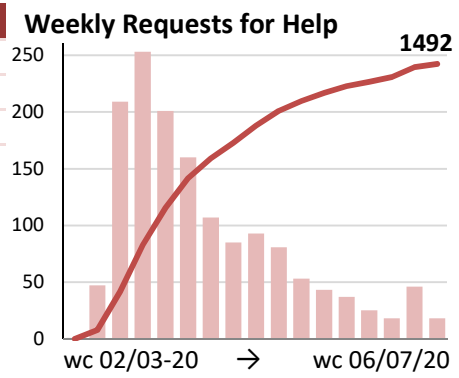
Signposting to foodbanks is the most common outcome of referrals for support, with 532 supported (134 of which are ongoing). North and South PCNs saw the largest number of foodbank cases, but Central has the highest proportion of people requiring ongoing support with 42% (45 people).

Free School Meals

We would normally use termly census data to monitor trends in Free School Meals. However, the May 2020 census was cancelled. We do know that the numbers of families eligible for Free School Meals has increased markedly between March and June this year, with 1288 more children on FSM this year (7538), compared to last year (6310).

Outcome of Completed requests	Total
Refer to Volunteer Hub / Other	963
Advice and NFA	489
Refer to Volunteer Hub & Social Care	35
Further Social Care Needed	21

At the peak of the pandemic, the social care hub received just over 250 requests for help in one week. The volume of requests has since reduced significantly, with just 18 requests in the most recent week.

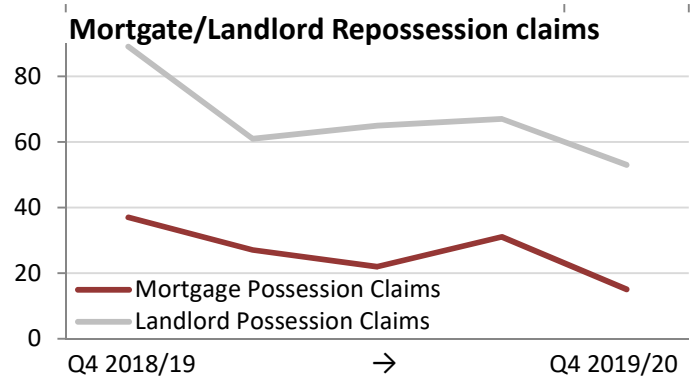


Community Resilience – Housing, Homelessness and Financial Resilience

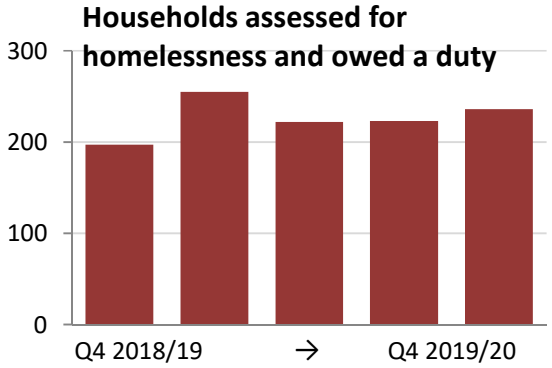
Summary

Support measures put in place during the pandemic, such as a ban on evictions, will come to an end shortly. Combined with expected benefit changes, including a re-introduction of sanctions, this suggests **we may see an increase in people in crisis during the autumn and winter months.** This could lead to an increase in mortgage and landlord possessions, with a subsequent increase in homelessness.

More local data on poverty related indicators available via this link



Data up to 31st March 2020 on repossessions shows a marked reduction in both landlord and mortgage repossession claims. From the end of Q4 in 2018/19 to the same point the following year, landlord repossessions fell by 40%, with mortgage repossessions falling by 59%.



This chart suggests an increasing trend in the number of homeless households locally. Again, this data pre dates the pandemic.

The combination of a number of difference factors strongly suggest we may see a sharp increase in people in crisis this autumn / winter, as follows:

- The current ban on evictions from social and private rented accommodation is due to end on the 23rd of August.
- A national survey undertaken by the housing charity Shelter suggests the proportion of people in rent arrears has doubled.
- The temporary suspension of Universal Credit sanctions will end in July. Calderdale has seen a 31% increase in claimants as a result of the pandemic.
- The recovery of benefit overpayments, paused in April, is due to recommence in July.
- Local take up of the council tax reduction scheme had increased by 11% at the end of June. This is an early indication that some households are already beginning to experience financial hardship.
- The Government's Job Retention scheme is due to end in October. Locally, 28% of the workforce have been furloughed; a significant proportion of whom may be at risk of redundancy.
- Those accessing the self employment income support scheme have one more opportunity to access support in August.

All data as at 9th July 2020

Community Resilience - Children and young people

Summary

The immediate affects of the pandemic on school attendance continues, with only a small proportion of the number of pupils on roll currently attending.

The long term impacts on educational outcomes are unclear, but it is likely those from disadvantaged backgrounds will be most affected.

Similarly, those from disadvantaged backgrounds undertaking apprenticeships are more likely to experience poorer outcomes.

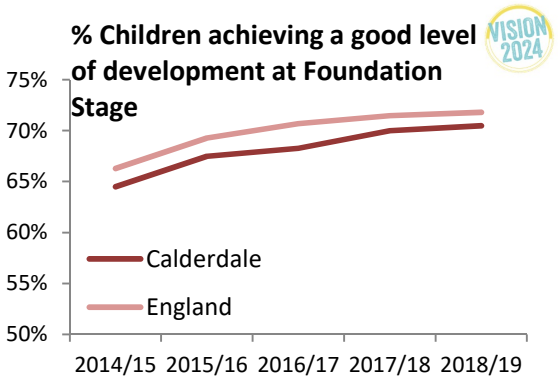
Children & Education

School attendance - 02/07/2020

Pupils	Number
Total pupils attending	5847
Children of critical workers	2436
Vulnerable Children	532

The impact of lockdown on children and young people is likely to vary across Calderdale. **The National Federation for Education Research estimated that roughly a third of pupils were not engaging with set school work, with limited or no access to technology being an issue for nearly a quarter (23%) of pupils. Those most likely to be negatively affected included vulnerable children, those with special educational needs or disabilities, and young carers.**

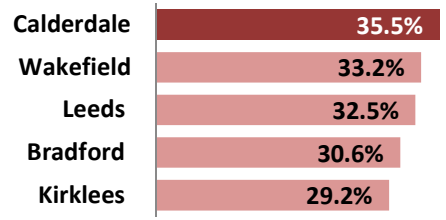
By the end of the first week in July, the number of pupils attending school had increased to 5,847, an increase of 4,279 in 4 weeks. In comparison, the number of pupils on roll, across both primary and secondary phases, was over 35,000 in January 2020.



Children at the start of their academic journey could be amongst the hardest hit. The collection of the Foundation Stage data for 2019/20 was cancelled. Prior to 2020, the gap between Calderdale and the national average was beginning to close.

Two thirds of childcare providers nationally were closed during lockdown, with 35% not reopening when restrictions were eased in June. A report by the Sutton Trust suggests a third of providers in deprived areas do not expect to be operating in a years time.

Children of key/critical workers make up a large part of those attending school (41.6% in the latest data). In comparison to other West Yorkshire local authorities, **Calderdale has the highest proportion of the workforce that are classed as key workers.**



Impact on Apprenticeships

Prior to the onset of the pandemic, the number of apprenticeship starts was declining, both nationally and locally. In 2017/18, 1750 people started apprenticeships in Calderdale, a 33% reduction from 2015/16. This corresponds with the introduction of the Apprenticeships Levy in April 2017. This is thought to have led to a shift towards higher level apprenticeships, which impacted more heavily on those from disadvantaged backgrounds. **Further reductions in apprenticeship starts are expected as a result of the pandemic. Those already on apprenticeships are also affected, with just 39% continuing as normal nationally in April 2020.** The impact of the pandemic on apprenticeships will also link with issues identified in the Business & Economy section of this assessment.

Community Resilience – Community Safety

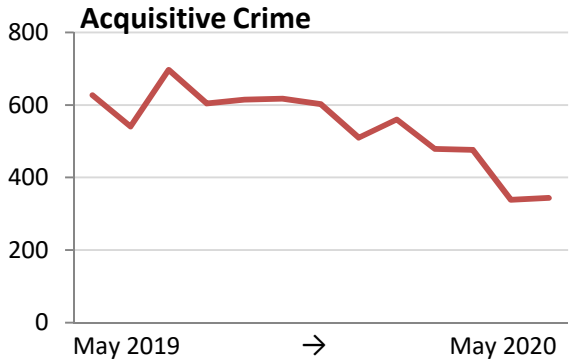
Summary

Levels of **anti-social behaviour have increased significantly during the pandemic**, with levels in May 2020 the highest in almost three years. **Year to date figures for hate incidents also show a slight increase in 2020**, compared with 2019, with more race and faith related hate incidents reported. **Much of this increase is thought to relate to concerns around social distancing.**

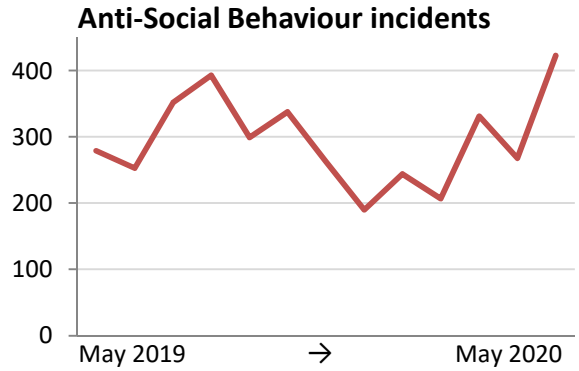
Acquisitive crime continues to fall.

The repeat victimisation rate for domestic abuse is similar to the same period last year. However, **lockdown could have made it harder to report domestic abuse**.

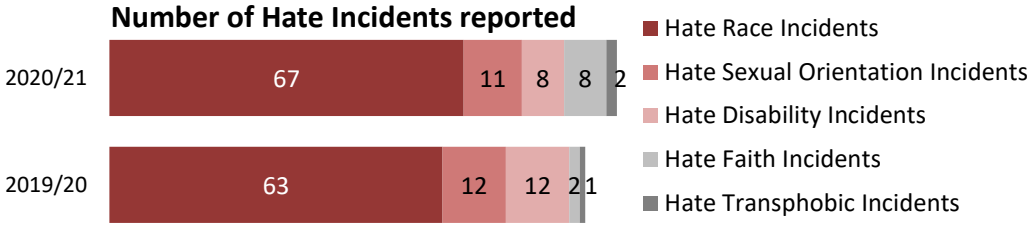
Further details on most types of crime in Calderdale available via this link



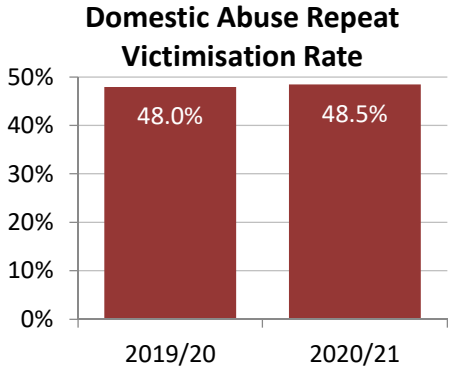
The volume of acquisitive crime has fallen dramatically since the start of 2020, with a further sharp decline in April. Data at ward level shows that some areas have however seen small increases in acquisitive crime types. Brighouse, Elland and Hipperholme & Lightcliffe have all seen small increases in burglaries, compared to the same period last year.



From December 2019 onwards, the volume of anti-social behaviour incidents has shown an upwards trend. Reaching 423 incidents in May 2020, this represents the highest monthly volume since October 2017. A significant proportion of the increase is thought to relate to public concerns around social distancing.



Year to date figures for 2020/21 show an increase in some hate incidents types, compared to the same point last year. Hate race and faith incidents have increased, whereas there appears to be a reduction in disability related hate incidents. As with the rise in ASB incidents, the increase in hate incidents also has a link with concerns around social distancing.



Data for the year to date shows a very slight increase in the domestic abuse repeat victimisation rate. There are concerns that lockdown could have made it more difficult to report domestic abuse issues.

All data as at 9th July 2020

Community Resilience – VCS and cultural sector

Summary

The 3 key issues affecting VCS organisations at this time are:

- Financial Support / Funding
- Inability to run activities
- Furloughed staff / volunteering / retention

90% of the creative sector reported financial losses.

Over 800 people have come forward to volunteer and support us.

Calderdale Sector Resilience Survey highlights

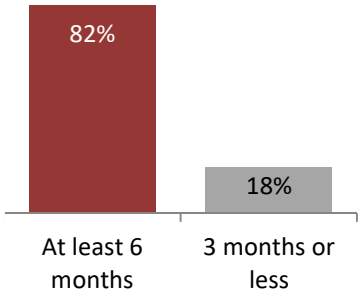
67 voluntary and community sector organisations responded to the resilience survey in May 2020. Highlights include:

- 68% were from micro/small voluntary and community sector organisations, with turnover under £100k
- 73% decrease in active volunteers across the Calderdale VCS, falling from 1598 to 427.* However, 31% of respondents have been linking in with volunteer programmes e.g. CMBC, VSI Alliance, NHS.
- 8% of staff have been furloughed.
- **The 3 key issues affecting organisation at this time are: financial support / funding, inability to run activities and furloughed staff / volunteering / retention**
- 47% of respondents have seen an increase in demand for their services, with 22% reporting no change in demand.
- 82% could remain financially stable for at least another 6 months in the current environment. The remaining 18% could remain stable for 3 months or less.
- Approximately a quarter of respondents earn over 50% of their income from trading, room hire etc.
- Out of the 29 respondents who applied for funding during Covid-19, 64% were successful.
- 69% of respondents were seeing no change or increased service delivery demand, but a significant decline in active volunteers, adding pressure to the organisation's capacity.

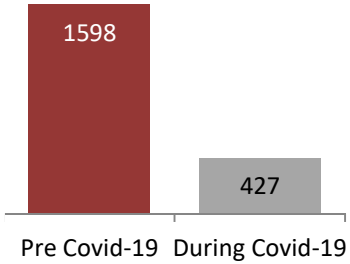
A Creative Sector survey was undertaken in West Yorkshire between May and June this year. Key findings, based on local responses from 40 organisations include:

- 30% had already, or were planning to, make changes in respect of employment
- **90% had suffered financial losses**
- 56% of those continuing to trade reported risks to long term (12 months) viability without financial assistance.

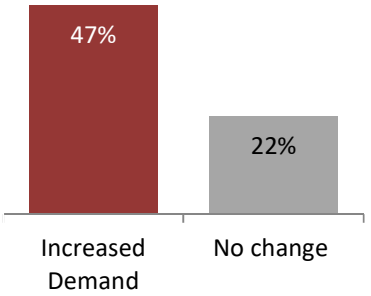
Financial Stability



Active Volunteers

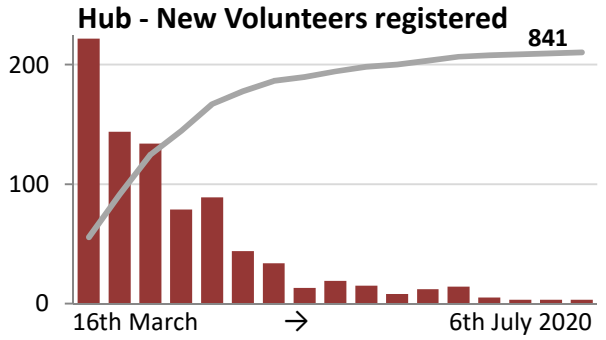


Demand for Services



We have seen an incredible response from the VCS sector, with a over 800 people coming forward to volunteer to support us (see chart opposite)**. However, more generally, the sector has been negatively impacted by lockdown.**

Hub - New Volunteers registered



All data as at 9th July 2020

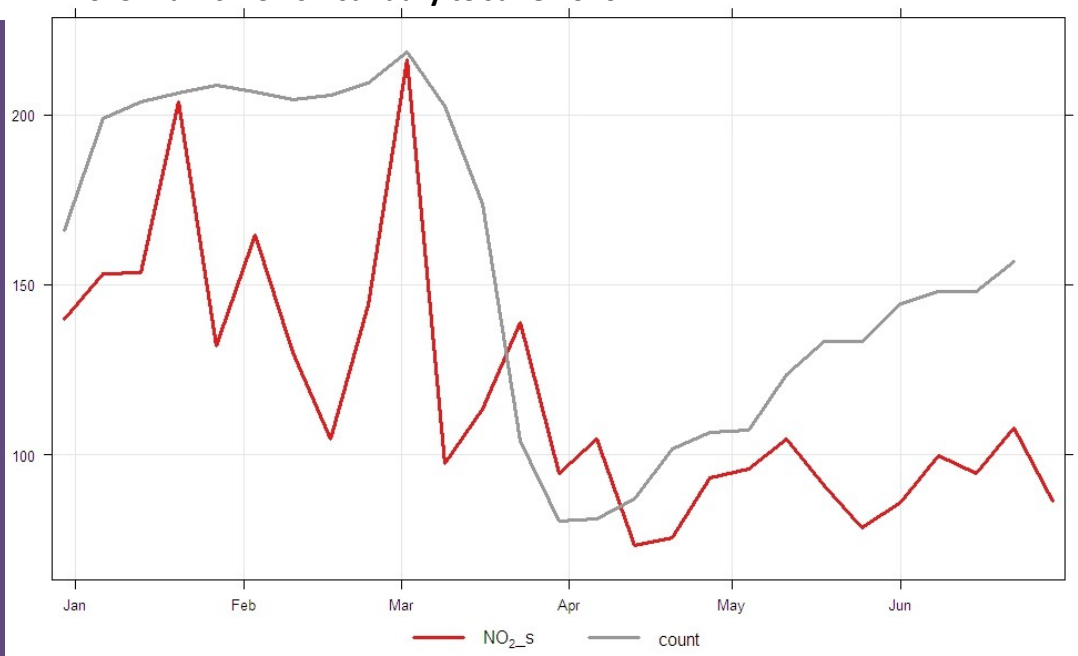
Environment & Infrastructure – Traffic Flow

Summary

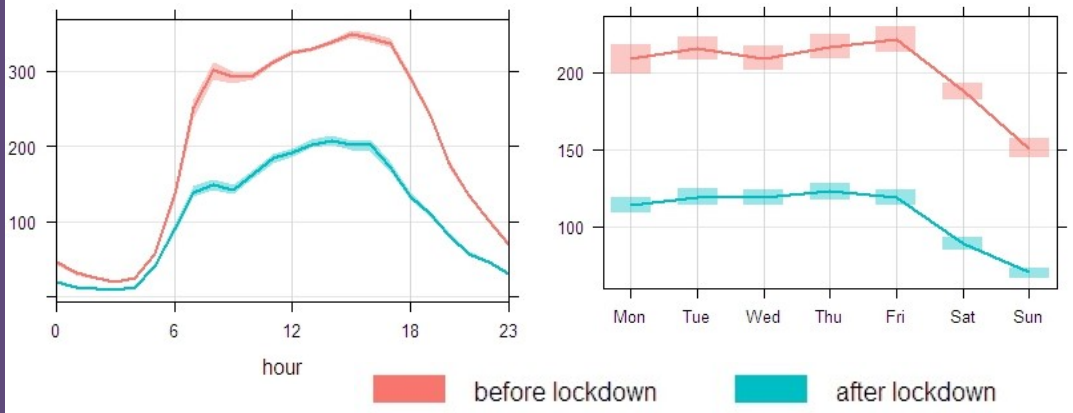
The implementation of lockdown restrictions has had a dramatic impact on the volume of traffic on the A629. Data on the recorded levels of NO^2 show a correlation with reduced traffic. However, NO^2 levels have not returned to previous levels.

Further local insight required into the impact on modes of transport. This will be particularly important when the schools return in September.

A629 Traffic Flows – January to June 2020



A629 Traffic Flows – Time and Day comparisons



The chart to the left shows the impact of the lockdown on a) the number of vehicles using the A629, and b) the amount of NO^2 detected. Overlaying the two datasets shows a marked reduction in NO2 in April. **This suggests that although traffic is now increasing, levels of NO^2 don't yet appear to be showing any increase.**

The two charts to the bottom left demonstrate the impact of lockdown on traffic volumes by time and day. This shows that traffic still builds up sharply from 6am and remains high, peaking at evening rush hour, but overall volumes are much lower. Before lockdown, Friday was the peak day for traffic. After lockdown that now appears to be Thursday.

It is too early yet to suggest what the long term impact of Covid-19 on traffic flows will be. Nationally, bus usage remains 70% down in early July, with car usage 21% down. 40% more journeys are being undertaken by bicycle nationally, but the local geography suggests that may not be the case here. Relevant local sources of data on any shift in modes of transport will be explored.

All data as at 9th July 2020

Environment & Infrastructure – Recycling, Fly tipping & CO^2

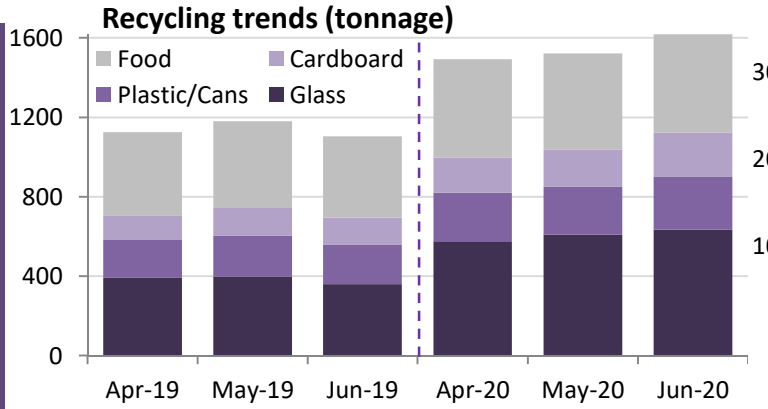
Summary

Recycling has increased in 2020, compared to last year, with glass and cardboard seeing the largest increases in tonnage..

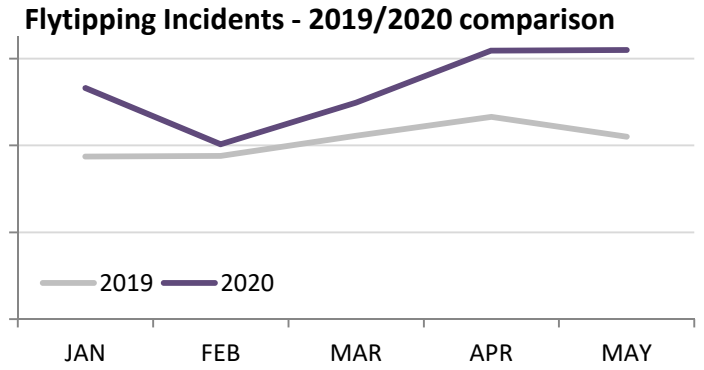
Fly tipping incidents in Calderdale have increased in 2020, although this trend began before the onset of the pandemic.

Greenhouse gas (CO^2) emissions from energy consumption in council buildings has fallen by 30%.

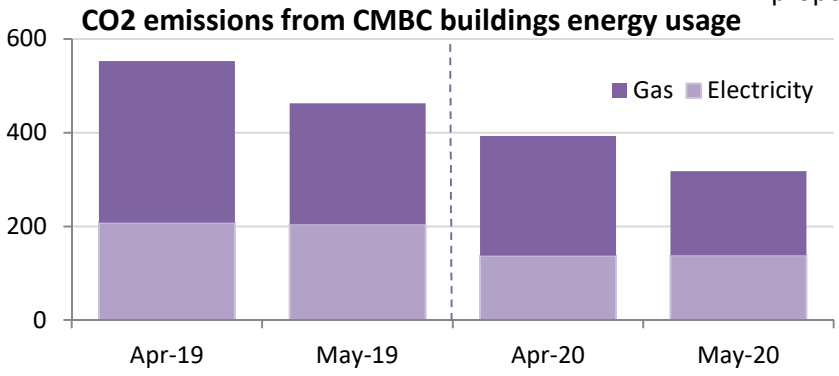
CO^2 emissions have fallen dramatically in recent years across West Yorkshire. Calderdale however was the second highest in 2017, with only Wakefield showing higher CO2 emissions.



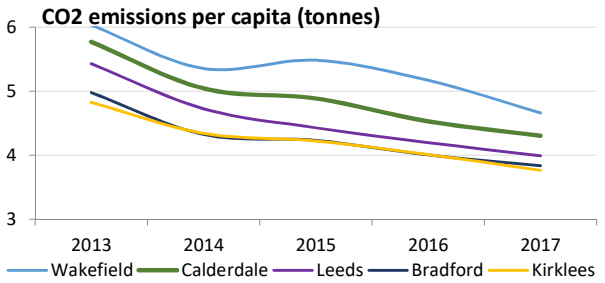
The total volume of recycling increased by 36% in Calderdale, between April and June 2020, compared with the same period last year. Glass and cardboard saw the largest increases proportionally, with 58% and 48% respectively.



Locally collected data on fly tipping incidents shows a 33.7% increase in 2020, compared to the same period last year. The chart above highlights that the increase began before lockdown, with 42% more incidents in January this year. Although the bulk of incidents are in central areas of Calderdale, the upper and lower valleys have seen proportionally higher increases.



Data for April and May this year and last highlights a 30% reduction in CO2 emissions from CMBC buildings. This corresponds with a shift towards homeworking for a significant proportion of the workforce. This however does not take into take into account an expected corresponding increase in home energy consumption.



Published data on CO2 emissions, which is subject to a significant time lag, highlights a continual decreasing trend. In 2017, Calderdale had the second highest CO2 emissions in West Yorkshire.

All data as at 9th July 2020

VISION 2024

Joint meeting of the Calderdale Place Leaders and Health and Care Leaders.

24th July 2020

Co-producing an action plan to reduce the Impact of Covid 19 on our BAME communities.

Kate HORNE, Senior Programme Manager, Public Health, Calderdale Council

Background

In April 2020 evidence began to emerge about the disproportionate impact of Coronavirus on Black Asian and Minority Ethnic (BAME) communities. Calderdale Council Public Health team began engaging with local BAME communities, to gather insight about the impact of Covid on local BAME communities. The purpose of this was to improve our understanding, to listen to BAME communities and use the insight to work with local communities to develop a system-wide action plan to reduce the impact of Covid on BAME communities.

What we did

Given Calderdale's largest ethnic minority is the South Asian community of whom a large proportion live in Park Ward, engagement is taking place people living and working in Park and surrounding areas. Approximately 30 telephone conversations were undertaken with people living or working in Park ward and surrounding areas during lockdown. Two further group virtual

*The actions largely reflect work with our Asian population in Park Ward, but do include some work with our Eastern European, Asylum Seekers and Refugees in Calderdale.

Calderdale Council

conversations only took place last week with approximately 50 people living or working in park and surrounding areas, to listen to community concerns and hear the t challenges faced as restrictions are eased.

What we learned

The insight gathered to date captures the learning from Calderdale's South Asian community in Park and surrounding areas, and also includes some insight into other BAME communities, e.g. The Eastern European community and Calderdale Asylum Seekers/ Refugees. It is our mission to hear the voice of all BAME communities.

BAME communities have shared with us an array of concerns about Covid, these include:

Many members of the community work in high risk occupations with greater risk of exposure

- Higher prevalence of long-term conditions associated with poorer outcomes from Covid
- Lack of confidence in health and care services caused by family members and acquaintances contracting Covid in health and care settings
- The impact of racism and discrimination in organisations and communities, and BAME communities being blamed for Covid
- Higher levels of poverty, poor housing and low income in local BAME communities
- Challenges during lockdown such as skills in home educating children
- Concerns about protecting household members who are shielding or otherwise vulnerable

Further details of the insight gathered from the engagement is shown in Appendix 1

What action should be taken?

Through the insight gathered, we know that delivery of the plan will only be effective if organisations and communities in Calderdale work together to implement it. Partnership working between communities and organisations will be essential to build trust, develop cultural competence and stimulate community action. l takes time.

The insight gathered and the actions identified have been tested with both organisational and community partners and BAME staff to ensure that the actions are appropriate.

The insight has informed the development of an action plan with the following 10 goals

1. Early identification of Covid-19 in Calderdale's BAME communities
2. Ensure that groups who are most impacted by Covid-19 get the support they need.
3. Deliver programmes to address underlying health conditions associated with poorer outcomes from Covid-19
4. Prevent Covid-19 in high risk occupations
5. A racially Inclusive recovery from Covid-19 in Calderdale
6. Calderdale partners and communities understand the scale of inequalities experienced by BAME groups and are taking action to address them
7. BAME communities in Calderdale have confidence and trust in local public services
8. Partners in Calderdale recognise and take action to address Inequality and discrimination
9. BAME community organisations are resilient as we learn to live with Covid-19
10. BAME communities are aware of Covid risks and how they can protect themselves and loved ones

The plan captures three phases of action, which will all start immediately but will impact over different timescales:

- Action that will protect our communities from the current phase of Covid-19
- Action that will reduce the impact of a second wave of Covid-19 on BAME communities
- Action that aims to address the root causes of inequalities in health experienced by Calderdale's BAME communities

*The actions largely reflect work with our Asian population in Park Ward, but do include some work with our Eastern European, Asylum Seekers and Refugees in Calderdale.

Co-produced action plan: To reduce the impact of Coronavirus on Calderdale's BAME Population*

Goals	Action/Details	Lead/ Owner
1.Early identification of Covid-19 in Calderdale's BAME communities Early identification of Covid-19 through the Test and Trace programme is a key way of preventing and containing the virus	• Communications and engagement plan underway to raise awareness and build confidence in the Test and Trace programme. • Engage with community leaders and key advocates to promote early identification, e.g. GPs; Faith Leaders; local Councillors • Involve local voluntary, community and faith sector organisations in the local delivery of the test and trace programme and in the prevention and management of local outbreaks • Develop and implement local mobile testing sites that are accessible to BAME communities, involving communities in the delivery of testing. • Obtain and analyse test and trace data by ethnicity to assess infection rates in BAME population, establish the effectiveness of the programme for BAME cases and contacts and implement local action to ensure that all cases and contacts get the advice and support they need to contain the virus • Lobby for the completion of the occupational field in Test and Trace data and when the data is available undertake surveillance by occupation to inform occupation specific prevention and control actions	Deb Harkins/Jess March/ Kate Horne KH/ Ben Leaman/ DH DH/ KH BL/ DH DH DH
2. Ensure that groups who are most impacted by Covid get the support they need. Communities have told us that some groups face barriers to adhering to self-isolation, social distancing and shielding guidance.	• Engage with shielding and vulnerable groups to understand the support they need and how they would like to receive it. • Review the on-going support available for those advised to self-isolate and shield that is currently provided through Volunteer Hubs so that it is sustainable. The review will include how support is promoted and accessible to residents in Park and Central Halifax and BAME communities. • Translated information about support to be available electronically and as leaflets in community languages. • Work with local communities and the voluntary, community and faith sector to enable the delivery of formal and informal community support using existing community assets. • Maintain links with Mosques, Mosque food banks and support services	Andy Irvine/ Kate Horne Jo Richmond KH/ Carl Fisher KH

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	provided to vulnerable people to understand current and changing support needs. • Develop and disseminate Frequently Asked Questions (FAQs) for vulnerable groups, including information about the Single Point of Access and support available circulated to BAME networks.	Nadeem Mir/ Sail Suleman/ KH Al
3.Deliver programmes to address underlying health conditions associated with poorer outcomes from Covid-19 A number of health behaviours and long-term health conditions are associated with poorer outcomes from Covid-19. Healthy pregnancy, healthy weight, stopping smoking and effective management of long term including diabetes, hypertension and heart disease can all reduce the risk of poor outcomes from Covid-19	• Build on local assets (e.g. Calderdale Cares, Staying Well and Active Calderdale) to accelerate a programme of health promotion and disease prevention targeted specifically at local BAME communities. Include enhanced treatment and self-care for those with unmanaged long term conditions. • Evaluate the impact of programmes to enable people to maintain good health and wellbeing during Covid delivered by Halifax Opportunities Trust to inform wider roll out. • Review all public health and prevention programmes to ensure that they are culturally sensitive	Caroline Taylor/Geetha Chandrasekaran & Nadeem Akhtar/ Helen Davies Abrar / Toyaba Ali Public Health Team
4. Prevent Covid-19 in high risk occupations Engagement with local BAME communities identified concerns about over -representation in high risk occupations such as care staff, private hire taxi drivers, local independent shop workers	• Disseminate translated materials and targeted communication campaigns to high risk occupations • Provide support to local independent small shops about adherence to social distancing • Develop and deliver a programme of support to protect taxi drivers in response to insight gathered from conversations with local taxi drivers, including signs about passenger use of face coverings, support with PPE, use of licensing to support enforcement, exploration of testing of asymptomatic taxi drivers • Review guidance and produce and disseminate good practice tools to support businesses to open safely. • Map existing support to businesses about protecting staff and customers from Covid and supporting staff health and wellbeing and identify and fill gaps • Identify additional capacity from across the system to provide hands on support to businesses to operate safely	Fiona Thurlbeck /Amy McGarry/ Jo Richmond Niamh Cullen/ Andrew Pitts/ Deb Harkins FT/ AM/ BL

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	• Identify high risk businesses in Park, visit them regularly to offer ongoing support and build relationships. • Deploy Food and Licensing Inspection programmes to high risk businesses to ensure that guidance on safe working is being adhered to. Deliver Calderdale Care Home and Home Care Covid Prevention plan, which includes: o Training and support to all care homes around IPC and PPE o Targeting care homes at increased risk with enhanced support o Delivering a workplace wellbeing programme for care home / home care staff informed by a workplace wellbeing survey o Delivery of asymptomatic testing of all care home staff and residents every 2 weeks • Share and implement culturally appropriate good practice and risk assessment tools across Calderdale partner organisations to enable BAME staff to reduce and manage occupational risk	Caron Walker/ DH Jackie Addison/ Martin Allingham
5. A racially Inclusive recovery from Covid-19 in Calderdale Calderdale's inclusive approach to COVID-19 recovery aims to reduce the social and economic inequalities that cause inequalities in health, to create long term sustainable change for BAME communities.	• Ensure that Calderdale's anti-poverty programmes benefit BAME communities, e.g. free school meal vouchers, sign-posting to food banks, promotion of Healthy Start Scheme and vitamins, digital inclusion, government funded laptops schemes. • Ensure the equitable delivery of strategies, programmes and services to narrow the gap in outcomes for children and young people between ethnic groups. • Develop and deliver an Inclusive Economy Strategy that stimulates improvement in education, employment, skills (&ICT) within Park and East Warley. • Stimulate, support and make visible local community assets for inclusive	Naomi Marquis/ Rachel Smith RS/ Ben Leaman/ Children & Young People Kirsten Fussing Dipika Kaushal/ Caron

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	recovery in BAME communities, Park and Warley through the delivery the successful bid to the WY&H Health Inequalities fund. • To deliver a digital inclusion strategy that reflects and responds to the digital needs of BAME communities. • Address poor quality and overcrowded housing through the housing inspection programme and the implementation of the Calderdale Cohesive Communities.	Walker/ Kate Horne Craig Chew-Moulding Jo Richmond
6. Calderdale partners and communities understand the scale of inequalities experienced by BAME groups and are taking action to address them Communities told us that they are shocked to hear that partners do not have robust data on the impact of Covid on BAME groups when ethnic monitoring has been in place for so long.	• Build a more comprehensive local picture of racial inequalities in health through routine ethnic monitoring of access, utilisation and outcomes form services provided by all partners. • Lobby for the routine collection of ethnic origin in the death registration process. • Improve ethnic monitoring in NHS services including primary care, and use data to undertake equity audits of services. All Calderdale Council commissioned and provided services to routinely record equality including ethnicity of service users/ clients in line with national guidelines and use the data to undertake equity audits.	All partners- TBC Deb Harkins/ Robin Tuddenham Directors TBC/ Equality Champions
7. BAME communities in Calderdale have confidence and trust in local public services We heard from BAME communities that they have become afraid of visiting health and care services in case they contract Covid-19	• Promote the open for business campaign to improve access to primary care among local BAME communities. Explore tailoring the open for business campaign to BAME communities with the CCG, using well known BAME community leaders to contribute to the development of specific open for business campaigns to address concerns raised by BAME communities, use local BAME communications networks. • Use insight gathered led by Health watch's partnership work on the experience of health and care services, to inform action to improve access to health and care services • Undertake engagement that enables communities to tell their stories in different ways, to ensure that experiences of residents whose first language is not English and newly settled communities are heard. .	Simon Lightwood (CCG) Helen Hunter/ Jill Dufton/ All partners HH

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	• Create opportunities for on-going dialogue between public services and BAME communities about Covid, it's legacy and the determinants of inequalities in health and wellbeing	
8. Partners in Calderdale recognise and take action to address Inequality and discrimination The root causes of the disproportionate impact of Covid on Calderdale's BAME communities are long standing structural inequalities and societal discrimination. Partners in Calderdale must play our part in challenging racism and other forms of discrimination and to tackle the root causes of health inequalities Black Lives Matter- BAME communities further put themselves at risk from Covid. A quote from a member of our community: - ***"Racism is a worse pandemic than Covid, we will recover quicker from Covid."***	• Work in ways that increase equality and are culturally competent and co-produce and co-deliver action to reduce inequalities with local BAME communities, including community leaders, faith groups, women and young people. • Take on-going opportunities to reach out, engage with and listen to BAME communities, e.g. through social media, Facebook live, community radio. • Provide visible leadership and commitment to challenge racism and openly discuss discrimination. Create space for conversations and dialogue to take place across Calderdale's organisations and communities about racism, equality, discrimination and white privilege. • Partners consider the impact of actions on community cohesion and challenge perceptions that BAME communities are to blame for higher rates of Covid. • Monitor community tensions through the Community Impact Assessment Group- escalate issues through emergency planning and response processes. • Address Inequality and discrimination through the delivery of their Corporate Equality plans and the Calderdale Cohesive Communities Strategy and report to their staff and public on progress made to achieve equality and diversity objectives . • Feedback "you said and we did" and this is the result to inform BAME communities about the action that partners have taken and regularly report to local communities on the delivery of this action plan.	All partners Derek Benn All partners All partners

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Co-produced action plan: To reduce the impact of Coronavirus on Calderdale's BAME Population*

9. BAME community organisations are resilient as we learn to live with Covid. We heard that community and faith organisations have a critical contribution to make to supporting BAME communities to recover from Covid.	• Undertake specific engagement with BAME communities, as part of the Calderdale Conversations programme so that they can contribute to the definition of a 'new normal' for Calderdale. • Support community action and empower BAME communities to contribute to making the new normal a reality. • Continue to support the development of Muslim funeral and burial guidance and support. • Work with faith networks to provide support guidance to faith organisations about the safe reopening of places of worship and preparation for religious festivals • Continue to work in partnership with faith communities in Calderdale to disseminate messages about staying safe from Covid.	Deb Harkins/ Voluntary, Community Sector All partners Sail Suleman Kate Horne/ DH/ SS KH/ DH
10. BAME communities are aware of Covid risks and how they can protect themselves and loved ones We heard that there is confusion about the social distancing rules and shielding and the action we all need to take to stay safe. It is therefore essential that messages are appropriate to and accessible for the BAME community to help prevent transmission of the virus and keep loved ones safe from Covid-19	• Improve messaging and communication targeted at BAME networks. Ensure regular dialogue with community leaders and provide written and verbal messages in English and community languages • Continue to update and translate information about changes to guidance, test and trace, symptoms, support available. • Develop and implement a communication strategy specifically for BAME communities and ensure that Covid communications programmes are accessible to BAME communities. • Regularly seek feedback from BAME communities about local Covid Communication and use the findings to refine and improve communication. • Collaborate with West Yorkshire partners on communications messages through regional radio and TV channels tuned into by BAME communities.	Kate Horne/ Carl Fisher Ben Leaman/ KH CF/ Andrew Peacock CF/AP CF/ AP

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	• Explore the potential of utilising the digital assets of Calderdale partners to target messages to BAME communities. • Test out all messages with local BAME community members to ensure that they are appropriate and meaningful.	CF/ KH/ DH KH/CF

*The actions largely reflect work with our Asian population in Park Ward, but do include some work with our Eastern European, Asylum Seekers and Refugees in Calderdale.

13. We are the NHS: People Plan for 2020/21 – actions for us all

To Note

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	3 September 2020
Meeting:	Board of Directors
Title:	We are the NHS: People Plan 2020/21 – Action for us all
Author:	Claire Wilson, Assistant Director of Human Resources
Presented By:	Suzanne Dunkley, Director of Workforce and Organisational Development
Previous Forums:	Board of Directors 4 July 2019 NHS Interim People Plan – Verbal Update

Actions Requested:

- To note.

Purpose of the Report

The paper provides an update to the Board on The NHS People Plan, which was published on 30 July 2020.

We are the NHS: People Plan 2020/21 – action for us all, replaces the Interim People Plan, which was published on 3 June 2019.

The NHS People Plan 2020/21 recognises the impact of Covid-19 and the response by employers over the last few months.

The NHS People Plan outlines actions that organisations, employers and staff will need to take in the coming months.

The NHS People Plan sets out guidelines for employers and systems within the NHS, as well as actions for NHS England and NHS Improvement and Health Education England throughout the coming months and year.

Appendix 1 – Action plan: We are the NHS: People Plan 2020/21: action for us all.
The Action plan shows CHFT's current position against the actions and what actions are needed where gaps have been highlighted.

Each action is RAG rated to show progress against the action.

RAG RATING:-
Green – Compliance against action
Amber – Actions completed, further actions needed
Red – Incomplete/not yet started.

Please note, not all actions are for CHFT as an employer. There are actions for NHS England, NHS Improvement, Health Education England and the Care Quality Commission

and these have been RAG rated too.

The actions have been RAG rated to show compliance against each of the actions. All actions relating to CHFT are either green or amber.

The RAG ratings which are currently shown in red are where CHFT are awaiting direction from external organisations.

Key Points to Note

The action plan in Appendix 1 is a dynamic document, which will be updated as progress is made against the actions.

Where actions are outlined for CHFT as an employer, the ratings show a high level of current compliance against the actions (highlighted as green). Those that are shown as amber show high compliance with further actions still to be undertaken. There are no red ratings highlighted against CHFT's actions.

The over-arching actions for CHFT is the 2020/2021 – One Year Strategy for CHFT
A Workforce for the Future:-

- Develop and implement flexible recruitment and redeployment processes to improve our skill mix and improve our vacancy rate for Nurse staffing and specialist medical roles, thus retaining a turnover below 10%.
- Develop an approach to talent management that further embeds our approach to succession planning, whilst maintaining fair and equal opportunities of employment, resulting in an increased number of internal promotions.
- Roll out our Leading One Culture of Care and Management Essentials programme to support managers to successfully lead their teams.
- Develop an approach to inclusive recruitment panels and assessment processes to ensure a senior management team that reflects the diversity of the workforce
- Assign a wellbeing champion to each Ward/Department/Service to improve our health and wellbeing of colleagues, resulting in an improved health and wellbeing score in the annual staff survey.

It has been agreed to share the Action Plan with West Yorkshire and Harrogate Health and Care Partnerships so that our work will form a key part of the ICS People Plan.

<u>Key themes – system wide:</u>

Below are the themes provided to include in the ICS People Plan:-

- Increasing capacity within the workforce (including new roles and skills mix).
- Ensuring education and commissioning with universities provides a workforce fit for the future aligned to the NHS Long-term plan and reconfiguration.
- Working with schools, colleges and universities to attract new entrants to the NHS workforce
- Workforce planning is robust across CHFT and systems to ensure we have the right people with the right skills at the right time aligned to our services.

EQIA – Equality Impact Assessment
The equality impact of this paper has been considered. The NHS People Plan includes equality, diversity and inclusion as a key theme. The action plan outlines the current position in relation to equality, diversity and inclusion for our people, including current employees and potential future employees to the Trust. Specific actions taken to deliver the NHS People Plan will be subject to full EQIA.
Recommendation
The Board is asked to note the paper and the associated action plan at Appendix 1.

compassionate care

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

BOARD OF DIRECTORS

3 SEPTEMBER 2020

WE ARE THE NHS: PEOPLE PLAN 2020/21 – ACTION FOR US ALL

1. PURPOSE

The purpose of this paper is to provide a summary of the NHS People Plan 2020/21 and identify the impact on CHFT and the West Yorkshire and Harrogate Health and Care Partnership of the recently published People Plan, including actions for NHS England, NHS Improvement and Health Education England.

2. BACKGROUND

The NHS People Plan was published on 30 July 2020, outlining actions that organisations, employers and staff will need to take in the coming months. 'We are the NHS: People Plan' sets out guidelines for employers and systems within the NHS, as well as actions for NHS England and NHS Improvement (NHSEI) and Health Education England (HEE) throughout the coming months and year.

The plan also includes 'Our People Promise', which outlines behaviours and actions that staff can expect from NHS leaders and colleagues, to improve the experience of working in the NHS for everyone.

The actions within the NHS People Plan fall under nine headings:-

- Health and wellbeing
- Flexible working
- Equality and diversity
- Culture and leadership
- New ways of delivering care
- Growing the workforce
- Recruitment
- Retaining staff
- Recruitment and deployment across systems

3. KEY POINTS IN THE PEOPLE PLAN

'We are the NHS: action for us all' from NHSEI and HEE sets out what our NHS people can expect from their leaders and each other. It focuses on how we must look after each other and foster a culture of inclusion and belonging, as well as action to grow and train our workforce, and work together differently to deliver patient care.

The plan is focused primarily on the immediate term (2020-2021) with an intention for the principles to create longer lasting change.

There are funding commitments made within the plan, however some of the workforce growth aspirations outlined in the interim plan and the government's manifesto, require further discussion and are therefore outside of the scope of this plan.

NHSEI and HEE published the Interim People Plan (IPP) in June 2019. The Chief Executive provided a verbal update on the IPP to the Board of Directors on 4 July 2019 following discussion with West Yorkshire and Harrogate Health and Care Partnership colleagues.

Central themes in the plan build on the IPP:

- more staff
- working differently
- compassionate and inclusive culture.

It also includes 'Our People Promise' which sets out ambitions for what people working in the NHS say about it by 2024.

4. COMMITMENTS

The plan sets out practical actions that employers and systems should take, as well as the actions that NHSEI and HEE will take. It focuses on:

- Looking after our people – with quality health and wellbeing support for everyone.

- Belonging in the NHS – with a particular focus on the discrimination that some staff face.

- New ways of working – capturing innovation, much of it led by our NHS people.

- Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return.

5. OUR PEOPLE PROMISE

'Our NHS People Promise' is central to the plan both in the next nine months and in the longer term. It has been developed to help embed a consistent and enduring offer to all staff in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with 'Our People Promise'.

6. ASKS TO LOCAL EMPLOYERS AND SYSTEMS

There are a list of detailed asks of employers and systems within each of the four categories to be delivered during 2020-2021.

- Each local system is asked to develop a local People Plan in response to the national plan, to be reviewed by regional and system level People Boards.
- Employers are encouraged to devise their own local People Plan.
- Metrics will be developed by September 2020 with the intention to track progress using the NHS Oversight Framework.

7. SYSTEM WORKING

The interim plan put down a marker that workforce planning needed to sit alongside other areas of competence for the Integrated Care System (ICS) role in delivering the NHS Long Term Plan.

This plan makes clear the intention to see an increased role for systems to work with its constituent parts, and HEE, to use data to understand workforce and service requirements and support the attraction and deployment of staff within systems.

8. NEXT STEPS

The plan points to a range of work NHSEI and HEE will be working on over the coming months in each of the categories (as outlined in the table in Appendix 1).

- The review of HR/OD is due to commence immediately.
- A second plan is expected later in the year.

9. WHAT THIS MEANS FOR CHFT

Appendix 1 outlines the specific actions under the nine headings of the People Plan. It shows CHFT's current position against the actions and what actions are needed where gaps have been highlighted.

Time-lines are aligned to each of the actions in the plan. Some of the time-lines were already identified in the NHS People Plan. Additional time-lines have been included where actions are specific to CHFT.

The action plan will be a dynamic document and will be updated as progress is made.

The actions have been RAG rated to show compliance against each of the actions. All actions relating to CHFT are currently either green or amber.

The RAG ratings which are currently shown in red are where CHFT are awaiting direction from external organisations.

10. WHAT THIS MEANS FOR THE ICS

Following the launch of the plan on 30 July 2020, West Yorkshire and Harrogate Health and Care Partnership has identified three areas of work where there will need focus on in the immediate future:-

i. Workforce planners will be asked for workforce data and numbers for a national submission to NHSEI by 27 August 2020. This return will align to workforce numbers, availability and profiles and will include a workforce narrative. Assumptions on affordability will be made until finance is confirmed.

ii) There is also a national requirement to submit a local People Plan by 18 September 2020. Given the short timescales, the intention is to produce a more in-depth West Yorkshire and Harrogate Health and Care Partnership People Plan later this year, and the ICS Board agreed that in the meantime they would submit a short 8-10 page document setting out our current position / intentions, aims and ambitions for all our Partnership's workforce. CHFT has sent a draft of our action plan with a high level narrative by the deadline of Monday 17 August 2020.

iii) Over the next few weeks West Yorkshire and Harrogate Health and Care Partnership will be working on the development of a more in-depth Partnership's People's Plan. This plan will reflect the workforce across all different sectors, our values and principles and emphasises the valuable role of all staff and that of unpaid carers, volunteers, voluntary and community sector and our intention to tackle health inequalities, the economy and the importance of 'good jobs for good health'. In true partnership style the aim is to engage on the development of this plan, with the aim of having a good working draft ready to share with the Partnership Board on 1 December 2020. It will be published in the New Year. This plan will replace the earlier workforce strategy and reflect the direction of travel for the next 12 months and beyond for West Yorkshire and Harrogate Health and Care Partnership.

11. RECOMMENDATION

The Board is asked to note the paper and the associated action plan at Appendix 1.

Claire Wilson
Assistant Director of Human Resources

August 2020

APPENDIX 1

ACTION PLAN – WE ARE THE NHS: PEOPLE PLAN 2020/21 – ACTION FOR US ALL

In each area of the NHS People Plan, the document sets out actions for employers, national bodies and systems.

Please find below a summary of these actions and the current position in respect of implementation:

Each action is RAG rated to show progress against the action.

RAG RATING:-

Green – Compliance against action

Amber – Actions completed, further action(s) needed

Red – Incomplete/not yet started.

The RAG ratings which are currently shown in red are where CHFT are awaiting direction from external organisations.

Time-lines are shown as outlined in the NHS People Plan. In addition, there are local time-scales for CHFT actions included as appropriate.

HEALTH AND WELLBEING

Health and wellbeing is a recipe in 'The Cupboard' with ingredients including:- Culture and behaviour, Occupational Health Services, Mental Wellbeing, Physical wellbeing and Financial wellbeing.

https://thecupboard.cht.nhs.uk/recipe/health-wellbeing/

	Action	Who	Currently in place	Actions needed	Time-line for actions	RAG RATING
1	Put in place effective infection prevention and control procedures.	Employers	Effective infection prevention and control procedures, including social distancing and redesigning	Continue to ensure all staff undertakes essential (mandatory) training in Infection Control.		GREEN

			care procedures that poses high risks for spread of infections. Infection Control Team Lead on ensuring guidelines and protocols are in place and known and followed at all times to reduce the risk of all infection within the Trust. Infection Control training is in place, which is essential (mandatory) training for all colleagues in the Trust. This includes volunteers and bank staff.			
2	Ensure all staff have access to appropriate personal protective equipment (PPE) and are trained to use it.	Employers	All colleagues have access to appropriate personal protective equipment (PPE) dependent on their role and area of work and are trained to use it. The Trust is adhering to the national guidance on PPE. PPE Work-stream is in place led by an Executive Director. The Procurement Team in the Trust have been responsible for accessing			GREEN

			appropriate PPE through the Covid-19 response. All colleagues have been fit-tested for appropriate use of PPE. Donning and doffing training is in place. In addition a training video by an external company has been utilised to ensure all colleagues have access to PPE training.			
3	All frontline healthcare workers should have a vaccine provided by their employer.	Employers	All frontline healthcare workers involved in direct patient care are offered the influenza vaccination annually to protect themselves and their patients from influenza. Occupational Health Lead on the seasonal influenza vaccine uptake each year and report to Executive Board on a weekly basis during the influenza season. There are a number of immunisers across all			GREEN

			professions within the Trust.			
4	Complete risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed.	Employers	There are three different types of risk assessments currently being undertaken:- Risk assessment for shielding colleagues. Place-based risk assessment. Health and wellbeing risk assessment for all.			GREEN
5	Ensure people working from home can do safely and have support to do so, including having the equipment they need.	Employers	Colleagues encouraged to undertake work-based risk assessments while working from home. All Line Managers have the responsibility to ensure colleagues working from home have the right equipment to support safe working at home. Guidance on working from home is in place and can be found on the intranet.			GREEN
6	Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a	Employers	Guidance on working from home in place, encouraging colleagues to take regular breaks. Colleagues are encouraged to take regular	Assign a wellbeing champion to each Ward/Department/Service to improve our health and wellbeing of colleagues,	2020/2021	AMBER

	managed way.		annual leave. Annual leave management protocol in place. A full package of health and wellbeing is available. There is information on the Trust's intranet for colleagues to access.	resulting in an improved health and wellbeing score in the annual staff survey (a goal in our 2020/2021 Trust's One Year Strategy -A Workforce for the Future).		
7	Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect.	Employers	Specific module on bullying and harassment in the Leadership Development programme. The Trust has a bullying and harassment policy in the Trust. 'The Cupboard' and "One Culture of Care" supports the creation of a culture of civility and respect. Freedom to Speak Up Ambassadors in place to support any concerns raised about bullying and harassment. Ambassadors create a culture of respect. BAME network attended by CEO.	Inclusion Charter about to be launched. WRES and WDES Action plan. Executive oversight on the data from WRES and WDES.		GREEN
8	Prevent and control violence in the workplace – in line with existing legislation.	Employers	Review the question from the staff survey and include in an action plan as appropriate. Incidence of violence is low	Continue to review the results of the staff survey to ensure the prevention of violence in the workplace.		GREEN

			within the Trust. Zero tolerance is in place within the Trust.			
9	NHS violence reduction standard to be launched.	NHS England and NHS Improvement		Await standard.	December 2020	AMBER
10	Appoint a wellbeing guardian.	Employers	Trust has a Lead for Health and Wellbeing. There is currently a call out for Health and Wellbeing Champions across the Trust.	Appoint a Wellbeing Guardian. NHS organisations should have a wellbeing guardian (for example, a non-executive director or primary care network clinical director) to look at the organisation's activities from a health and wellbeing perspective and act as a critical friend, while being clear that the primary responsibility for our people's health and wellbeing lies with chief executive officers or other accountable officers.	December 2020	AMBER
11	Continue to give staff free car parking at their place of work.	Employers	All staff currently has free car-parking in place. This will continue at least for the duration of the pandemic.		At least the duration of the pandemic	GREEN
12	Support staff to use other modes of transport and	Employers	The Workforce Benefits Team has been promoting the cycle-	Continue to communicate		GREEN

	identify a cycle-to-work lead.		to- work scheme to support staff to use other modes of transport (particularly during the pandemic). There has been an increase in the uptake of colleagues accessing the cycle-to-work scheme as a response to the pandemic. There has been a lot of interest from senior managers and consultants. Encouragement of the uptake of electric cars through the salary sacrifice scheme. Road shows by the Workforce Benefits Team to communicate the benefits available to staff.	to colleagues the different schemes available.		
13	Ensure staff have safe rest spaces to manage and process the physical and psychological demands of the work.	Employers	Wobble rooms Staff break-out room facilities Schwartz Rounds Wellbeing Garden			GREEN
14	Ensure that all staff have access to psychological support.	Employers	All staff have access to psychological support as part of the health and wellbeing offering. All staff have access to a package of health and wellbeing support. A whole range of activities and events throughout the year to support positive mental wellbeing.	Review of Wellbeing service and the offering. Assign a wellbeing champion to each Ward/Department/Service to improve our health and wellbeing of colleagues, resulting in an improved health and wellbeing score in the annual staff survey (a goal in our 2020/2021 Trust's		GREEN

			Campaigns based on national ‘days’ about mental wellbeing. A Freedom To Speak Up Guardian for people who want to speak confidentially about things that they feel is unsafe. Wellbeing Champions, signposting colleagues to what we have on offer to keep them well and helping to develop our strategy so we’re continually looking out for each other. Mental health clinics and mental health first aid programmes. Expertise of our Clinical Psychologist. Support within 24 hours, 365 availability. Counselling services, including access to specialist services such as bereavement counselling and trauma counselling. Schwartz rounds – a safe, relaxed meeting where people share their stories of what it’s like to work at CHFT. Specially trained dogs that	One Year Strategy (A Workforce for the Future).		

			come and visit us in our workplace and offer free pats and unconditional love! (PAT dogs).			
15	Continue to provide and evaluate the national health and wellbeing programme.	NHS England and NHS Improvement	Continue to evaluate the local health and wellbeing support offering.			GREEN
16	Identify and proactively support staff when they go off sick and support their return to work.	Employers	Line Managers are responsible for managing sickness absence for their staff. Occupational Health, HR Team are responsive to supporting staff through the absence management policy and support line managers in getting colleagues back to work as appropriate. Wellbeing interventions available. Absence management training for line managers.			GREEN
17	Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	Employers	On-line primal training (3 times a week), promotion of fitness classes, cycling, walking activities encouraged.			GREEN
18	Make sure line managers and teams actively encourage wellbeing to decrease work-related	Employers	Introduction of 1 hour per week for all colleagues to support health and wellbeing activity.	Work ongoing to introduce the 1 hour per week/4 hours per month.		GREEN

	stress and burnout.		Annual leave management protocol to ensure colleagues take their annual leave.			
19	Every member of NHS staff should have a health and wellbeing conversation.	Employers	The appraisal paperwork has been changed to ensure there is an emphasis on Health and wellbeing at the start of the appraisal conversation.	Continue to promote the health and wellbeing conversations throughout the year.	From August 2020	GREEN
20	All new starters should have a health and wellbeing induction.	Employers		Corporate induction to be revised to include this new component.	From October 2020	AMBER
21	Provide a toolkit on civility and respect for all employers.	NHS England and NHS Improvement	Standards of behaviours underpin the Trust's 4 Pillars.	Inclusion Charter to be launched in September 2020.	March 2021	AMBER
22	Pilot an approach to improving staff metal health by establishing resilience hubs.	NHS England and NHS Improvement	Wellbeing buddies.	Wellbeing resource to be implemented to support resilience.	December 2020	AMBER
23	Pilot improved occupational health support in line with the SEQOHS standard.	NHS England and NHS Improvement	Trust is accredited for SEQOSH.			GREEN

FLEXIBLE WORKING

Flexible working is included within the ingredient 'Culture and Behaviours' of the 'Health and Wellbeing' recipe card in 'The Cupboard'.

HTTPS://THECUPBOARD.CHT.NHS.UK/INGREDIENTS/CULTURE-BEHAVIOURS/

This includes looking at our policies and procedures that are about managing people and make sure that they include stuff about good health & wellbeing. These are policies for things like managing attendance at work; **flexible working;** compassionate leave; rest breaks; and essential safety training. Flexible working is key to supporting colleagues at work.

	Action	Who	Currently in place	Actions needed	Time-line for actions	RAG RATING
1	Be open to all clinical and non-clinical permanent roles being flexible.	Employers	Flexible working policy in place. This is open to applications from all clinical and non-clinical permanent colleagues.	Policy due for review in November 2020. Develop and implement flexible recruitment and redeployment processes to improve our skill mix and improve our vacancy rate for Nurse staffing and specialist medical roles, thus retaining a turnover below 10 (a goal in our 2020/2021 Trust's One Year Strategy - A Workforce for the Future).	March 2021	AMBER
2	All job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns.	NHS England and NHS Improvement	This is currently in all advertised roles.		January 2020	GREEN
3	Develop guidance to support employers.	NHS England and NHS Improvement		Await guidance.	September 2020	AMBER
4	Cover flexible working in standard induction conversations for new starters and in annual appraisals.	Employers	Flexible working is part of the conversation in the recruitment conversation and in annual appraisals.	Ensure conversations take place for new starters and in annual appraisals.	October 2020	AMBER
5	Requesting flexibility – whether in hours or	Employers	Flexible workforce policy – open to all colleagues to	Review our approach to flexible working, where	November 2020	AMBER

	location, should (as far as possible) be offered regardless of role, team, organisation or grade.		request flexible working.	service needs do or could allow, in order to bring CHFT in line with other sectors and therefore attract a cross generational workforce. Review current offer and present a new strategy to Executive Board.		
6	Board members must give flexible working their focus and support.	Employers	The Board have signed off the Flexible Workforce policy.			GREEN
7	Add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.	NHS England and NHS Improvement	Not currently in place. We already advertise all posts with opportunities for flexible working.			GREEN
8	Support organisations to continue the implementation and effective use of e-rostering systems.	NHS England and NHS Improvement	The Trust is currently part of the ICS bid/funding with NHSI/E to roll out job planning and e-rostering. The ICS has been successful in its bid for funding to implement.	Roll out job planning and e-rostering to the clinical workforce (phase 1 bid) by August 2021. Link our digital innovation with that of transformation skills. Develop recently adopted Digital Ways of Working into a formal programme across the Trust, and incorporate into our WTGR suite of development tools.	August 2021	AMBER

9	Roll out the new working carers passport to support people with caring responsibilities.	Employers	The Trust supports the new Working Carers passport to provide support and timely, compassionate conversations about what support would be helpful, including establishing and protecting flexible working patterns.	Further communication to colleagues. To learn from best practice. Promotion of case studies with colleagues who have utilised the Working Carers passport.		GREEN
10	Work with professional bodies to apply the same principles for flexible working in primary care.	NHS England and NHS Improvement	N/A			
11	Continue to increase the flexibility of training for junior doctors.	Health Education England	We do have flexible trainees in the Trust.			GREEN

EQUALITY AND DIVERSITY

Equality, diversity and inclusion is a recipe in 'The Cupboard'

https://thecupboard.cht.nhs.uk/recipe/equality-diversity-and-inclusion/

These are three things that are different but related. It's pretty straightforward. Equality is about making sure that everyone has the opportunity to fulfil their potential. It's about having an equal chance at things. Diversity is about knowing that everyone is different and seeing those differences as valuable and positive. Inclusion is the feeling that our differences are respected, valued and, well…included. Put another way, diversity is about being invited to the party; inclusion is about being asked to dance – check out the Candy Dance Challenge!

Not only will this have a positive impact on us and our colleagues, but on our patients too. Truly compassionate care involves understanding the particular needs of each individual patient. Having a whole range of different people working at CHFT means a whole range of ideas and solutions that in the end, deliver truly inclusive and compassionate care.

	Action	**Who**	**Currently in place**	**Actions needed**	**Time-line for actions**	**RAG RATING**

1	Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.	Employers	BAME colleague currently sits on the Panel for all Agenda for Change Band 6 and above posts Recruitment and selection training is in place, which includes unconscious bias. Development - Inclusive Mentoring for black, Asian and minority ethnic (BAME) and white colleagues in mentee and mentor partnerships,	Medical staff – to review and have a BAME colleague on all panel's for the recruitment of medical staff. Develop an approach to talent management that further embeds our approach to succession planning, whilst maintaining fair and equal opportunities of employment, resulting in an increased number of internal promotions (a goal in our 2020/2021 Trust's One Year Strategy - A Workforce for the Future). Develop an approach to inclusive recruitment panels and assessment processes to ensure a senior management team that reflects the diversity of the workforce (a goal in our 2020/2021 Trust's One Year Strategy - A Workforce for the Future).	By November 2020	AMBER
2	Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the health and wellbeing table.	Employers	The Trust has The CHFT Equality Network, LGBT+ Network, BAME Network, Colleague Disability Group and Empowerment Programme.		From September 2020	GREEN

			Appraisal documentation has been revised to have wellbeing discussions.			
3	Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce.	Employers	Publish WRES and WDES information.			GREEN
4	51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary process.	Employers	As part of the WRES Action plan. Improving People Practices. Action Plan developed and implemented.		By the end of 2020	AMBER
5	Support organisations to achieve the above goal, including establishing robust decision-tree checklists for managers, post-action audits on disciplinary decisions, and pre-formal action checks.	NHS England and NHS Improvement		Await support.	From September 2020	AMBER
6	Refresh the evidence base for action, to ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics.	NHS England and NHS Improvement	CEO supported Director of People at NHSE on ensuring senior level diversity leadership	Ensure Senior Leadership (Board) reflects our communities and workforce – for CHFT. This means our Board needs to be more diverse (BAME and Sex) Ensure all Board advertisements have a focus on diversity.	From September 2020	AMBER

				Develop an approach to inclusive recruitment panels and assessment processes to ensure a senior management team that reflects the diversity of the workforce (a goal in our 2020/2021 Trust's One Year Strategy - A Workforce for the Future).		

CULTURE AND LEADERSHIP

OUR CULTURE AND LEADERSHIP IS BASED ON THE 4 PILLARS

https://intranet.cht.nhs.uk/about-us/about-our-vision-and-values/

Our vision: Together we will deliver outstanding compassionate care to the communities we serve

Our values are our "Four pillars" -

- We put the patient first (We stand in the patient's shoes)
- We go see (Best practice and best evidence = best learning and decisions)
- We work together to get results (We make change happen together)
- We do the must-dos (We do the important things that keep us all safe)

We are all responsible for playing our part in creating one culture of care – where we care for each other the way we care for our patients.

	Action	**Who**	**Currently in place**	**Actions needed**	**Time-line for actions**	**RAG RATING**
1	Work with the National Guardians office to support leaders and managers to foster a listening, speaking up	NHS England and NHS Improvement	Effective relationships with both regional and national Guardian's office. Visit by the Regional Guardian during Freedom to Speak up Month.	Maintain effective relationships and communication. Regularly check the	With immediate effect	GREEN

	culture.		National Guardian Office paid for CHFT Ambassadors free access to employee assistance programme. More than 30 Freedom to Speak up Ambassadors within the Trust. Full-time Freedom to Speak up Guardian in place.	National Guardian's Office (NGO) site and update the network with case studies.		
2	Promote and encourage employers to complete the free online just and learning culture training and accredited learning packages, and take demonstrable action to model these leadership behaviours.	NHS England and NHS Improvement and Health Education England	The Trust delivers an on-line and Trust-wide Leadership Development programme. The leadership behaviours are a key element of the appraisal conversation. The appraisal paperwork has been adapted to ensure that positive leadership behaviours are encouraged.	Ensure our Leaders are compassionate and inclusive in line with new national competencies. Await new competencies and then cross reference with our 4 pillars and build into appraisals.	With immediate effect	AMBER
3	Provide refreshed support for leaders in response to the current operating environment.	NHS England and NHS Improvement	The Trust has developed a comprehensive offering of support for all leaders.		From September 2020	GREEN
4	Work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year.	NHS England and NHS Improvement		Director of Medical Education to ensure linkage into the Faculty of Medical Leadership and management to support placements.	By March 2021	AMBER
5	Update the talent	NHS England	Talent management and	Active encouragement to	By December	GREEN

	management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles.	and NHS Improvement	succession planning (by the way of a tool) is in place.	utilise the succession planning tool.	2020	
6	Launch an updated and expanded free online training material for all NHS line managers, and a management apprenticeship pathway for those who want to progress.	NHS England and NHS Improvement	On-line Leadership Development programme already in place.	Review the opportunity to have a management apprenticeship scheme.	By January 2021	AMBER
7	All central NHS leadership programmes to be available in digital format and accessible to all.	NHS England and NHS Improvement, Health Education England	On-line Leadership programme accessible to all is now in place.		By April 2021	GREEN
8	Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.	All NHS organisations	Staff networks include Staff Management Partnership Forum, Local Negotiating Committee, BAME network, LGBTQ+ network and Disability network. Staff are able to contribute and inform decision-making (including policy development).		By December 2021	GREEN
9	Publish resources, guides and tools to help leaders	NHS England and NHS	'The Cupboard' has an Equality and Diversity recipe card, which	Medical Staff to have BAME reps on recruitment panels.	From October 2020	AMBER

	and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff.	Improvement	is accessible to all on the intranet and the website. Inclusion Ambassadors promote productive conversations. Inclusion Charter aligned to the 4 Pillars. E-modules on inclusion, insights and unconscious bias, which is accessible to all. Equality, Diversity and Inclusion Strategy is published and is in 'The Cupboard'. Publish WRES annually, which supports the productive conversations. BAME reps on interview on Agenda for Change Band 6 and above roles. Equality and Diversity forms part of the corporate induction. BAME representatives are Freedom to Speak Up Ambassadors.	Work towards the 5 year Equality, Diversity and Inclusion Plan.		
10	Publish competency frameworks for every board-level position in NHS provider and commissioning *organisations.	NHS England and NHS Improvement		Await national guidance.	By March 2021	RED

11	Place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion, as part of the well-led assessment.	Care Quality Commission	Ability to measure progress against the 5 year plan. WRES and WDES action plans in place. In the Trust one year Strategy – clear action on developing inclusive recruitment panels. Monitor workforce statistics at the Workforce Committee.		Throughout 2020/2021	GREEN
12	Launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts, and recruit more BAME staff to Freedom to Speak Up Guardian roles.	NHS England and NHS Improvement	Already in place.		By March 2021	GREEN
13	Publish a consultation on a set of competency frameworks for board positions in NHS provider and commissioning organisations.	NHS England and NHS Improvement		Await competence framework.	During October 2020	RED
14	Finalise a response to the Kark review.	NHS England and NHS Improvement	A recent audit (August 2020) of the Trust's arrangements for Fit and Proper Persons (FPP) confirmed that the Trust has adequate arrangements in place which ensure it complies with Regulation 5 ensuring all new directors and existing directors are, and continue to be, fit and proper persons.	Await final response to understand implications.	No timeframe provided yet	AMBER

			Since January 2019 the Trust has had 3 Director appointments and appropriate checks were undertaken to ensure all appointments complied with legislative requirements. Testing on FPP requirements and the supporting evidence confirmed that the Trust follows the requirement to 'make every reasonable effort to assure itself about an individual by all means available'.			
15	Launch a new NHS leadership observatory highlighting areas of best practice globally, commissioning research, and translating learning into practical advice and support for NHS leaders.	NHS England and NHS Improvement		Await the launch.	By March 2021	RED

NEW WAYS OF DELIVERING CARE

Workforce Design is a recipe card in 'The Cupboard'.

https://thecupboard.cht.nhs.uk/recipe/workforce-design/?highlight=Workforce%20Design

We deliver all sorts of compassionate care, to all sorts of different patients, in all sorts of different locations. To do this properly, we need to make sure we've got the right people in the right numbers with the rights skills in the right place. To do this we need to design our workforce not just for now, but for the future. This type of planning and decision making is called workforce design.

	Action	**Who**	**Currently in place**	**Actions needed**	**Time-line for actions**	**RAG RATING**

1	Use guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHSEI and key partners, alongside the existing tool to support a structured approach to ongoing workforce transformation.	Employers	Staff redeployment protocol utilised through Covid-19 response. Oversight through Safer Staffing meetings with nursing/medical leadership. Lessons Learned paper taken to Workforce Committee in August 2020. Weekly touch-point meetings with staff side in place.	Key learning from the redeployment of staff and deploying returning staff through covid-19. Learning:- communication, skills/training, Business Better than Usual outcomes to ensure learning from the response to Covid-19. The learning supports how the Trust will develop services in the future.	December 2020	AMBER
2	Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression.	Employers	“The Cupboard " is key to focus on the skills development, expanding capabilities, more flexibility, boost morale and support career progression. During Covid-19 colleagues have learned new skills and competences. One hour protected time per week for wellbeing and development agreed by the Board for all staff for health.	The Management Essentials, Leadership and development open to all colleagues, but mandatory for all line managers (with one colleague to manage) and senior managers. Roll out our Leading One Culture of Care and Management Essentials programme to support managers to successfully lead their teams (a goal in our 2020/2021 Trust’s One Year Strategy - A Workforce for the Future).		GREEN
3	Use HEE’s e-Learning for	Employers and	‘The Cupboard’ supports	Review what this is and how	Await	AMBER

	Healthcare programme and a new online Learning Hub, which was launched to support learning during COVID-19.	organisations	learning with recipe cards and ingredients.	it relates to the Trust's learning products.	programme	
4	Work with the medical Royal Colleges and regulators to ensure that competencies gained by medical trainees while working in other roles during COVID-19 can count towards training.	Health Education England		Director of Medical Education to liaise with colleagues across ICS.	During 2020/2021	AMBER
5	Develop the educational offer for generalist training and work with local systems to develop the leadership and infrastructure required to deliver it.	Health Education England		Await guidance on what this means for the Trust.	During 2020/21	RED
6	Support the expansion of multidisciplinary teams in primary care.	Health Education England			End of 2020/21	AMBER

GROWING THE WORKFORCE

	Action	**Who**	**Currently in place**	**Actions needed**	**Timeline for actions**	**RAG RATING**
1	Enabling up to 300 peer-support workers to join the mental health	Health Education England			2020/21	AMBER

	workforce and expanding education and training posts for the future workforce.					
2	Increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25 per cent (with 734 starting training in 2020/21).	Health Education England				AMBER
3	Investing in measures to expand psychiatry, starting with an additional 17 core psychiatry training programmes in 2020/21 in areas where it is hard to recruit, and the development of bespoke return to practice and preceptorship programmes for mental health nursing.	Health Education England				AMBER
4	Prioritise the training of 400 clinical endoscopists and 450 reporting radiographers.	Health Education England		Link into the ICS and national workforce plan and forecast the workforce accordingly.	2021	AMBER
5	Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses.	Health Education England		Ensure the link with ICS Directors of Nursing.	2021	AMBER
6	Training 58 biomedical	Health		Ensure the link with ICS the	2021	AMBER

	scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.	Education England		Health Care Science/Biomedical Science Lead through appropriate networks.		
7	HEE is funding a further 400 entrants to advanced clinical practice training.	Health Education England		Link into the ICS and national workforce plan and forecast the workforce accordingly. Ensure local workforce plan includes advanced clinical practice training.	2020/2021	AMBER
8	Investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to grow the pipeline into psychiatry, general practice and other priority areas, notably cancer, including clinical radiology, oncology and histopathology.	Health Education England		Link into the ICS and national workforce plan and forecast the workforce accordingly. Link into Medical Directors within the ICS.	2020/2021	AMBER
9	Increase of over 5,000 undergraduate places from September 2020 in nursing, midwifery, allied health professions, and dental therapy and hygienist courses.	Health Education England	CHFT has a Nurse Education/Clinical Educators Team that works closely with the Universities.	To continue to liaise with universities.	2020/21	AMBER
10	Employers should fully integrate education and training into their plans to rebuild and restart clinical	Employers	Education and Training plans are co-ordinated through the Education Committee.		2020/21	AMBER

	services, releasing the time of educators and supervisors; supporting expansion of clinical placement capacity during the remainder of 2020/21; and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.					
11	For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.	Employers	Director of Medical Education Lead (through the Education Committee).	Use of CESR – pipeline for consultants. Continue to recruit overseas as well as within the country. Global fellows in Radiology and junior global fellows in ED – Preparing juniors to be consultants.	2020/2021	AMBER
12	Ensure people have access to continuing professional development, supportive supervision and protected time for training.	Employers		Medical Staff have SPA time, nursing have £1,000.00 over 3 years and all other staff to have continued protected time for one hour a week for development and wellbeing. Existing staff will utilise the apprenticeship offer through the levy. Work with NHSE/I to restore CPD funding to previous	2020/2021	AMBER

				levels over the next 5 years.		
13	Establish a £10m fund for nurses, midwives and allied health professionals to drive increased placement capacity and the development of technology-enhanced clinical placements.	Health Education England		Ensure integration with workforce plans through the ICS and NHSI.		AMBER
14	HEE to further develop its e-learning materials, including simulation, building on the offer provided in response to COVID-19.	Health Education England		To link in with ICS/HEE to understand the impact of these materials.	2020/2021	AMBER
15	Start delivering a pre-registration blended learning nursing degree programme. The programme aims to increase the appeal of a nursing career by widening access and providing a more flexible approach to learning, using current and emerging innovative and immersive technologies.	Health Education England /Universities	Already working with universities on all nursing programmes	Linkage with ICS and NHSI in workforce planning process.	From Jan 2021	AMBER
16	HEE to pursue this blended learning model for entry to other professions.	Health Education England		Link in with HEE/ICS.	From Jan 2021	AMBER

RECRUITMENT

Recruitment is an ingredient in 'The Cupboard' within Talent Management recipe card.

https://thecupboard.cht.nhs.uk/ingredients/recruitment/

We want to hire talented people not just for how good they are at the job, but for their values too.

Effective recruitment is a big part of our people strategy so we've put our heads together and developed a 3 year plan which is our recruitment strategy. If we get this bit right, we'll definitely create one culture of care – looking after the people who look after the people!

Have a really good 'spring clean' of our whole recruitment process. Have we got the right wording in our adverts? Are we advertising in the right places, in the best way? What's it like to be recruited by CHFT and are there any blockers that could get in the way of it all being a really brilliant, positive experience?

	Action	Who	Currently in place	Actions needed	Time-line for actions	RAG RATING
1	Increase recruitment to roles such as clinical support workers, highlighting the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.	Employers	Recruitment Strategy – Three year plan is in place up to 2022 (link above).	Accelerate our work with primary and health and social care partners to develop integrated workforce priorities wherever possible. Review the current Calderdale and Kirklees workforce forums and our active participation in them. Also consider 'go sees' of current good practice.	During 2020/2021	AMBER

2	Offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and managerial roles.	Employers	Apprenticeships are already well established in the Trust. Apprenticeship Strategy in place which has been approved by Board. Routes to Nursing Associates and other roles through an Apprenticeship route in place.	Help people understand that apprenticeships are not just about a great job as an electrician or a health care assistant. There are higher apprenticeships for jobs such as managers and nurses. We'll talk to schools and colleges about this.		
3	Develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money.	Systems		Work with NHSE/I to implement 'lead recruiter' arrangements, building on international recruitment already underway. Share our previous success on international recruitment and the issues that got in the way of successfully recruiting from overseas.	During 2020/2021	AMBER
4	Primary care networks to recruit additional roles, funded by the additional roles reimbursement scheme, which will fund 26,000 additional staff until 2023/24.	Systems			Immediate	AMBER
5	Increase ethical international recruitment and build partnerships with new countries, making sure this brings benefit for the person and their	NHS England and NHS Improvement and Health Education England		Contribute to STP/ICS international recruitment plans. Build key messages from the international campaigns	2020/2021	AMBER

	country, as well as the NHS.			into our local advertisements.		
6	HEE will pilot English language programmes – including computer-based tests, across different regions as well as offering English language training.	Health Education England		Wait to see what the programme looks like.	2020/2021	RED
7	Establish a new international marketing campaign to promote the NHS as an employer of choice for international health workers.	NHS England and NHS Improvement		Await the marketing campaign and be involved at a local level.	2020/2021	AMBER
8	Encourage our former people to return to practice as a key part of recruitment drives during 2020/21, building on the interest of clinical staff who returned to the NHS to support the COVID-19 response.	Employers and systems	Encourage former staff (particularly nurses) to return to practice already in place. Participated in bringing back former staff during Covid-19.		2020/2021	GREEN
9	Continue to work with professional regulators to support returners who wish to continue working in the NHS to move off the temporary professional register and onto the permanent register.	NHS England and NHS Improvement and Health Education England	The Returner scheme already in place. The Trust supports returners back to practice.		2020/2021	GREEN

RETAINING STAFF

Retention (incuding succession planning) is an ingredient within the recipe Talent Management within 'The Cupboard'.

https://thecupboard.cht.nhs.uk/ingredients/retention/

Retention means having a range of things that makes staying and working at CHFT a really attractive option. The retention ingredient has a number of activities to support retention within CHFT including; reviewing our workforce data, talking to new starters to ensure they wish to stay with us, ensuring our policies are up-to-date and support the retention of staff, internal transfer protocol for nurses, career development, succession planning toolkit, looking after our medical staff from overseas and being part of the Retention Direct Support Programme for Nurses.

	Action	**Who**	**Currently in place**	**Actions needed**	**Time-line for actions**	**RAG RATING**
1	Design roles which make the greatest use of each person's skills and experiences and fit with their needs and preferences.	Employers	Talent Management is a recipe card in 'The Cupboard'.	Conversations to take place through the appraisal process to support colleagues' aspirations.	December 2020	AMBER
2	Ensure that staff who are mid-career have a career conversation with their line manager, HR and occupational health.	Employers	Robust retire and return process in place.	To ensure that staff who are mid-career (aged around 40 years) and, in particular, those approaching retirement (aged 55 years and over) have a career conversation with their line manager, HR and occupational health. This should be to discuss any adjustments needed to their role and their future career intentions. It should	2020/2021	AMBER

				also include signposting to financial advice – in particular on pensions.		
3	Ensure staff are aware of the increase in the annual allowance pensions tax threshold.	Employers	Trust has engaged with colleagues who are impacted with the annual allowance pensions tax threshold.	To update colleagues as information is provided to the Trust.		GREEN
4	Make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities.	Employers	The Pensions Team as part of the contract provide information to colleagues who plan to retire and return. Pre-retirement Course in place. Total Reward Statements – annually.			
5	Explore the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration.	Health Education England	Part of Bring Back Staff (BBS) through the Covid-19 response.		2020/2021	AMBER
6	Develop an online package to train systems in using the HEE star model for workforce transformation.	Health Education England		Await package.	2020/2021	RED
7	Improve workforce data collection at employer, system and national level.	Health Education England		Await guidance.	2020/2021	AMBER

8	Support the GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched in summer 2020.	Systems	CHFT host to 64 GP trainees.	Await initiative and be involved.	2020/2021	AMBER
9	Strengthen the approach to workforce planning to use the skills of our people and teams more effectively and efficiently.	Systems	Workforce planning toolkit in place.	Contribute to the development of the ICS 5 year workforce plan. Become an early adopter/champion of the ICS 5 year plan, contributing in the design and delivery of the associated action plan.		AMBER
10	Work with HEE and NHSEI regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it.	Systems	Robust workforce plans are developed/co-ordinated by Workforce Business Intelligence working with divisional management colleagues, including operational and finance colleagues.	Work with NHSE/I to develop five-year workforce plans, as an integral part of service and financial plans, to assess roles required to deliver the NHS Long Term Plan and inform national workforce planning. Help the ICS make this a collaborative exercise with all Trusts in the region.	2020/2021	AMBER

RECRUITMENT AND DEPLOYMENT ACROSS SYSTEMS

	Action	**Who**	**Currently in place**	**Actions needed**	**Time-line for actions**	**RAG RATING**

1	Actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.	Systems	Apprenticeship Team go out to visit schools. Trust involved in Project Search to support people under 21 with disabilities to gain skills and experience to work. Involvement in Calderdale Future Leaders programme. Armed Forces Covenant in place. Silver status on the Employer Recognition Scheme Recognition of the fantastic transferrable skills the Armed Forces service men and women can bring to CHFT.	Inspire young people to come and work for us by going out to schools and universities and talking about our careers and the great work that we do – not just our clinical colleagues but our administration experts and support staff too. Work with the University of Huddersfield to help us create new roles and to make sure that we've got the right mix of skills in any given area. Increased activity in schools and colleges. Funding from Charitable Funds to recruit a Community Liaison Officer (including health inequalities and support to gain skills/competences and employability skills). Engagement with Equality Impact Assessments.	2020/2021	AMBER
2	Make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-	Systems	Currently have approximately 350 volunteers within CHFT. Apprenticeship Team have developed career ladders across a number of professions.	To continue the use of apprenticeships. Apprenticeships are offered a role direct from universities.	By March 2021	GREEN

	clinical roles.		Apprenticeship – full programme of clinical and non-clinical staff as well as assessors.			
3	Develop workforce sharing agreements locally, to enable rapid deployment of our people across localities.	Systems	Involvement in the Streamlining project across WYAAT. To understand the learning from the rapid deployment of colleagues across the localities.	Respond to the expectation that ICSs will take on greater responsibility for people planning and transformation activities, in line with their developing maturity. The ICS will take a more active role in pooling of NHS workforce capacity locally and that workforce decisions previously carried out nationally may now be carried out at ICS level Help the ICS understand the requirements (no specific Workforce lead currently in the ICS) To build on the streamlining work already undertaken in the Trust.	2020/2021	AMBER
4	When recruiting temporary staff, prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21.	Systems, employer and primary care networks	A significant improvement in increasing Bank and Reducing Agency. Agency spend has decreased significantly year on year from 23.44m in 2016/17 to 7.10m in 2019/20. There is a forecast of 3.57m against a plan of 6.77m for 2020/21.	Accelerate the work on a collaborative bank across WYAAT. CEX of WYAAT to assess appetite and transparency.	2020/21	AMBER

			Bank fill has also increased significantly The following have contributed to the reduction of Agency and increase in Bank:- Centralised Flexible Workforce Team from October 2016 to manage all Temporary requirements. All Off-Framework agency usage removed; all agencies used are on an NHSI approved framework. All High-Cost Agency Tiers removed. Removal of Agency for Healthcare Assistants, all covered by Bank since September 2017. Conversion of Medical High-Cost/Long-Term Agency workers to Bank.			
5	Work with employers and systems to improve existing staff banks' performance on fill rates and staff experience.	NHS England and NHS Improvement	Recruitment drives for Bank and promotion of workforce benefits included. Introduction of Weekly pay option for Bank.		2020/2021	AMBER

			Improved on-boarding package developed for all new Bank workers.			

Over-arching actions for CHFT

2020/2021 – One Year Strategy for CHFT

A Workforce for the Future

- Develop and implement flexible recruitment and redeployment processes to improve our skill mix and improve our vacancy rate for Nurse staffing and specialist medical roles, thus retaining a turnover below 10%.
- Develop an approach to talent management that further embeds our approach to succession planning, whilst maintaining fair and equal opportunities of employment, resulting in an increased number of internal promotions.
- Roll out our Leading One Culture of Care and Management Essentials programme to support managers to successfully lead their teams.
- Develop an approach to inclusive recruitment panels and assessment processes to ensure a senior management team that reflects the diversity of the workforce
- Assign a wellbeing champion to each Ward/Department/Service to improve our health and wellbeing of colleagues, resulting in an improved health and wellbeing score in the annual staff survey.

Key themes – system wide

- Increasing capacity within the workforce (including new roles and skills mix).
- Ensuring education and commissioning with universities provides a workforce fit for the future aligned to the NHS Long-term plan and reconfiguration.
- Working with schools, colleges and universities to attract new entrants to the NHS workforce
- Workforce planning is robust across CHFT and systems to ensure we have the right people with the right skills at the right time aligned to our services.

KEEPING THE BASE SAFE

14. Stabilisation & Reset Plan and Winter Plan

To Approve

15. Health and Safety Update

To Approve

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	3 September 2020
Meeting:	Board of Directors
Title:	Health and Safety Update
Author:	Alison Wilson, CHFT Contracts and Compliance Manager Gary Boothby, CHFT Contracts Lead Chris Davies, CHS Head of Estates Stuart Sugarman, CHS Managing Director Suzanne Dunkley, CHFT Health and Safety Champion
Presented By:	Suzanne Dunkley, CHFT Health and Safety Champion
Previous Forums:	CHFT Board of Directors 9 January 2020 Health and Safety Committee 10 June 2020 Audit and Risk Committee 22 July 2020

Actions Requested:
The Board is asked to approve the report, noting progress against actions identified in Appendix 1

Purpose of the Report

The paper updates the Board on the progress made against the action plan presented approved at Board in January 2020

Appendices 1 H&S Action Plan with progress identified
Appendices 2 EQIA on H&S Action plan

Key Points to Note

Under the Health and Safety at Work Act the Trust Board have overall responsibility for the health and safety of colleagues and those who use our premises. All colleagues within the organisation have specific health and safety responsibilities.

The report from the external review undertaken by Quadriga was presented to Board in January 2020 alongside an update on the Trusts Health and Safety plan. This paper provides an update on the actions recommended to Board. The action plan is managed and monitored through the Trust's Health and Safety Committee who report directly to the Audit and Risk Committee. The Audit and Risk Committee received the updated action plan in July 2020.

The formation of CHS resulted in the provision of operational health and safety support to CHFT, however CHFT still requires both a CHFT Executive and Non Executive Health and Safety to act as Champions for the Board, and a Client/Contracts lead to ensure effective SLAs are in place.

Due to the complexity of Health and Safety responsibilities between CHFT, CHS and our other partners, and to ensure that the Board is assured that policies, procedures and assessments are in place to ensure a safe environment for colleagues, patients and visitors the role of Head of Health and Safety was agreed in 2019.

An advert for a Head of Health and Safety role for CHFT was advertised w/c 8th June 202 with interviews held on August 5th 2020. A preferred candidate has been offered the post subject to the usual checks.

EQIA – Equality Impact Assessment

The equality impact of this paper has been considered. All health and safety (including fire) policies, guidelines and processes will be written in plain English. All health and safety (including fire) staff learning modules and patient instructions will be delivered via multiple learning/communication channels.

An EQIA has been carried out on the Health and Safety action plan and is attached at Appendix 2

Recommendation

The Board is asked to approve the report, noting progress against actions identified in Appendix 1

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

BOARD OF DIRECTORS

2 July 2020

HEALTH & SAFETY REVIEW

1. Introduction

This report provides the Board with a progress update on the action plan presented in January 2020.

2. Aim

The aim of this review is to provide:-

- an update to the action plan approved at the Trust Board in January 2020
- an update on the appointment of a Trust Head of Health and Safety
- an update on the Health and Safety action plan for 2020/21

3. Review

3.1 Background

Following the formation of CHS, concerns were raised regarding the robustness of health and safety arrangements between CHS and CHFT resulting in recommendations for an external review. Following this review, a Trust Health and Safety action plan was presented to Board in January 2020, with proposed timescales for completion. Since the review, CHFT has worked with its partners and providers across all sites to maintain a healthy and safe place environment for patients, visitors and colleagues.

3.2 Health and Safety Action plan update

The action plan is presented, with progress updates, in Appendix 1. Where actions have not been completed in the timescales proposed to Board in January 2020, a new deadline has been agreed with the Audit and Risk Committee

3.3 Trust Head of Health and Safety – appointment progress update

The Trust Health and Safety Action plan recommended the appointment of a CHFT Head of Health and Safety. Following interviews on August 5th 2020, the panel (including the Director of Workforce and OD, Chief Executive, Non Exec Director CHFT & Chair of CHS and the Trusts external Health and Safety contractor) identified a preferred candidate. The candidate is currently undergoing the usual recruitment checks with a start date of mid September proposed.

4. Health and Safety action plan 20/21

Progress is being made on the Trust Health and Safety plan for 20/21. The Trust is working with its partners and providers to ensure that activities relating to all sites are realistic and achievable and are required in order to provide a healthy and safe environment for patients, visitors and colleagues.

Appendix 1

The workplan captures all recommendations relating to health and safety. The workplan will be monitored at bi-monthly Health & Safety Committee meetings.

- AP – CHFT Health & Safety Annual Plan Recommendations
- Q – Quadriga Recommendations

	Action	Tasks	Recs	Who	Target Date	Progress/Action to progress
1	**Review of Health and Safety Arrangements**	a. Assess and review health and safety governance arrangements between CHFT and CHS	AP & Q	MD CHS and CHFT Executive Health and Safety Champion Quadriga	30/9/19	Complete
		b. Advertise and appoint Trust Health and Safety Manager	AP	CHFT Executive Health and Safety Champion	31/3/20	Preferred candidate identified with a start date of mid September, subject to checks and references
		c. Review Trust Health and Safety Policy to create clarity on roles and responsibility within CHFT (referencing relevant support from CHS) stating how competent support is provided at strategic level.	AP & Q	CHFT Executive Health & Safety Champion and Manager	01/09/20	The Trust has enlisted support from external H&S contractor, Dawn Bracewell, to complete this work
2.	**Review of Risk Assessments**	a. Introduce Risk Assessment Policy	Q	Health & Safety Manager	01/09/20	External Contractor working with Risk Management Department to develop

						a risk assessment procedure which underpins the CHFT Risk Management Policy and risk methodology. Draft Procedure complete
		b. Review Risk Assessment scoring matrix	Q	Health &Safety Manager/ Risk Management	01/09/20	As above
		c. Review effectiveness of Risk Assessment Training	AP	Health & Safety Manager /Health & Safety Advisor	30/9/20	Analysis of risk assessment training provided face to face by CHS H&S Advisor (Numbers trained/ feedback).
3	**Develop Specific Risk Related policies**	a. Review and, where appropriate, create individual policies on specific risk areas namely:- • Dangerous Substances and Explosive Atmosphere Regs (2002) • Control of Noise at Work Regs (2005) • Control of vibration at Works Regs (2005 • Control of Electromagnetic Fields at Work Regs (2006)	Q	Health & Safety Manager /Health & Safety Advisor	30/9/20	External H&S Contractor providing support to develop and engage with those who are potentially exposed to these risks.

4	**Ensure compliance with Construction (Design & Management) Regs 2015**	a. CHFT to clarify appointments in writing including the HTM roles and responsibilities and CDM 2015 appointments.	Q	CHFT FD, CHFT Executive Health & Safety Champion and CHS MD	31/07/20	CHS/CHFT maintenance and capital SLA updated to account for CDM requirements
		b. HTM roles clearly defined in letters of appointment and acceptance letters at both CRH & HRI including respective AP structures.				
		c. CDM 2015 Principal Contractor and Principal Designer appointments will be project specific on a case by case basis. Clearly defined in H&S construction phase plans for all such minor works.				
5.	**Ensure compliance with the Fire Safety**	a. Appoint Director with overall responsibility for Fire Safety	Q	Chief Exec / CHFT Executive Fire Safety Champion	31/8/19	Complete

	(Regulatory Reform) Order and supporting HTM 05	b. Review Fire Safety Service Level Agreement between CHFT and CHS.	Q	CHFT Executive Fire Safety Champion / CHS	31/12/19	Complete
		c. Review Trust Fire Policy ensuring clarity on roles, responsibilities and arrangements with CHS and clarity on training requirements.	Q	CHFT Executive Fire Safety Champion / CHS	31/12/19 NEW proposed: Q3 20/21	Full policy deferred until strategy reviewed Fire officer role transferred back to CHFT under remit of COO
		d. Develop 5 year Fire Strategy taking into account capital works / reconfiguration and compartmentation.	Q	CHFT Executive Fire Safety Champion	Q3 20/21	Specification updated to ensure a full CHFT strategy. Includes property review and was deferred due to COVID related access restrictions. Onsite review completed and awaiting draft strategy from external provider
6	**Reduce the number of Needle-stick, Sharps and Splash incidents.**	a. Update Health & Safety Committee terms of reference incorporating the role and responsibility of Divisional Reps.	AP	CHFT Executive Health and Safety Champion / H&S Committee	31/7/20	Establishing sub group reporting to H&S Committee
		b. Measure the number of incidents on a bi-monthly basis	AP	Occ. Health / H&S Committee	31/3/20	As above

		c. Develop and share innovative learning across Trust	AP	H&S Committee	31/3/20	As above
7	**Provide a robust COSHH management system Trust wide**	a. Carry out a review of current COSHH system within Trust recognising:- • Number of Super users • Number of Staff Trained • Up to date COSHH folders available • Knowledge of colleagues in Divisions	Q & AP	CHS Health & Safety Advisor / Divisions	30/9/20	In progress
8	**Monitor reporting of Slips, Trips & Falls**	a. Monitor the number of incidents on a bi-monthly basis.	AP	CHS Health & Safety Advisor / H&S Committee	31/12/19	Establishing a sub group to further encourage learning across the Trust
		b. Encourage accurate reporting and learning via Datix	AP	Risk Management	31/3/20	As above
9		a. Monitoring mandatory 3 yearly training	AP	H&S Advisor / CHFT Executive	30/8/20	Review in progress

	Review Health and Safety Training			Fire Safety Champion		
		b. Measure numbers of colleagues receiving risk assessment training	AP	CHS H&S Advisor	31/1/20	As 2c
		c. Reviewing effectiveness of risk assessment training	AP	CHS H&S Advisor	31/3/20	As 2c
10	**Wards / Departments to achieve Medical Devices training target**	a. Monitor and report medical device training statistics at health and safety committee	AP	CHS Medical Devices Trainer	30/6/20	TOR issued
		b. Escalate areas of concern to Audit & Risk Committee	AP	Health & Safety Committee	30/6/20	Complete and ongoing – a template has been designed to escalate items from the Health and Safety Committee to Audit and Risk
11.	**CHS & CHFT Risk Registers**	a. Cross reference CHS and CHFT applicable risks	Q	CHFT/CHS		Complete
		b. Ensure Joint Liaison Committee (CHS/CHFT) periodically review whether risk controls in place are considered acceptable and are actually working.	Q Q	JLC Chair CHFT/CHS		

		c. Where risks are registered as falling into the significant risk category on either CHS or CHFT register, and are reported to the JLC Committee, that the immediate actions being taken to mitigate the risk are also outlined in the same report. This should be supplemented by the planned timescale for implementation.				
12.	**Improvement of reporting arrangements of RIDDORs incidents to HSE**	a. Review RIDDOR reporting arrangements for interfacing with the Health and Safety Executive and submitting reports under RIDDOR to the HSE	AP & Q	Health and Safety Manager/H&S Committee/Risk Management	31/3/20	Further review undertaken in relation to roles and responsibilities
		b. Monitor and report RIDDOR incident and trends at health and safety committee	AP	CHS H&S Advisor	31/8/19	Complete

Race, ethnic origins (including gypsies and travellers) or nationality	Yes	Language could be a barrier for individuals to whom English is a second language. Provisions should be made to ensure translation or interpretation is available where required.
Gender	No	No issues identified.
Religion or belief	No	No issues identified.
Sexual orientation including lesbian, gay and bisexual people	No	No issues identified.
Transgender	No	No issues identified.
Age	No	Health and safety policies and procedures support those under the age of 18 years as individuals risk assessments are required under the Management of Health and Safety at Work Regulations 1999, as amended 2002.
Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	Health and safety policies and procedures support individuals with disabilities and individual risk assessments would be required. This is advantageous to ensuring the health, safety and well-being of disabled individuals likely to be affected by encouraging management to make reasonable adjustments as appropriate.

16. Board Assurance Framework

To Approve

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	Thursday 3 September 2020
Meeting:	Trust Board
Title:	Board Assurance Framework 2020/21
Author:	Andrea McCourt, Company Secretary
Previous Forums:	Audit and Risk Committee 22 July 2020 Quality Committee 29 June 2020

Actions Requested:
To approve

Purpose of the Report

This report presents the Board Assurance Framework for 2020/21 for approval following review by the Audit and Risk Committee.

Areas of risk exposure are identified and Board Committees have been identified to review risks in detail

The paper also details changes to reporting of the BAF and high level risk register to the Board following discussions on improving governance (Governance Better than Usual), with the high level risk register being presented three times a year to the Board and the BAF three times a year. The purpose of this is to drive a more strategic risk conversation at the Board, with Board Committees having reviewed in depth the risks that the Committee is responsible for, in line with the direction approved at the Trust Board on 2 July 2020. The high level risk register will next be presented to the Board in November 2020.

Key Points to Note

BOARD ASSURANCE FRAMEWORK

The Board Assurance Framework is the key source of evidence that links the Trust's strategic objectives to risk and assurance. It is the main tool that the Board uses for discharging its overall responsibility for internal control.

The first Board Assurance Framework (BAF) for 2020/21 is presented for review by the Board as Appendix 1. There is significant movement in the BAF which reflects:

- Agreement of the 10 year strategy and 2020/21 strategic objectives
- Trust impact and response to the Covid-19 pandemic.

Appendix 2 identifies BAF risks by strategic objective.
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Risk Profile
The Trust has the following risk profile for its strategic risks as at 21 August 2020:

BAF Risks	Total Number of Risks	Of which new risks added in August 2020
Red Risks	**12**	**4 (01/20, 05/20, 06/20, 7/20)**
Amber Risks	**10**	**3 (02/20, 03/20, 04/20)**
Green Risks	**1**	**0**
Total	**23**	**7**

Key points to note are:

- all risks have been updated by the lead Director, with red font denoting updates
- total of 23 risks on the BAF, reducing to 22 if risk 5/19 approved for removal
- movement of risk scores for 3 ongoing risks as follows, 2 increases and 1 reduction:

  Increased risk score for risk 8/19 national and local performance targets from 12 to 20
  Increased risk score for risk 4/19 for patient and public involvement from 9 to 12
  Decreased risk score for risk 9/19 HRI estate from 20 to 15

- 7 new risks added to the Board Assurance Framework, indicated by yellow shading in the BAF enclosed, summarised below:

Strategic Goal	BAF Risk reference	Risk Score
Transforming & Improving Care	1/20 Delivery of Trust Clinical Strategy	15
	2/20 Investment to fund Digital Strategy	12
	3/20 Business Better Than Usual service transformation	12
	7/20 Reducing Health Inequalities	16
Keeping The Base Safe	4/20 CQC rating	12
	5/20 Service capacity due to Covid-19 response	20
Sustainability	6/20 Climate action failure	16

- 1 risk is proposed for removal, 5/19 EPR benefits realisation as the risk target score of 10 has now been met, with the approval of the Digital Strategy.

  Trend reporting of risk scores is an area for development. Risk 5/19 was added to the BAF in 2017/18. The score history is given below – this risk has been on the BAF for 3 years and has now met its target score of 10, seeing the first reduction in the risk score from 15 to 12 in January 2020 and reducing further in July 2020 to the target score of 10.

The Board is asked to approval the removal of risk 5/19 which is recommended by the Audit and Risk Committee. The detail on this risk is included for completeness in the enclosed BAF

Further work is needed to establish clear timelines for each risk added to the BAF to enable trend reporting of current and target risk scores going forwards.

Risks by Risk Appetite Category
The risk category and risk appetite is noted on the summary sheet of the BAF. There have been some revisions to simplify the risk appetite wording following discussion with the Chief Executive, Director of Nursing and Non-Executive Directors, with the new wording included in the BAF.

The regulation category of risk appetite has the highest number of risks, with 7 risks.

Risk Appetite Category	Number of BAF risks
Strategic / Organisational	5
Regulation	7
Quality, Innovation & Improvement	4
Financial Assets	2
Innovation / Technology	2
Harm and safety	2
Commercial	1
Total	**23**

Risk Exposure
Given the support for focusing on risk exposure at the Board on 2 July 2020 when discussing Governance Better than Usual, a review of the risks against the risk appetite has taken place to identify any areas where the risk appetite has been breached.

Where the risk score is higher than the risk appetite (eg risk score of 15 or above where risk appetite is moderate or low) this has been identified as a breach of the risk appetite.

In considering risk exposure the Trust needs to assess whether any further mitigating actions are needed and review the adequacy of information and assurance on the management of risks with risk exposure.

Taking this approach the following areas of risk exposure have been identified:

Strategic Goal: Transforming and Improving Care	Risk Score	Risk Appetite category	Risk Appetite
7/20 Reducing health inequalities	16!	Harm and safety	Low
Strategic Goal: Keeping The Base Safe	**Risk Score**	**Risk Appetite category**	**Risk Appetite**
7/19 NHS Improvement Compliance	15=	Regulation	Moderate
8/19 Performance targets	20↑	Regulation	Moderate
5/20 Service capacity due to Covid-19	20!	Harm and safety	Low
Strategic Goal: Sustainability			
14/19 Capital funding	16=	Financial/Assets	Moderate
18/19 Long term financial sustainability	25=	Financial/Assets	Moderate

These areas of risk exposure are shaded in grey in the summary sheet of risks in the enclosed BAF.

Governance – Reviews of BAF and High Level Risk Register
To ensure a more strategic discussion on risk at the Board and its Committees, it is proposed that a more streamlined review of risks take place.

The Board will continue to review the BAF three times a year at its meetings in March, September and November, with oversight and review by the Audit and Risk Committee prior to this in January, July and October. The high level risk register has previously been presented at each meeting of the Board.

Board Committees will have a greater role in reviewing the risks on the BAF which they are responsible for and any operational / high level risks that are aligned to these risks. The high level risk register will be presented to the Board three times a year, with focused discussion on key areas, with greater assurance from Board Committees that they have reviewed in detail both operational and strategic risks relevant to the work of the Committee. This will enable the Board to focus discussion on high level risks of concern rather than reviewing all risks and moves forward the direction of travel agreed at the Board on 2 July 2020.

The risks for review by each Committee are summarised below (red font in table denotes risks those risks where the current risk score exceeds the risk appetite):

Board / Board Committee	BAF Risk
Audit & Risk Committee	16/19 Health and Safety Compliance
Board	7/19 Compliance with NHS England / Improvement 5/20 Service capacity due to Covid-19 7/20 Health inequalities
Transformation Programme Board	1/19 Reconfiguration 2/20 Digital Strategy 3/20 Business Better Than Usual – service transformation 1/20 Clinical strategy 6/20 Climate action failure
Workforce Committee	10a/19 Medical Staffing 10b Nurse staffing 11/19 Recruitment/ Retention inclusive leadership 12/19 colleague engagement
Quality Committee	3/19 Seven day services 5/19 Patient and Public Involvement 6/19 Compliance with quality & safety standards 9/19 HRI estate and equipment (quality) with Joint Liaison Committee leading on risks for CHFT / CHS 4/20 CQC rating
Finance & Performance committee	8/19 National and local performance targets 14/19 Capital funding 15/19 Commercial growth 18/19 Long term financial sustainability

Board Committee Chairs have been requested to schedule deep dive reviews of the above risks in their workplans during the year.

EQIA – Equality Impact Assessment

The BAF identifies for the first time a risk that the Trust does not progress reductions in health inequalities. Health inequalities are unjust and avoidable differences in people's health across the population and between specific population groups, which means that across Calderdale and Kirklees the Trust has a range of groups and communities which are at greater risk of poorer access to our healthcare services and poorer health outcomes.

Despite legal duties to reduce health inequalities in relation to access to services and outcomes in the NHS this has not happened. Health inequalities can be seen through different lenses:

- Socio-economic - the Marmot Review, 2020, detailed how health inequalities in England have worsened since 2010, detailing the wider determinants of health and socio-economic factors. As a local employer and anchor institution, the Trust also influences wider determinants of health beyond the healthcare it provides via income distribution.
- Protected characteristics – of which there are 9, including disability, race, age, maternity/pregnancy
- Geography / Place – greater inequalities in the North of England

The Office for National Statistics, 2018, highlighted that:

- 1 in 4 deaths is avoidable through healthcare and prevention
- you are 3-5 times more likely to have an avoidable death if you are from a deprived area, have fewer GPs per head and are more likely to be admitted to hospital as an emergency
- People self identifying as Black report a poorer experience of the NHS

Covid-19 has further highlighted inequalities in relation to mortality nationally due to existing social and health inequalities affecting gender, vulnerable people, the BAME population and postcode.

The Trust has undertaken some initial analysis of activity by reviewing the index of multiple deprivation (IMD) and local super output area data to understand the local picture better, for example relating to A&E attendance.

In line with national guidance, the Trust is developing, with communities and partners, its plan to take eight urgent actions to address inequalities in health provision and outcomes, recognising the needs of our diverse communities, specifically those in the most 20% deprived communities.

The Trust must protect our communities from Covid-19 and undertake enhanced analysis and community engagement to mitigate the risks associated with relevant protected characteristics and social and economic conditions and better engage those communities who need most support. In restoring the services we provide, this must be done inclusively, so that services are used by patients in greatest need, with performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities.

Health inequalities in the Trust core business need to be identified, such as treatable mortality and significant avoidable admissions. At system level, as a member of place-based partnerships and Health and Well Being Boards, the Trust can work towards integrating care as part of inequality reduction.

Recommendation

The Committee is asked to:

- Agree that the 7 new risks detailed be added to the Board Assurance Framework (BAF)
- Agree the removal of risk 5/19 re EPR benefits realisation from the BAF
- Note the updates to risks and movement in risk scores for risks 4/19, 8/19, 9/19
- Approve the revised wording of the risk appetite
- Note the risk exposure identified in the paper
- Note that Board Committees are to undertake detailed review of those BAF risks for which it is responsible as noted in the paper

Appendices:
Appendix 1 Board Assurance Framework
Appendix 2 Risks by Strategic Objective

Update for 3 September 2020 Board v2 2020/21

Calderdale and Huddersfield NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK 2020/21

Contents:

compassionate care

CHFT RISK APPETITE STATEMENT - revised August 2020

Risk Category	This means	Risk Appetite
Strategic / Organisational	We seek out innovation to deliver higher quality patient care, accepting this brings risk.	**SIGNIFICANT**
Reputation	We will maintain high standards of conduct, ethics and professionalism and in taking big decisions to improve care appreciate this may attract scrutiny / interest.	**HIGH**
Financial / Assets	We will invest resources to enable us to deliver improvements in care ensuring rigorous impact assessments. We will resource opportunities and always consider price, value and benefits, aiming to deliver our services within our financial plans, retaining flexibility to capitalise on opportunities.	**MODERATE**
Regulation	We will make every effort to comply with regulation and will explain our approach.	**MODERATE**
Legal	We will comply with the law.	**LOW**
Innovation / Technology	We change how we deliver care to meet the challenges of the future by actively pursuing digital innovation, while providing safe, effective and efficient care for patients.	**HIGH**
Commerical	We will always explore new opportunities which will enhance and support our core business and reputation for providing patient care.	**HIGH**
Harm and safety	We take as little risk as possible when it comes to harm and safety to keep our patients safe and achieve the best clinical outcomes.	**LOW**
Workforce	We have one Culture of Care with colleagues looking after each other as well as the people we care for, ensuring patient safety and promoting the well-being of our staff.	**LOW**
Quality innovation and improvement	We seek innovation in the way we deliver services and employ staff as a key enabler for improving quality, patient safety and experience.	**SIGNIFICANT**
Partnership	We maximise opportunities to work in partnership to support service transformation and operational delivery.	**SIGNIFICANT**

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
FULL LIST

REF	RISK DESCRIPTION	Initial Score	Current score	Target Score	Lead	Link to High Level Risk Register	Risk Category	Risk Appetite
Transforming and improving patient care								
01/19	Risk that the Trust does not secure approval of the Hospital Services Reconfiguration Strategic Outline Case, Outline Business Case and Full Business Case resulting in being unable to progress changes to improve quality of care, workforce resilience and mitigate estates risks.	25	15 =	10	AB	2827, 5806,7413,7414	Strategic/ Organisational	Significant
03/19	Risk that the Trust will be unable to deliver appropriate services across seven days resulting in poor patient experience, greater length of stay and reduced quality of care.	15	6 =	4	DB	None	Regulation	Moderate
04/19	Risk that the Trust does not listen, involve and engage patients and the public to influence decisions about their personal care, delivery and improvement of services, and people from black, minority ethnic groups and all other protected characteristic groups receive suboptimal care due to lack of , capacity and capability to respond in a a meaningful way to patient and service user feedback resulting in services not designing services using patient recommendations	12	12 ↑	4	EA	None	Regulation	High
05/19	Risk that the resource, capacity and capability of full optimisation of the EPR system does not continue to further enhance quality and safety.	15	10 =	10	MG	6715	Innovation/ Technology	Seek / Significant
01/20	Risk of not delivering the ambitions in the Trust clinical strategy due to lack of collaboration due to lack of time, commitment, relationships and absence of shared vision, resulting in missed opportunities in terms of quality, efficiency, capacity, patient experience and workforce	15	15 !	10	DB	None	Strategic/ Organisational	Significant
02/20	Risk of not securing appropriate investment to fund the Digital Strategy ambitions, ensuring infrastructure and technology is up to date and future proof due to funding not being available locally and nationally impacting on workforce efficiency and patient experience	12	12 !	9	MG	7223, 7279, 7617	Innovation/ Technology	High
03/20	Risk the Trust does not embed learning from experience during the Covid-19 Pandemic to inform future delivery models and sustain the examples of positive and accelerated service transformation, resulting in the Trust not being able to stabilise the future delivery of services and missing opportunities for improvement in the quality, experience and efficency of service delivery.	12	12!	8	AB	None	Strategic/ Organisational	Significant
07/20	Risk of slow progress addressing health inequalities in the 20% of the most deprived patients in our communities, due to incomplete data, mismatch between service and deprivation, lack of quality priorites to advance health equity and health prevention, ineffective partnership working a resulting in the Trust not reducing health inequalities for our most vulnerable patients with protected characteristics.	16	16!	8	EA	None	Harm and safety	Low
Keeping the base safe								
06/19	Risk that patients do not receive high quality, safe care due to poor compliance with internally and externally set standards on quality and safety resulting in patient harm or poor patient experience.	15	12 =	10	EA	6345,7078, 5747 , 6715,	Regulation	Moderate
07/19	Risk that the Trust does not deliver the necessary improvements required to achieve full compliance with NHS Improvement resulting in enforcement action	25	15 =	10	OW	None	Regulation	Moderate
08/19	Risk of failure to achieve local and national performance targets resulting in patient harm, poor patient experience or enforcement action.	16	20 ↑	12 ↑	HB	7615	Regulation	Moderate
09/19	Risk of failure to maintain current estate and equipment and to develop future estates model due to lack of available capital or resources resulting in patient harm, poor quality patient care or regulatory enforcement.	16	15 =↓	8	GB	5806	Strategic/ Organisational	Significant
16/19	Risk of not being compliant with the Health and Safety at Work Act and regulations due to lack of clarity on roles resulting in harm to staff, patients, the public, visitors, potential regulatory failure and reputational damage	9	9	4	SD	7413, 7414 , 7474	Regulation	Moderate
04/20	Risk of not maintaining the Trust CQC overall rating of good and increasing the number of services achieving an outstanding rating due to failure to comply with regulatory standards resulting in a reduction of qualiy of servies to patients and an impact on reputation	12	12!	6	EA	None	Regulation	Moderate
05/20	Risk that services are unable to maintain current levels of Covid-19 capacity or respond to surges in Covid-19 demand and non-Covid-19 patients, non-elective, elective and urgent have delays to treatment due to limitations on capacity. Both risks may result in patient harm, loss of life and colleagues not being protected. There is a potential for an adverse impact on health inequality.	20	20!	8	OW	7778, 7783, 7797, 7685, 7315, 7689, 3793, 7796. 7683,	Harm and safety	Low
A workforce fit for the future								
10a /19	Risk of not being able to deliver safe and effective high quality care and experience for patients due to insufficient medical staff caused by an inability to attract, recruit, retain, reward and develop colleagues.	16	20 =	9	DB	2827,7078, 5747	Quality/Innovation & Improvement	Significant
10b /19	Risk of not being able to deliver safe and effective high quality care and experience for patients due to insufficient nursing staff caused by an inability to attract, recruit, retain, reward and develop colleagues.	16	20 =	9	EA	6345, 7557	Quality/Innovation & Improvement	Significant
11/19	Risk of not attracting or retaining colleagues who are confident and competent to provide compassionate care to patients and compassionate and inclusive leadership to colleagues	16	12 =	9	SD	7248	Quality/Innovation & Improvement	Significant
12/19	Risk of not appropriately engaging all colleagues across the Trust and a failure to embed the behaviours of the organisation due to a lack of robust engagement mechanisms	12 =	9 =	4	SD	None	Quality/Innovation & Improvement	Significant
Sustainability								
14/19	Risk that the Trust will not secure sufficient capital funding to maintain facilities over the longer term and meet safety and regulatory standards resulting in patient harm and regulatory intervention.	20	16 =	12	GB	None	Financial/Assets	Moderate
15/19	Risk that the Trust will not deliver external growth for commercial ventures resulting in potential lost financial contrbution..	9 =	9 =	6	GB	None	Commercial	High
18/19	Risk re: longer term financial sustainability of the Trust (as a going concern and providing value for money) due to the size of the underlying financial deficit with the growing level of debt and reliance on borrowing.	25 =	16+	16	GB	None	Financial/Assets	Moderate
06/20	Risk of climate action failure resulting in adverse impacts on public health, patients, natural environment and reputation	16	16 !	9	SS	None	Strategic/ Organisational	Significant

denotes new risk
denotes risk with risk exposure

LIKELIHOOD (frequency)	CONSEQUENCE (impact / severity)				
	Insignificant (1)	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Extreme (5)**
Highly likely (5)					18/19 Long term financial sustainability
Likely (4)			**02/20 Digital Strategy !** **04/20 CQC rating !**	14/19 Capital **06/20 Climate Action Failure !** **07/20 Health Inequalities !**	10.a /19 Staffing levels = 10b/19 Staffing levels = 8 /19 National and local performance targets ↑ **05/20 Service Capacity due to Covid-19 response !**
Possible (3)		3/19 Seven day services =	12/19 Staff engagement = 15/19 Commercial growth 16/19 Health & Safety =	6/19 Compliance with quality standards= 11/19 Clinical leadership = 4/19 Public involvement ↑ **03/20 Business Better Than Usual service transformation !**	1/19 Approval of hospital reconfiguration strategic outline case, outline business case and full business case = 7/19 Compliance with NHS Improvement = 9/19 HRI Estate fit for purpose ↓ **01/20 Clinical Strategy !**
Unlikely (2)					5/19 EPR benefits realisation ↓
Rare (1)					

Assessment is Likelihood x Consequence

TRUST GOAL: 1. TRANSFORMING AND IMPROVING PATIENT CARE

Ref & Date added	OWNER Board committee	Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020 Initial	Current	Target
1.19	Board of Directors / Transformation Programme Board	Director of Transformation and Partnerships	Risk that the Trust does not secure approval of the Hospital Services Reconfiguration Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC) from NHSI, DHSC, Ministers and HM Treasury and as a result the Trust is unable to progress changes that will improve the quality of care, workforce resilience and mitigate estate risks **Impact** Trust unable to improve long term clinical quality and deliver compliance with statutory, regulatory and accepted best practice.	Formal governance structures have been established within the Trust. The Transformation Programme Board has been established as a formal sub-committee of the Trust Board to oversee service transformation and reconfiguration plans. The Trust has quarterly review meetings with NHSE&I, and DHSC colleagues to advise on planning assumptions used in business cases to ensure compliance with HM Treasury and DHSC requirements and facilitate future approval(s). The Trust has procured the external professional and technical capacity and advice required. Procurement of external technical expertise and capacity completed with design partner appointed in March 2020. Turner Townsend have been appointed to provide a suitably qualified Project Director. The Trust is working closely with the Joint Health Scrutiny Committee, wider stakeholders and colleagues to ensure full involvement in the development of the plans and business cases. The Trust is working closely with the West Yorkshire and Harrogate Health and Care Partnership and commissioners to ensure alignment of the reconfiguration plans with their strategic objectives to facilitate the ICS and CCGs ability to provide formal letters of support for the business cases. A local system Partnership Transformation Board that has members from CCGs, ICS, YAS, and the Trust meets monthly to ensure system alignment and support for business case planning assumptions and development.	First line Transformation Programme Board-oversight of governance and content of business case development including relationship management with Stakeholders and NHSE/NHSI, DHSC Second line Trust Board approval of business cases (SOC approved, March 2019). OBC scheduled for approval in March 2021. Third line ICS and NHSE/NHSI review and approval of business cases prior to submission to DHSC. SOC approved by DHSC in November 2019	• See below for further detail. 1. Clinical protocols to be agreed with Yorkshire Ambulance Services 2. Her Majesty's Revenue and Customs (HMRC) advice on preferred procurement route 3. Agreement for development on the CRH site. 4. Provision of aditional car parking at CRH and a hospital travel plan is required.	The Trust is working with regulators to secure agreement that the early call down of capital to fund necessary professional and technical fees to produce the OBC will be agreed.	5x5 = 25	3x5 = 15	2x5 = 10

Gaps in Control	The	Lead
1.Trust and CCGs need to agree clinical protocols with Yorkshire Ambulance Services to ensure patients are transported to the hospital that provides the services that will meet their clinical needs – whether this is in Halifax, Huddersfield or other specialist providers, such as Leeds. 2. The Trust must obtain advice from Her Majesty's Revenue and Customs (HMRC) regarding the preferred procurement route through the Trust's wholly owned subsidiary (Calderdale & Huddersfield Solutions Ltd). 3. The Trust will have concluded discussions with the PFI Special Purpose Vehicle (SPV) to enable the development on the CRH site. 4. Provision of aditional car parking at CRH and a hospital travel plan is required.	1. Discussions are taking place with YAS and activity modelling and clinical protocols will be agreed and confirmed in the OBC. 2. The Trust has written to HMRC regarding the preferred procurement route through Calderdale and Huddersfield Solutions. 3. An agreement with the PFI Special Purpose Vehicle has been drafted and is progressing to completion. 4. The Trust is finalising a business case for the development of a multi-storey car park facility for CRH. The Trust will then seek to progress this forward ahead of the reconfiguration.	AB for all actions

Links to risk register from current service configuration:
2827 - over reliance on middle grade doctors in A & E - workforce standards, A& E and critical care
5806 - urgent estate work not completed
7413 - fire compartmentation risk HRI
7414 - building safety risk, HRI

TRUST GOAL: 1. TRANSFORMING AND IMPROVING PATIENT CARE

Ref & Date added	OWNER Board committee	Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020 Initial	Current	Target
3.19	Quality Committee	Executive Medical Director	**Risk** Risk that the Trust will be unable to deliver appropriate services across seven days resulting in poor patient experience, greater length of stay and reduced quality of care **Impact** - Reduced quality of care - Increased length of stay - Increased HSMR / SHMI - Delayed discharges	• Governance systems and performance indicators in place • Early implementer to trial new NHSE methodology of Board assurance and sign off. Survey completed twice yearly (Spring/ Autumn) • Programme to extend 7 day working across medical specialities - now includes elderly medicine, respiratory, cardiology, gastro, stroke, haematology, acute medicine, diabetes with discussions progressing in palliative care • Reconfiguration of medical services: elderly medicine, cardiology, respiratory, gastroenterology has facilitated the introduction of speciality on-call rotas to expand provision of 7 day speciality cover	First line HSMR and SHMI within expected range. Audit to assess impact of expanded 7 day working on outcomes: HSMR and weekend vs weekday mortality trends over the last 2 years Second line Integrated Board report Benchmarked against four priority seven day standards - full compliance at most recent audit in May 2018. Bi-annual submission for compliance against the seven day standards to NHS England / Improvement approved at WEB (20/06/19, 12/12/19 confirmed compliance against all four NHSE priority standards Single Oversight Framework. Quality Accounts 2019/20 confirmed compliance against standards 2018/19. Third line Positive feedback from NHSI/E, NHSE-led, WYAAT-wide implementation scheme Benchmarking exercise against remaining 6 non-priority standards to report to WEB	Radiology staffing pressures present risk of continued delivery of standards 5 and 6 - access to diagnostic tests and access to consultant -directed interventions Improved staffing in Accident and Emergency, however remains insufficient to deliver extended Consultant presence in accordance with National Guidance. Diagnsotic capacity in Radiology and Endoscopy limited by requirements of Covid-19.	• Scope for futher implementation limited without service reconfiguration or additional investment NHS I not currently collecting reports on seven day service standards due to Covid-19 Future response to a second Covid-19 wave may impact delivery of 7 days services in some specialities as a result of changes to both medical and nursing rotas.	5x3 = 15	3x2= 6	2x2 = 4

Action	Timescales	Lead
Ongoing review of staffing pressures Radiology and A&E National survey completed twice a year	Ongoing TBC	DB/CP

Links to risk register:
No high level risks with score >15

TRUST GOAL: 1. TRANSFORMING AND IMPROVING PATIENT CARE

Ref & Date added	OWNER Board committee	OWNER Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020
4.19	Quality Committee	Executive Director of Nursing / Deputy Chief Executive	**Risk** Risk that the Trust does not listen, involve and engage patients and the public to influence decisions about their personal care, delivery and improvement of services, and people from black, minority ethnic groups and all other protected characteristic groups receive suboptimal care due to lack of , capacity and capability to respond in a meaningful way to patient and service user feedback resulting in not designing services using patient recommendations **Impact** - poor patient experience Non delivery of improvements in services - inequitable service / care for patients - Risk of legal challenge - Reputational impact	• Patient Experience Group in place which mandates the workplan and oversees progress and audit activity for patient experience Dedicated senior leadership post for patient experience, equality and diversity and matron for complex care needs • Patient engagement in Outpatient Transformation Programme • Pilots of changes to service models being tested with patients • Patient Engagement champions in clinical areas to support staff in engaging with patietns and service users • Public and patient engagement events re: business better than usual Strategic Outline Case • Nursing and Midwifery Strategy which enables staff time to care for patients	<u>First line</u> Public involvement and engagement included in Patient Experience Group, Areas of good practice with service users identified within the Trust, eg Youth Forum <u>Second line</u> Patient Story to Board meetings Governor attends Patient Experience Group Patient Experience Group reporting to Quality Committee add dates <u>Third line</u> Quality Account to NHS Improvement, CCGs and other stakeholders CQC rating of Good - report referenced positive examples of patient engagement Healthwatch reports (Outpatients post Electronic Patient Record, Syrian Refugees)	Lack of central system for patient engagement and involvement data - lead Assistant Director for Patient Experience, March 2021 Lack of consistent approach when seeking patient input to re-designing services - plan for clinical attachments to Transformation porject support to consider impact of service change on patient experience, October 2020 Lack of mechanism for systematic involvement of members of BAME communities. Action: To be considered within development of Patient and Service User Engagement Strategy , Assistant Director Patient Experience December 2020 Patient and service User Engagement Strategy to be developed by new Associate Director Patient Experience March 2021	Well-led developmental review identifies actions to improve patient involvement and Equality & Diversity - action delayed due to repsonse to Covid-19 pandemic. Action to pick up as Business Better Than Usuual, lead: Director of Nursing and Associate Director ofPatient Experience - timescale March 2021 due to current situation	Initial: 3x4 = 12 Current: ↑ 3x4 = 12 Target: 1x4 = 4

		Lead
1. Develop central system of patient engagement	31/03/21	AD Patient Experience
2. Clinical attachments to Transformation project support	October 2020	Ellen Armistead
3. Mechanism for systematic invovlement of BAME communities	December 2020	AD Patient Experience
4. Patient and Service User Engagement Strategy	March 2021	AD Patient Experience

Links to risk register:
No risks on the risk register >15

TRUST GOAL: 1. TRANSFORMING AND IMPROVING PATIENT CARE

Ref & Date added	OWNER Board committee	Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020 Initial	Current	Target
5.19 Propose closure SEPTEMBER 2020	Finance and Performance Committee	Managing Director of Digital Health	**Risk** Risk that the resource, capacity and capability of full optimisation of the EPR system does not continue to further enhance quality and safety. **Impact** - limited opportunity to deliver improvements in clinical outcomes PROPOSE TO REMOVE AS TARGET SCORE MET	• Digital Strategy approved at 2 AUGUST 2020 Board which mitigates the risk • Governance described in strategy will ensure beneftis processes are in place and realised, 2 benefits realisation leads appointed •Digital Health Forum meets monthly with Executive Directors where any escalations and updates are presented • External funding secured for next 2 years as being a digital Aspirant Trust means funds confirmed to mitigate risk, with Scan for Safety funding over 3 years. Investment plan within Digital Strategy • Managing Director attends Audit and Risk Committee to provide udpate on digital issues • Appointment of Director of Digital Transformation and Innovation January 2020, Non-Executive sponsor for digital including EPR • Operational Delivery Board in place with cross divisional representation • Digital Boards in place at divisional level which discuss the current digital agenda and operational impact and business continuity requirements of any digital change. • EPR BAU team fully resourced with deputy architect role now added, •Business as Usual structure to be aligned with demand and capacity , • Transformation Board reporting • Programme Board in place with cross trust	First line Digital Health Forum Operational Board reporting Digital open days held Digital 5 year Strategy – first draft presented to Weekly Executive meeting, Second line Audit and Risk Committee focus on digital agenda including EPR (July 2019 meeting) Report to Finance and Performance Committee Financial benefts report to Board confirmed EPR system return on investment was realised June F&P reported to Board in July 2 AUGUST 2020 Board approval of strategy Third line Clinical digital maturity index - Trust number 1 nationally (NHS England) Reference site for Cerner for EPR	None	12 month review of Digital Strategy by Board July 2021 6 month review Exec Board January 2021 Continued investment for digital beyond next 3 years Awaiting results of digital maturity asssessment submitted to NHS England / Improvement July 2019 **Third line** NHS X looking at other maturity asesssment measurements - NHS X to provide new value framework in autumn 2020	3x5 = 15	→ 2x5 = 10	2x5 = 10

Action	Timescales	Lead
Propose to close risk - note risk re digital strategy added in Transforming and Improving Patient Care	Review Audit and Risk Committee 22 July 2020 and approval at Trust Board 3 September 2020	Mandy Griffin

Links to risk register:
EPR related risks 6715 documentation

TRUST GOAL: 1. TRANSFORMING AND IMPROVING PATIENT CARE

Ref & Date added	OWNER Board committee	OWNER Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020 Initial	Current	Target
01/20 July 2020	Transformation Programme Board (TPB)	David Birkenhead, Medical Director	Risk of not delivering the ambitions described in the Trust clinical strategy due to lack of collaboration across the West Yorkshire system to enhance the quality and resilience of clinical services due to lack of time, commitment, relationships and absence of shared vision, resulting in missed opportunities in terms of quality, efficiency, capacity, patient experience and workforce NB: See 1/19 reconfiguration risk which has signifcant overlap with this risk .	Clinical Strategy - describes Trust position on service development across West Yorkshire Transformation Programme Board - clinical strategy informing decisions made to reconfigure services and ensure that the redesigned hospital model is fit for purpose ICS - member of the WY& H Partnership Board which agrees service direction, strategy and financial allocations and controls. Recently established Planned Care Alliance to co-ordinate and plan phased approach to reset, including redesign to planned care Member of WYAAT which identifies, agrees and manages programms of work targeted to improve services and patient experience across West Yorkshire. WYAAT governance framework with specific forums for acute Trusts including Chief Exec forum, Committeee in Common and programme office with oversight.	**First Line** Clinical strategy developed and shared with WEB (23.5.19.) **Second Line (Board / Committee)** Clinical strategy - Board 4 July 2020 (private) Board Business Better Than Usual report to 2 July 2020 Board describing learning from Covid-19 will help to inform any necessary adaptation of the Clinical Strategy ICS clinical forum 7 July 2020 discussed Planned Preventative Care post Covid-19 Response to COVID-19 has by necessity driven enabling work for the strategy, including remote working, developments in community care, and virtual outpatients. **Third Line** None	Lack of agreed clinical strategy for West Yorkshire - action with WYAAT Chief Executives and Committee in Common / ICS (with exception of vascular and pathology services with established approaches) WYAAT and ICS beginning to develop system-wide approaches to reset, led by WYAAT clinical lead - 3 phases to March 2021, timescale and funding tbc. Consideration to be given to primacy of PLACE v system. Covid-19 will require bed spaces of 2 metres and an increase in side room capcacity; this is likely to impact on total bed capacity on CRH site - for consideration by TPB	Review Trust clincial strategy in light of Covid19 / business better than usual programme of work - lead Medical Director with Director of Transformation & Partnerships by August 2020 Action: revised clinical strategy to WEB and Transformation Programme Board	3x5=15	3x5=15	2x5=10
				1	**Timescales**				**Lead**	
				Ongoing monitoring and reiew via Transformation Programme Board, including future bed capacity CRH WYAAT - agreement of West Yorkshire Clinical Strategy	Ongoing TBC			David Birkenhead, Medical Director WYAAT Chief Executives	
Links to risk register: None See 1/19 reconfiguration BAF risk										

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
TRANSFORMING AND IMPROVING PATIENT CARE

TRUST GOAL: 1. TRANSFORMING AND IMPROVING PATIENT CARE										
Ref & Date added	**OWNER** Board committee	Exec Lead	**RISK DESCRIPTION** *(What is the risk?)*	**KEY CONTROLS** *(How are we managing the risk?)*	**POSITIVE ASSURANCE & SOURCES** *(How do we know it is working?)*	**GAPS IN CONTROL** *(Where are we failing to put controls / systems in place?)*	**GAPS IN ASSURANCE** *(Where are we failing to gain evidence about our system/ controls?)*	**RATING AUGUST 2020**		
								Initial	**Current**	**Target**
02 /20 July 2020	Transformation Programme Board	Managing Director - Digital Health	Risk of not securing appropriate investment to fund the Digital Strategy ambitions, ensuring infrastructure and technology is up to date and future proof due to funding not being available locally and nationally impacting on workforce efficiency and patient experience	5 year Digital Strategy and continued review by Weekly Executive Board and annually to Board which will meet the needs and build the foundation for the 10 year digital strategy Digital Aspirant and Scan for Safety Funding for next 2 3 years and committed capital funding from the Trust Dedicated Digital Transformation Director co-ordinating digital programmes and providing leadership Governance via Digital Health Forum and Digital Operations Board	**First Line:** Digital Health Forum meeting bi-monthly, programme of work and progress presenned at each meeting **Second Line** Digital Strategy provides direction **Third Line:** Digital Aspirant Trust Scan for Safety	Lack of consistent attendance at divisonal digital Board meetings - Action: Divisional Directors and Chief Operating Officer to ensure appropriate resource identified to attend divisional digital Board meetings Review terms of reference for Divisional Digital Boards to ensure clarity of purpose of group and consistent approach Action: Divisional Director of Operations Review Digital Operations Group terms of reference Lead: Managing Director Digital Health to become executive Sponsor	Managing Director Digital Health to launch Strategy at Divisonal Digital Boards Annual review Board 2021 July WEB review January 2021	**4x3 = 12**	**4x3 = 12**	**3x3=9**

Action	**Timescales**	**Lead**
Ensure appropriate resource identified to attend divisional Digital Board meetings Review terms of reference of Divisional Digital Boards and Digital Operations Group Ongoing monitoring via Finance and Performance Committeee 1/10 reconfiguration	September 2020 September 2020 Ongoing	Divisional Directors / COO Mandy Griffin David Birkenhead, Medical Director

Links to risk register: 7223 access to digital systems, 7279 point of care testing / EPR interface, 7617 cyber risks

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
TRANSFORMING AND IMPROVING PATIENT CARE

TRUST GOAL:1. TANSFORMING AND IMPROVING PATIENT CARE										
Ref & Date added	**OWNER** Board committee	Exec Lead	**RISK DESCRIPTION** *(What is the risk?)*	**KEY CONTROLS** *(How are we managing the risk?)*	**POSITIVE ASSURANCE & SOURCES** *(How do we know it is working?)*	**GAPS IN CONTROL** *(Where are we failing to put controls / systems in place?)*	**GAPS IN ASSURANCE** *(Where are we failing to gain evidence about our system/ controls?)*	**RATING AUGUST 2020**		
								Initial	**Current**	**Target**
07/20 July 2020	Trust Board	Director of Nursing / Deputy Chief Executive	Risk of slow progress addressing health inequalities in the 20% of the most deprived patients in our communities, due to incomplete population health and patient ethnicity data, healthcare service delivery not matching patient needs in the most deprived areas, lack of quality priorites to advance health equity, lack of resource allocation and programmes for health prevention, ineffective partnership working and lack of sustained focus on actions to address ill health and prevention, resulting in the Trust not reducing health inequalities for our most vulnerable patients with protected characteristics.	Director of Nursing named Board Executive providing accountable leadership for tackling health inequalities. Chief Executive expertise in health inequalities. Reset and stabilisation and winter plan EQIA Equality impact assessment (EQIA) process for service and policy changes. Equality Impact Assessment discussion at Board development session 6 August 2020, on Marmot Review Health Equity in Engalnd 10 Years and review A&E activity data by index of multiple deprivation and local super output area to increase knowledge of Board members on why addressing health inequalities is important and provide insight to local health inequality issues Diversity - 1 Executive and 1 Non-Executive BAME members of the Board brings lived experience to help tackle health inequalities. Trust Diversity and inclusion networks and 5 year plan for inclusion (Staff). West Yorkshire and Harrogate Healthcare Partnership (ICS) - Trust plays a full part in Health and Well-Being Boards and place-based partnerships, where where reducing inequality is an ICS goal and exemplified in the Professor Dame Donna Kinnair DBE review.	**First Line** - developing data and performance information to enable greater activity analysis of access and outcomes through routine performance monitoring **Second Line** - Board development session 6.8.20. to increase knowledge and understanding re health inequalities locally and nationally EQIA referenced in all Board paper front sheets **Third Line**. External - none to date.	Action plan to be agreed with partners by 21 September 2020 of 8 urgent actions to address health inequalities in our service provision and outcomes. Lead: EA Leadership - Reflect our diverse community through a 5 year Board action plan for Board and senior staffing to match the BAME workforce by 2025: Action: Agree Board plan Lead: Director of Wokrforce and Organisational Development Timescale: November 2020	Restoration service activity performance monitoring to include deprivation data (index of multiple deprivation) for patients from 20% most deprived neighbourhoods and communitties: lead: EA/HB Timescale: November 2020	4x4=16	4x4=16	2x4=8
Action					**Timescales**			**Lead**		
Finalisation of action plan to address 8 urgent actions on health inequalities					21.9.20.			Ellen Armistead		
Links to risk register:None										

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
TRANSFORMING AND IMPROVING PATIENT CARE

Ref & Date added	OWNER Board committee	Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020		
								Initial	Current	Target
03/20 July 2020	Transformation Programme Board	Director of Transformations and Partnerships	**Business Better Than Usual (BBTU)** There is a risk that the Trust does not embed learning from experience during the Covid-19 Pandemic to inform future delivery models and sustain the examples of positive and accelerated service transformation. As a result the Trust may not be able to stabilise the future delivery of services and will miss opportunities for improvement in the quality, experience and efficency of service delivery.	CHFT has engaged colleagues, patients and partners across the Calderdale and Greater Huddersfield health and social care system to capture learning from experience of their responses to the COVID -19 pandemic. The findings from this were presented to the Trust Board on 2nd July 2020 and 12 key learning themes of transformational changes that should be sustained and amplified were agreed by the Board. Governance and management arrangements to provide assurance on the implementation of this are currently under development and discussion. A recommendation on the future arrangements for this will be provided to the Trust Board by September.	**First Line** - there has been a systematic process of capturing colleague, patient and partner views on key learning from experiences during the pandemic. **Second Line** - the key learning themes have been shared with partners and agreed by the Trust Board. Work is in progress to clarify future reporting arrangements to a formal sub-committee of the Trust Board on implementation. **Third Line**. External - the Trust will collaborate and work with external stakeholders (e.g.CCGs, acute and mental health Trusts, community providers, hospices, voluntary sector, social care, the West Yorkshire ICS, and NHSE) to progress and provide regular updates on actions to respond to learning from the pandemic.	Work is currently in progress and will complete by September to clarify the internal governance arrangements and reporting requirements - including key indicators of progress and impact. Additional work is required to ensure this includes assurance of robust EQIA, QIA, digital impact assessement and patient involvement.	Processes are currently in development and need to provide clarity of governance and reporting arrangements by September 2020.	3x4=12	3x4=12	2x4=8

Action	Timescales	Lead
Ongoing monitoring of financial position through F&P and Board	Ongoing	G Boothby

Links to risk register:

TRUST GOAL: 2 KEEPING THE BASE SAFE

Ref	OWNER Board committee Exec Lead		RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020 Initial	Current	Target
6.19	Quality Committee	Executive Director of Nursing / Executive Medical Director	**Risk** Risk that patients do not receive high quality, safe care due to poor compliance with internally and externally set standards on quality and safety resulting in patient harm or poor patient experience. **Impact** - Quality and safety of patient care and Trust's ability to deliver some services. - Enforcement notices with regulators - Ability to deliver national targets and CQUINS. - Increased risk of litigation and negative publicity. - Poor staff morale	• Partial review of quality governance arrangements • SI investigation process identifies recommendations to improve care with strong governance in place • Strengthened risk management arrangements at divisional level, including compliance registers • Framework for identifying wards potentially unsafe (under-resourced or under performing) and placing in special measures via ward assurance tool • Programme of assurance visits in place • Consistent mandatory and essential training compliance • Process in place for reviewing quality metrics at ward and department level, reviewed and aligned to CQC key lines of enquiry/ Emergency Support Framework	First line Assessment of compliance with NICE guidance Ward accreditation - Performance against saferty must dos reviewed at ward / matron level Improvement in HSMR & SHMI Mandatory training compliance at July 2020 94.27% Improved real time assurance on impact of safety staffing and quality -Nursing Midwifery Workforce Group Second line Clinical audit plan reviewed Bi-monthly Quality Report to Quality Committee and Board KPIs in Integrated Performance Report PSQB reports to Quality Committee Infection Prevention and Control report to Board IPC Board Assurance Framework approved at Board 2 July 2020, provided assurance on IPC activity Serious incident report to Quality Committee Safer Staffing Hard Truths report to Board 5.9.19. Third line CQC rating of Good Quality Account reviewed by External Auditors and stakeholder bodies Independent assurance on clinical audit strategy Feedback through ongoing relationship with arms length regulatory bodies Independent Service Reviews (ISR) and accreditations. ISR March 2019 assurance on process for responding to NPSA alerts	• Investigator capacity to support Si investigations and standard of serious incident investigations needs further improvement Alternative model for investigators to Quality Committee - September2020 • Safety "must do's" to be embedded on wards - Quality Governance - quality governance arrangements and structures to be reviewed Lead: Director of Nursing / Medical Director timescale September 2020	• CQC assessed the Trust as requires improvement for safe domain • Essentials skills monitoring • Medical and therapy staffing monitoring arrangements - see 10a/19 (Allocate) Ward accreditation visits not taking place during Covid-19 pandemic therefore gap in assurance on safety "must dos"	3x5 = 15	3x4= 12	2x5 = 10

Action	Timescales	Lead
Develop alternative model for serious incident investigtaors and present to Quality Committee	September 2020	EA
Review of quality govenance arrangements	September 2020	EA

Links to risk register:
Risk 6345 - nurse staffing risk, risk 7078 - Medical staffing risk , risk 7345 - Referrals to district nursing service, risk 5747 interventional radiology staffing, 6715 clinical documentation,

TRUST GOAL: 2. KEEPING THE BASE SAFE

Ref & Date added	OWNER Board committee	Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020		
								Initial	Current	Target
7.19	Board of Directors	Chief Executive	**Risk** The Trust does not deliver the necessary improvements required to achieve full compliance with NHS England / Improvement (NHS E/I) **Impact** - Risk of further regulatory action - Reputation damage - Financial sustainability	• Place based system meetings with NHS E/I(1 Kirklees, 1 Calderdale) • ICS system financial regime • Standing Financial Instructions and budget management • Corporate compliance register in place • Review of monthly NHS E/I bulletins to assess any required actions • Transformation project support in place • Strategic outline case (SOC) approved by Board and accepted by commissioners and Integrated Care System (ICS) • Well Led CQC review 2018, rating of "good" • CQC Response Group internal monitoring of health checks • CQC engagement meetings - currently working within Emergency Support Framework • Use of Resources work steered by Finance and Performance Committee • Board approved 10 Year Strategic Plan Well-led Governance development review, phase 2, underway	First line Transformation project support Weekly performance reporting of a reduced KPI set provides oversight to regulatory standards however due to limitation on capacity prioritisation based on clinical need has been approved by Trust Board which will impact on delivery of some performance standards. Covid spend is overseen by IMT and tracked weekly by Finance Second line Integrated Board report showing CIP delivery CIP report to Finance and Performance Committee which shows cip delivery on track at month 4, 2019/20 WEB Use of Resources report (9 July 2020) and Finance and Performance Committee (29 June 2020) describes preparatory approach to next assessment Review by Quality Committee and Board of progress with CQC action plan . Quality report to 2 July 2020 Board report describes monitoring of 5 actions to be completed from 2018 inspection. Third line Further autonomy granted from NHS E/I as result of performance and acceptance of the 2019/20 control total from NHSE/I.	NHS E/I to agree 2020/21 fiscal envelope therefore financial position unclear due to response to Covid-19 pandemic.This is a national position Use of Resources - 5 workgroups being established aligned with Use of Resources key lines of enquiry	• Performance against key targets 2 of 5 CQC actions with limited assurance - action monitorting by CQC Response Group. • Use of Resources rating of requires improvement - internal review by Executive leads: September 2020 Mock Use of Resources assessment to be arranged once work groups completed, planned for October 2020, lead : Deputy Drector of Finance CQC well-led governance phase 2 report awaited Third Line Place based systems feedback from NHS E/I review meetings not yet developed due to Covid-19	5x5 = 25	3x5 = 15	2x5 = 10

Action	Timescales	Lead
Use of resources working groups being established and report to Exeucitve leads	Sep-20	GB / KA

Links to risk register:
None - see BAF risk 04/20 on CQC

TRUST GOAL: 2. KEEPING THE BASE SAFE

Ref & Date added	OWNER Board committee	Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020 Initial	Current	Target
8.19	Finance and Performance Committee	Chief Operating Officer	**Risk** Risk of failure to achieve local and national performance targets due to a needs-based stabilisation and reset plan **Impact** - deterioration of patients waiting longer for treatment - Poor patient experience - Regulatory action - Reputational damage with stakeholders	Clinical prioritisation of all patients on waiting lists to identify current priority status and a process for regular review of clinical need Increased number of outcome metrics within performance reporting monitored through performance framework Current Covid-19 management and governance arrangements in place to oversee the delivery of needs-based care Daily escalation of performance issues from divisional hubs into Covid-19 tactical (daily meetings) and if required to Incident Management Team for review	First line Daily Incident Management Team meetings including escalation of risks, incidents, complaints and staff concerns Weekly review of Covid-19 risk register Integrated Performance report focus of one WEB each month for detailed scrutiny with wider representation from divisions Second line Oversight Committee receive escalation and oversee complex decision making - meeting 2/3 weekly Board Covid presentations - 2 April, 7 May, 4 June, 2 July 2020 Integrated Board Report discussed at Quality Committee and Board, July 2020 Finance and Performance Committee monthly report on activity Third line	Performance monitoring currently in divisional silos, Action: review current divisional performance review process and opportunity to undertake more thematic reviews: Lead: COO Timescale: September 2020 • System responsiveness dependent on formal escalation by CHFT when agreed triggers reached. Action: Awaiting system performance framework to be established . Lead: NHS England /Improvement Timescale: TBC	Developing outcome metrics however a recognised time lag for outcome to be evident. Action: Requires further investigation to establish real-time alert. Lead: Assistant Director of Performace Timescale: Q3 2020/21 Divisional performance issues less visibile Action: review of current divisional process by COO by September 2020 Incident Management Team Third Line assurance arrangements by NHS E/I to be confirmed	4x5 = 20	4x5 = 20	4 x 3 = 12

Actions	Timescales	Lead
Performance monitoring - review of process	September 2020	Helen Barker

Links to risk register: 7615 4 hour Emergency Care standard

TRUST GOAL: 2. KEEPING THE BASE SAFE

Ref	OWNER Board committee Exec Lead		RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020 Initial	Current	Target
9.19	Quality Committee (for quality aspects) with Joint Liaison Committee for CHFT /CHS risks	Executive Director of Finance	**Risk** Risk of failure to maintain current estate and equipment and develop future estates model to provide high quality patient care **Impact** - Poor quality of care and treatment - Poor patient experience - Poor staff experience and negative impact on their health and wellbeing - Regulatory action - Inability to implement service change - Reputational damage with stakeholders	• Governance arrangements and SLAs with CHS monitored at CHS Board, monhtly contract and performance meeting with quarterly CHS / Trust Joint Liaison Committee,overseeing estate, facilities and medical engineering risks • Governance arrangement and performance contracts with PFI monitoring at monthly Contract & Performance meetings in place. • Systematic review of Divisional and Corporate compliance, • Medical device and maintenance policies &procedures, Planned Preventive Maintenance (PPM) Programme - improvements made to PPM and end of life service contracts • Estates in 5 Year Strategic plan • CHS Medical Engineer in post • Categorisation / risk analysis of medical devices (high, medium, low) to prioritise maintenance • Audit of medical devices by independent assessor • Health Technical Memorandum (HTM) compliance structure in place including external Authorsing Engineers (AE's) who independantly audit both CRH and HRI Estates against statutory guidance. • Authorising engineer for fire • Concordat in place with West Yorkshire fire authority	First line • Close management of service contracts to ensure planned maintenance activity has been performed Risk register reports. Joint HTM Meetings in place with Trust,PFI & CHS Review of CHS SLAs (Quantitive KPIs & Qualitative Performance) carried out Q4 2020 Audits of routine checks, estates Second line Board review of feasibility study for development of HRI which mitigates known estates issues (5 March 2020 private Board) Health and Safety Committee monitors medical devices training and escalates concerns to Audit & Risk Committee Medical Engineering Committee monitors medical devices action plan, new equipment and addresses risk analysis of devices Review of PFI arrangements, via service performance reports Assurance provided by Authroised Engineerss following audits against Estates statutory requirements WEB reports on medical devices July 2019 H&S Training 95% target achieved, 97% as at 7.7.20. 6 Facet estate condition survey presented to Board 4 July 2019 is informing estates investment plan for HRI Third line PLACE assessments CQC Compliance report Progress made on DoH Premises Assurance Model (PAMs) to illustrate to patients, commissioners & regulators that robust systems are in place in regarding the premises and associated services are safe. HSE review of water management Familiarisation visits by local operational Fire and Rescue teams External assurance from authorising engineers for high voltage/ low voltage systems, reviewed at CHS Contracts and Performance Committee 21.8.19.	* HRI investment (£20M) full business case to be agreed by regulators, however current funding for early drawdown 2020/21, overseen by Transformation Programme Board * Develop Audit Programme on compliance carried out by Service Performance team for CHS/PFI services , lead Alison Wilson / Val Rigg • Funding available for prioritised HRI work but does not cover all backlog maintenance. Discusssions ongoing with regulator and ICS on resolution to shortfall, lead Director of Finance • External review of estates to priorities expenditure to inform business case, with full capital funding subject to business case approval by NHS Improvement - submission business case Nov 2020.	• Issues identified with estate requiring urgent work Health and Safety Update to Board September 2020 following review of action plan in January 2020	4x4 = 16	5x3= 15 ↓	2x4 = 8

Action	Timescales	Lead
Ongoing discussions regarding funding Audit programme to be developed	Ongoing September 2020	G Boothby Alison Wilson

Links to risk register:
Risk 5806 - Urgent estate schemes not undertaken
Risk 7414 - Building safety risk, HRI
Risk 7413 - Fire compartmentation risk, HRI
Risk 7474 - Medical Devices

Ref & Date added	OWNER Board committee	Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020 Initial	Current	Target
16.19 9/1/20	Audit and Risk Committee	Director Champion - Executive Director of Workforce & OD	Risk of not being compliant with the Health and Safety at Work Act (1974) and supporting regulations and healthcare safety and welfare standards due to lack of clarity on roles in Health and Safety Policy between CHS and the Trust and health and safety resource, resulting in harm to staff, patients, the public, visitors, potential regulatory failure and reputational damage Internal audit review of H&S action plan underway	• SLA in place for CHS to provde Health and Safety Training for CHFT colleages. • Director and Non-Executive Director Health and Safety Champion identified Operational responsibility for H&S across sites sits with CHS for HRI and our partners at CRH - recently appointed interim technical advisor in CHS • Proactive health & safety committee • Annual report on Health and Safety to Board • Health and Safety action plan • Training: 'Leading Safely' IOSH training for Board members February 2019 • Health and Safety mandatory training for staff (3 years) • Health and Safety training on staff induction • COSHH training • Risk assessment training	First line Minutes of Health and Safety Committee evidence good level of engagement by all partners. Review of Health and Safety Committee by members confirmed good sharing of current information, monitoring of trends, review of policies, sharing of health and safety incidents and learning, medical devices training & monitoring, fire and securitry information . Second line Board joint responsibility for risk understood following the Board IOSH training in February 2019 WEB reports on mandatory training, health and safety training compliance currently at target levels 9 January 2020 external Health and Safety review presented to Board • 2019/20 Annual Health and Safety report and action plan to Board - 9 January 2020 H&S deep dive to ARC 22 July 2020 Updates to Board on H&S September 2020 Third line External health and safety review (Quadriga) 2019 (reference also to fire safety)	• Health and Safety Policy to be revised to include statement of intent with supporting policy / procedural guidance and provide clarity on roles and responsibilities - lead Head of H&S once in post - Need for specific policies for Risk Assessment, Noise Policy and others (as detailed in Quadriga report) - CHS technical advisor to develop by end August 2020 • recrutiment underway for identified and competent resource for CHFT Head of Health and Safety - timescale 5 August 2020 interviews	• Review RIDDOR reporting, Develop Risk Assessment Policy & matrix, ensure compliance with fire safety, share and discuss joint CHS & Trust risks & mitigation at Joint Liaison Committee meetings. lead CHS technical advisor • 2020/21 Annual Health and Safety action plan developed and presented to Audit & Risk Committtee in July 2020, 3 September 2020 Board update on H&S, Lead: H&S advisor once in post Day to day h&s activity is lead by CHS with ultimate responsibility through the Managing Director, CHS. CHFT needs to assure itself that these activities provide a health & safe environment for staff, patients and visitors. Lead: Stuart Sugarman / Suzanne Dunley	3x3 = 9	3x3 = 9	2x2 = 4

Action	Timescales	Lead
Internal audit review of health and safety	Internal audit review underway July 2020	Audit Yorkshire

Links to risk register:
7413 fire compartmentation, 7414 building safety, 7474 medical devices

Ref & Date added	OWNER Board committee	Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020 Initial	Current	Target
04/20 July 2020	Quality Committee	Director of Nursing / Deputy Chief Executive	Risk of not maintaining the Trust CQC overall rating of good and increasing the number of services achieving an outstanding rating due to failure to comply with regulatory standards resulting in a reduction of quality of servies to patients and an impact on reputation See BAF risk 6/19 - quality of care and poor compliance with standards	CQC response group meets monthly, overssees divisional compliance with regulatory standards, reports to Quality Committee Regular engagement meetings with CQC Process for internal assessment against CQC standards Dedicated CQC lead Appointed to Assistant Director for Quality and Safety to increase capacity CQC resource centre portal for staff with information on CQC reports, standards, self assessment documentation. Independent Well-led development governance review Ward accreditation processes aligned to CQC standards	**First Line:** Reports to CQC Response Group from divisions **Second Line:** Quality Committee reports from CQC Group Quality update report to Board (2 July 2020) **Third Line:** Quarterly formal engagement meetings with CQC Current CQC rating of "good"	Clincial division self assessments on hold due to Covid-19 - plan to restart September 2020 Uncertainty of direction of future CQC inspection and rating regime - currently Emergency Support Framework replaces earlier regime	Due to Covid-19 no latest view of performance - restart September 2020	4x3=12 !	4x3=12 !	3x2=6

Action	Timescales	Lead
Restart clincial division self assessments	Sep-20	Divisional Nursing

Links to risk register:
None

TRUST GOAL: 2. KEEPING THE BASE SAFE										
Ref & Date added	**OWNER** Board committee Exec Lead		**RISK DESCRIPTION** *(What is the risk?)*	**KEY CONTROLS** *(How are we managing the risk?)*	**POSITIVE ASSURANCE & SOURCES** *(How do we know it is working?)*	**GAPS IN CONTROL** *(Where are we failing to put controls / systems in place?)*	**GAPS IN ASSURANCE** (*Where are we failing to gain evidence about our system/ controls?)*	**RATING AUGUST 2020**		
								Initial	**Current**	**Target**
05/20 July 2020	Trust Board	Chief Executive	Risk that: - services are unable to maintain current levels of Covid-19 capacity or respond to surges in Covid-19 demand. - non-Covid-19 patients, non-elective, elective and urgent have delays to treatment due to limitations on capacity. Both risks may result in patient harm, loss of life and colleagues not being protected. There is a potential for an adverse impact on health inequality. See also BAF 08/19 re performance targets and BAF 7/20 health inequalities	All current Covid-19 plans (and revisions) submitted for Incident Management Team approval and cross reference with relevant reset and stabilisation plan workstream and have an EQUIA, These must be able to describe a rapid re-escalation prior to sign off. Checklist for stabilisation and re-set plans completion including PPE, testing, social distancing and IPC. Working with NHS I on local bed modelling to determine required and available capacity. Key areas have retained additional staffing and estate capacity to support re-escalation. Utilising independent sector capacity for urgent diagnostics and treatment. Commissioned additonal diagnostic capacity to supplement reduced internal capcaity due to IPC requirements Development of clinical prioritisation for patients waiting, to identify patients at risk of deterioration.Revieweing waiting lists and cross referencing with deprivation index. Working with system partners on referral pathways and winter plans Health & Well-Being risk assessment of staff	**First Line:** Records of daily meetings and decisions of IMT (Inner Core) Daily review of Covid-19 activity and weekly review of all other waiting list data Submission of national data sets **Second Line** Oversight Committee reports to Trust Board which reviews decisions of Outer Core 7 May, 2 July 2020 Trust Board received monthly updates on Covid-19 and reviewed Trust reset and stabilisation plan (June 2020) Performance reports to relevant Board Sub-Committees (Finance and Performance, Quality Committee, Workforce Committee(**Third Line** None at present	1. Reset plans have interdependency risks that are not yet fully mitigated Action: IMT workstreams working through reset plans Performance Review meetings to review reset plans July 2020 2. Early stages of ICS activity reset planning - lead NHS Improvement 3. Implementation of new guidance and requirement for additional Covid-19 specific capacity has resulted in insufficient capacity to treat patients in line with constiutional standards and to rapidly clear backlog, mitigated by clinical prioritisation process. 4.Health inequalities deprivation data	1. September 2020 Board - report submission of full stabilisation reset and Winter Plan. 2. May need to reprioritise activity based on health inequality deprivation analayis as consequence of delayed understanding of the position. Lead: Chief Operating Officer, September 2020 3. Clinical prioritisation - lack of process for out patient activity - action: plan to be developed by Medical Director.	4 x 5 - 20 !	4 (I) x 3 (L) - 20 !	x4=8

Action:	**Timescales**	**Lead**
1. Clinical prioritisation plan for out patient activity	TBC	Chief Executive

Links to risk register:
7778 staff infection from Covid-19, 7783 social distancing, 7797 IPC compliance, 7685 PPE supply, 7796 staffing shortages due to covid-19 testing
7315 out patient appointment capacity, 7689 out patient waits, 3793, Opthalmology follow up appointments, 7683, isolation capacity, 7778, staff infections

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
FINANCIAL SUSTAINABILITY

HEADER										
Ref & Date added	**OWNER** Board committee Exec Lead		**RISK DESCRIPTION** *(What is the risk?)*	**KEY CONTROLS** *(How are we managing the risk?)*	**POSITIVE ASSURANCE & SOURCES** *(How do we know it is working?)*	**GAPS IN CONTROL** *(Where are we failing to put controls / systems in place?)*	**GAPS IN ASSURANCE** *(Where are we failing to gain evidence about our system/ controls?)*	**RATING AUGUST 2020**		
								Initial	**Current**	**Target**
14.19	Finance and Performance Committee	Executive Director of Finance	**Risk** Risk that the Trust will not secure sufficient capital funding to maintain facilities over the longer term and meet safety and regulatory standards resulting in patient harm and regulatory intervention. **Impact** - financial sustainability - inability to provide safe high quality services - inability to invest in patient care or estate	Capital programme managed by Capital Management Group and overseen by Commercial investment Strategy Committee, including forecasting and cash payment profiling. Prioritised capital programme. Small contingency remains in place to cover any further changes. Transformation Programme Board established with oversight of significant strategic investment, chaired by Non-Executive Director with relevant commercial experience	<u>First line</u> Reporting through WEB on capital prioritisation 2019/20 Capital Plan delivered <u>Second line</u> Scrutiny at Finance and Performance Committee and Board Capital Management Group reports Transformation Programme Board minutes <u>Third line</u> Monthly return to NHS E/ I NHS E/I round table meeting to discuss reconfiguration Business case for reconfiguration continues to progress through NHS E/I approval process	The long term capital spend required for HRI is in excess of internally generated capital funds. The long term plan for HRI requires additional funds from a combination of regulator approved business case, emergency capital and ICS capital. This is widely recognised and accepted by the regulators. Lead: Director of Finance	Ongoing discussions and clarity required relating to shortfall of capital monies. Lead: Director of Finance, awaiting national guidance on capital Backlog maintenance costs will remain in excess of planned capital spend.	4x5 = 20	4x4 = 16	3x4=12

Action	**Timescales**	**Lead**
Ongoing monitoring of financial position through Finance &Performance Committee and Board	Ongoing	GB

Links to risk register:

TRUST GOAL: 4. FINANCIAL SUSTAINABILITY										
Ref & Date added	**OWNER** Board committee Exec Lead		**RISK DESCRIPTION** *(What is the risk?)*	**KEY CONTROLS** *(How are we managing the risk?)*	**POSITIVE ASSURANCE & SOURCES** *(How do we know it is working?)*	**GAPS IN CONTROL** *(Where are we failing to put controls / systems in place?)*	**GAPS IN ASSURANCE** *(Where are we failing to gain evidence about our system/ controls?)*	**RATING AUGUST 2020**		
								Initial	**Current**	**Target**
15.19	Finance and Performance Committee	Executive Director of Finance	**Risk** Risk that the Trust will not deliver external growth for commercial ventures within the Trust. (Health Informatics Service, Huddersfield Pharmacy Specials (HPS), Calderdale and Huddersfield Solutions) **Impact** - potential lost contribution	Board reporting in place for all ventures. Commercial strategies in place Health Informatics Service (THIS) contract income for all customers approved and monitotred via quarterly contract review meetings THIS Executive Board meeting with Non-Executive attendance Escalation process if THIS targets not met-Finance and Performance Committee and THIS Contract meeting. CHS Board chaired by Non-Executive Director. HPS Board attended by Non Executive Director	**First line** Individual boards (THIS, HPS, CHS) and report on performance against targets into Finance and Performance Committee	HPS requires further capital investment to continue to grow. Exploring future commercial options - lead: Director of Finance THIS have been succesful in bidding for external work to close the gap and have been set a deliverable plan. additional risk has emerged due to project delays follwoing COVID.	HPS requires capital investment to meet its ambitious growth plans. A proposal is being developed for discussion at HPS board in August 2020/21	**3x3 = 9**	**3x3 = 9**	**2x3= 6**

Action		**Lead**
Ongoing monitoring of financial position through F&P and Board Explore future commercial options	Ongoing ongoing	GB GB

Links to high level risk register:

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
FINANCIAL SUSTAINABILITY

TRUST GOAL: 4. FINANCIAL SUSTAINABILITY										
Ref & Date added	**OWNER** Board committee Exec Lead		**RISK DESCRIPTION** *(What is the risk?)*	**KEY CONTROLS** *(How are we managing the risk?)*	**POSITIVE ASSURANCE & SOURCES** *(How do we know it is working?)*	**GAPS IN CONTROL** *(Where are we failing to put controls / systems in place?)*	**GAPS IN ASSURANCE** *(Where are we failing to gain evidence about our system/ controls?)*	**RATING AUGUST 2020**		
								Initial	**Current**	**Target**
18/19 March 2020	Finance and Performance Committee	Executive Director of Finance	Risk of failure to secure the longer term financial sustainability of the Trust (as a going concern and providing value for money) due to the size of the underlying financial deficit –and reliance on cash suppport. Whilst the Trust is developing a business case that will bring it back to unsupported financial balance in the medium term. this plan is subject to approval and the release of capital funds **Impact** - financial sustainability - loss of financial recovery funding (FRF) - increased regulatory scrutiny - Impact - financial sustainability - insufficient cash to meet revenue obligation - inability to invest in patient care or estate - adverse impact on Use of Resources rating	Working with partner organisations across WYAAT and ICS to identify and implement system savings and opportunities Project Management Office in place to support the identification and delivery of CIP Escalation forum to support CIP schemes off track Budgetary control process with increased profile and ownership Business better than usual forum being established to drive improved and more efficient pathways. Accurate activity, income and expenditure forecasting Development of: - 25 year financial plans in support of Business Case - 5 year Long Term Financial Plan forms part of ICS financial plan Standing Financial Instructions set authorisation limits Finance and Performance Committee in place to monitor performance and steer necessary actions	<u>First line</u> Reporting on financial position, cash and capital through divisional Boards and Performance Review meetings and WEB monthly Capital Management Group meeting receives capital plan update reports <u>Second line</u> Scrutiny at Finance and Performance Committee and Board Reports on progress with strategic capital to Transformation Programme Board (monthly) Board Finance reporting ICS delivered financial plan in 2019/20 <u>Third line</u> 2020/21 pre COVID planning - challenge and recovery trajectory would have been accepted. Monthly return to NHS E/ I~~I~~ Strategic Outline Business Case submitted April 2019 and 5 year plan submitted October 2019.	Pre COVID plan required a CIP of £15m to be delivered and this had not been fully identified at 1.4.20 Pressures on capacity planning due to external factors. Competing ICS priorities for resources Progression of transformation plans are reliant on external approval and funding Impact of national workforce shortages eg. qualified nurses and A&E doctors. Key enablers to reconfiguration, e.g. Project Echo reliant upon external approval to progress. Limited additional revenue costs have been included for the development of the Reconfiguration Business Case	Additional COVID costs year to 30.5.20 have totalled £5.8m with reterospective top up assumed. The Finance regime for the rmeiander of the year is still to be issued but continued delivery is estimated to cost a miniumum of £28m above original plans and up to £50m extra above original plans to undertake additional activity closer to orignal planned volumes. Reliance on overall ICS achievement of Financial improvement Trajectory to secure full Financial Recvoery Funding allocation. Use of resources review being undertaken during summer 2020	5x5 = 25	5x3 = 16	4x4 = 16

Action	**Timescales**	**Lead**
2020/21 Financial Plan	31/03/2020	G Boothby
Development of financial modelling for reconfiguration Outline Businss Case	31/12/2020	G Boothby

<u>First line</u>
Reporting on financial position, cash and capital through divisional Boards and Performance Review meetings and WEB monthly
Capital Management Group meeting receives capital plan update reports

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
FINANCIAL SUSTAINABILITY

TRUST GOAL: 4. SUSTAINABILITY										
Ref & Date added	**OWNER** Board committee Exec Lead		**RISK DESCRIPTION** *(What is the risk?)*	**KEY CONTROLS** *(How are we managing the risk?)*	**POSITIVE ASSURANCE & SOURCES** *(How do we know it is working?)*	**GAPS IN CONTROL** *(Where are we failing to put controls / systems in place?)*	**GAPS IN ASSURANCE** *(Where are we failing to gain evidence about our system/ controls?)*	**RATING AUGUST 2020**		
								Initial	**Current**	**Target**
06/20 July 2020	Transformation Programme Board	Executive Director of Finance	**Risk** Risk of climate action failure including not reducing carbon emissions across the organisation and not reducing the impact of climate change across Huddersfield and Calderdale due to a lack of behaviour change (eg travel, waste, procurement) and not embedding climate and environmental considerations in decision-making. Resulting in adverse effects on natural environment, public health, vulnerable patients, energy costs, waste disposal fees, non-compliance costs and also creating a negative impact on reputation.	Energy - 100% energy bought from green companies and installation of LED lighting to reduce energy consumption Signed up to NHS pledge to reduce plastic usage in hospital Leadership on climate change managed by CHS's Environment Manager Reconfiguration design and build principles led by a Sustainability design brief and overseen by Transformation Programme Board. Internal climate change group meets quarterly, focusing on idea generation and initiatives to reduce carbon emissions, eg re-usable items.	<u>First line</u> monthly monitoring of the Trusts energy consumption <u>Second line</u> 1. monitor against our Sustainability Development Management Plan (SDMP) 2.annual Board paper on sustainability/climate change <u>Third line</u> working towards ISO14001 accreditation as a means of assuring environmental management systems across the CHFT	Climate change strategy and reduction targets not yet in place - strategy being developed for presentation to Board, lead Managing Director CHS Lack of clarity as to which Board Committee has responsibility for sustainability / climate change - action confirm which Board Committee is responsible - current lead identified as Finance and Performance Committee	Baseline assessment of carbon emissionswill enable monitoring of progress in reduction in future years. Board report on climate change strategy September 2020 Climate change group - consider reporting through to CHS Board - lead Managing Director CHS Annual report to Board on climate change and progress with actions.	4x4 = 16	4x4 = 16	3x3=9
Action					**Timescales**			**Lead**		
Development and approval of climate change strategy Confirmation of which Board Committee leads on Climate Change					Ongoing			Stuart Sugarman		
Links to risk register: No risks 15 or over on HLRR										

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
A WORKFORCE FIT FOR THE FUTURE

TRUST GOAL: 3. A WORKFORCE FIT FOR THE FUTURE

Ref & Date added	OWNER Board committee	Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE (Where are we failing to gain evidence about our system/ controls?)	RATING AUGUST 2020 Initial	Current	Target
10a /19	Workforce Committee	Executive Director of Nursing / Executive Medical Director	**Risk** Risk of not being able to deliver safe and effective high quality care and experience for patients due to inability to attract, recruit, retain, reward and develop clinical workforce. **Impact on** - Quality and safety of patient care and Trust's ability to deliver some services. - Ability to deliver national targets and CQUINS. - Increased risk of litigation and negative publicity. - poor staff morale - Increased sickness absence - Continued financial pressure due to use of locums / agency staff - ambition to demonstrate the Trust is an "outstanding" organisation by CQC standards	• Guardian of Safe Working in place which ensures safe working hours for junior doctors. • E -job planning ensures efficient use of medical staff workforce and visibility of Consultant workforce activity, Consutlants have worked flexibly to support Covid and paused job plans, to re-start depening on impact of covid-19 on service • Use of CESR programme to increase Consultant workforce in appropriate specialties supports recruitment and retention • Medical workforce team portfolio includes recrutiment and retention workstream • Recruitment and retention has been successful through year, continue agency and bank use of medical staff for shortage specialties, medical bank well established, agency spend within control totals • Service improvement in cardiology, respiratory and frailty, with developmnent of acute floor and frailty service at HRI to aid recruitment • Impact of shortages in specialties nationally, Gastro, Radiology mitigated by network working, explore advanced pratitioner to support Consultant workforce, use external reporting for Radiology •Workforce Committee • WYAAT networking approach to pressured specialties, eg Vascular Surgery agreed network, Interventional Radiology and programme of work • ED business continuity plan in place; • Ongoing recruitment programme • Medical Workforce Programme Steering Group (Stood down for Covid-19 (March to July) meets bimonthly, focus on using current staff effectvely, retention and recuitment.(e-rostering and job planning work to re--commence subject to capacity and services needs. Segmentation approach and vacancy tracker in place to focus medical recruitment resource on clinically high risk and likelihood of appointment. Vacancy tracker maps medical workforce to medical establishment, tracks vacancies, pipeline and retention. Electronic job planning in place	First line Staffing levels, training & education compliance and development reported to WEB, Divisional business meetings and PSQBs consider staffing levels as part of standard agenda, IPR with key KPIs shows slight decrease in sickness levels, and reduction in agency spend Weekly meeting on agency spend and report to Turnaround Executive 6 additional PA posts recruited to Improvements in mortality (HSMR / SHMI). Weekly divisional medical staffing meetings to optimise fill rates Bimonthly executive led meetings on medical agency spend - reduction in medical agency spend based on forecast. Vacancy tracker broadly shows improvement in some medical specialties. Second line Monthly performance meetings review workforce reports Workforce Committtee - continued reduction in medical vacancies – from 46 Full Time Equivalent (FTE) in June 2019 to 23 FTE vacant posts in June 2020, recently appointed to Gastroenterology and Emergency Medicine, shortage specialties. Offers to Global Fellows in Radiology to mitigate risk created by Radiology the consultant vacancies. Medical Appraisal and revalidation report to Board, demonstrates high quality workforce. Guardian of Safe Working annual and quartetly report (2.7.20.) on working hours to Board - investing in improved facilities for trainees PSQB reports to Quality Committee Workforce Strategy approved by the Board Third Line Plans discussed with NHS I Assurance process with CQC colleagues - feeback from relationship with arms-length bodies, GMC Report on Junior Doctor Experience	Medical E-rostering only partially implemented for doctors - rosters being progressed for junior doctors. E-rostering project stopped for CHFT to support Covid-19 response and rosters generated on paper. Pensions rules reduce willingness of medical staff to deliver additional work (national issue), alleviated to some degree by the increase in threshold for tapering. Regional procurement exercise for e rostering and job planning systems, led by WYAAT, with Trust leading on E-rosterirng), in process funded by NHS I monies - timescale tbc	• Need to embed workforce plan	4 x 4= 16	4 x5= 20	3 x 3 = 9

Action	Timescales	Lead
E-rostering being rolled out to medics- timescale exteded from September 2020 to March 2021 to allow more information on Consultant activity to be populated on the system - review once regional procurement complete	March 2021 (may slip due to Covid-19 priorities) Lisa Cooper, Medical Workforce with Claire Wilson and Pauline North /procurement team	Associate Medical Director Medical Director Workforce

Links to risk register:
Risk 6345 - nurse staffing risk
Risk 2827 - Over reliance on middle grade doctors in A&E
Risk 7078 - medical staffing risk
Risk 5747 - Vascular / interventional radiology staffing

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
A WORKFORCE FIT FOR THE FUTURE

Ref & Date added	OWNER Board committee	Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020
10b.19	Workforce Committee	Executive Director of Nursing / Executive Medical Director	**Risk** Risk of not being able to deliver safe and effective high quality care and experience for patients due to inability to attract, recruit, retain, reward and develop clinical workforce. **Impact on** - Quality and safety of patient care and Trust's ability to deliver some services. - Ability to deliver national targets and CQUINS. - Increased risk of litigation and negative publicity. - poor staff morale - Increased sickness absence - Continued financial pressure due to use of locums / agency staff - ambition to demonstrate the Trust is an "outstanding" organisation by CQC standards	• Daily staffing meetings, Workforce meetings increased in areas of greatest need (can this go as the first bullet point) •Daily and weekly nurse staffing escalation reports • Nursing and Midwifery Strategy- implementation of "Time to Care" • Ongoing recruitment programme in place, including international recruitment • Utilisation of bank, agency and overtime staff in place, managed and escalated through a Standard Operating Procedure • E-roster system in place and linked Safer Care IT system being used to match staffing levels to patient acuity. • Ward assurance process for identifying 'at risk' wards which are under resourced or under performing in place including Hard Truths processes • Risk assessments in place • Nursing and Midwifery Group, monthly meeeting reviews operational issues, strategy and seeks assurance	First line Divisional business meetings and PSQBs consider staffing levels as part of standard agenda IPR shows slight decrease in sickness levels, and reduction in agency spend Bi-annual review of ward nursing levels 6 additional PA posts and nursing associate posts recruited to Medical : Improvements in mortality (HSMR / SHMI).Weekly divisional medical staffing meetings to optimise fill rates Bimonthly executive led meetings on medical agency spend Agency spend reported weekly to Turnaround Executive Reduction in average hourly rate for nursing staff has not impacted on fill rate. Workforce meetings reviewed as part of reset. Second line Monthly performance meetings (PRM) review workforce reports Workforce Commitee receives updates on recruitment and retention issues., Quarterly Quality Report to Quality Committee and Board 6 monthly Hard Truths report to Board Septemner 2019 KPIs embedded in Integrated Performance Report. PSQB reports to Quality Committee Third Line Plans discussed with NHS I Assurance process with CQC colleagues - feeback from relationship wth arms-length bodies	Nursing Despite controls in place there will still be occasions where capacity does not meet demand, eg increasing staffing sickness **Nursing and Midwifery Strategy not yet embedded.** **Action:** **Lead:** **Timescale**	1	Initial / Current / Target 4x4 = 16 / 4x5 = 20 / 3x3 = 9

Action	Timescales	Lead
		EA

Links to risk register:
Risk 6345 - nurse staffing risk , 7557 ED staffing (nrusing)

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
A WORKFORCE FIT FOR THE FUTURE

TRUST GOAL: 3. A WORKFORCE FIT FOR THE FUTURE

Ref & Date added	OWNER Board committee	Exec Lead	RISK DESCRIPTION *(What is the risk?)*	KEY CONTROLS *(How are we managing the risk?)*	POSITIVE ASSURANCE & SOURCES *(How do we know it is working?)*	GAPS IN CONTROL *(Where are we failing to put controls / systems in place?)*	GAPS IN ASSURANCE *(Where are we failing to gain evidence about our system/ controls?)*	RATING AUGUST 2020 Initial	Current	Target
11.19	Workforce Committee	Director of Workforce and Organisation Dewvelopment Executive	Being an employer of choice means we can attract, retain and develop colleagues to deliver one culture of care. Risk of not attracting or retaining colleagues who are confident and competent to provide compassionate care to patients and compassionate and inclusive leadership to colleagues due to a lack of clear OD strategy and focus on development for current and aspiring leaders means that we will not be able to deliver the Trust's objectives and sustainable services for the future **Impact** - Ability to deliver transformational change compromised. - Potential to affect the quality of patient care. - Low staff morale. -	• Organisational Development Strategy, The Cupboard recipe cards for Working Together to Improve (leadership and engagement), equality, diversity and inclusion and talent management recipe cards which set out key actions in these areas and measures for monitoring success. • Work together get results to Improve programme in place provides a link to the Trust journey to being an outstanding Trust and how we will use our own internal methodology to improve patient and colleague care. • Performance appraisal based around behaviours with temperature check guide introduced to help colleagues to think about the four pillars and their contribution to one culture of care • Development of new roles across professional groups, eg physicians associates., development of five new career ladders for apprentices alongside new strategy for Apprenticeships • Development of Managers Essentials programme and compassionate leadership orgramme, CLIP, designed collaboratively with colleagues Leadership development programme launched 31 July 2020 inckudes 3 core modules - Working Together to Get Results, Management Essentials, Leading One Culture of Care plus bespoke modules for nursing and midwifery, consultant and AHP leaders • Strategy for Equality, Diversity and Inclusion which will attract a wider and more diverse workforce that will understand the differing needs of our patients. • Development of specific behavipours to support 4 pillars by BAME network	First line Clinicians leading of transformation programmes e.g. cardio /respiratory Recruitment to key Consultant roles across the Trust - report to Workforce Committee 5.11.19. Second line Integrated Performance Report and Workforce Committee reports show a rolling absence rate of 3.69%% (as at December 2019) and rolling turnover score of 8% (lowest recorded) as at November 2019 Revalidation report to board Board approval of OD strategy - March 2019 and Board update on delivery of OD strategy - Jan 2020 Wokforce Committee approved Management Essentials & Leadership (Clip) Programme in December 2020, Board noted January 2020 Staff survey results 2019 and action plan presented to Board 2 July 2020 with Leadership Programme launch noted as priority Third line Investors in People (IIP)Silver Accreditation to 2021 based on assessment of the IIP principles of leading, improving and supporting. Very positive feedback from interim IIP annual review from October 2019. BMA referring to CHFT as an employer of choice for junior doctors due to level of support for trainees Feedback from Royal Colleges Junior doctor GMC questionnaire feedback Positive feedback from Junior doctors on medical training - Health Education England survey, July 2019, showed improved scores in Anaethesia, Paediatrics, Urology, Obstetrics and Gynaecology, Trust moved from 8th in region to 5th, with 100% response rate OFSTED Interim report has given reasonable progress on all actions relating to the clinical assessment team for Apprentices (August 2019)	None	None Response to Covid-19 has enabled us to further embed the meaning of one culture of care, which willl be further embedded through the leadership progamme launch in July 2020 Improvements in future staff survey scores would enable reduction of risk score	4x4 = 16	3x4 =12	3x3 = 9

Actions	Action, Lead, Timescales	Lead
None		

Links to risk register:
Risk 7248 - essential safety training

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
A WORKFORCE FIT FOR THE FUTURE

TRUST GOAL: 3. A WORKFORCE FIT FOR THE FUTURE

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12.19	Workforce Committee	Executive Director of Workforce and Organisational Development	**Risk** Risk of not appropriately engaging all colleagues across the Trust and a failure to embed the behaviours of the organisation due to lack of robust engagement mechanisms. **Impact** - Ability to deliver transformational change compromised. - Potential to affect the quality of patient care. - Low staff morale. - Non–achievement of key Trust priorities - Poor response to staff survey / staff FFT	• Colleague engagment is a key recipe card in The Cupboard which set out key actions in these areas over the next 3 - 5 years and measures for moniroing success. Hot house events to ensure all strategic colleague policies and practices are developed collaboratively across the Trust, appraisal process for 2020 revised to reflect and evidence one culture of care -all managers to have objective relating to their management of people in new appraisal documentation Leadership visibility Assurance visits ensure senior clinical and non clinical visibility and engagement based on themes • Quarterly staff FFT in place provides interim feedback on whether colleagues would like to receive treatment by the Trust • 'Ask Owen' being responded to and a similar mehcanism to allow colleagues to say thank you to each other is being developed CHuFT portal for colleagues to congratulate and thank each other for a job well done • Celebrating success year long programme of events,Sept/Oct 2020 week long event reflecting colleagues feedback about style, tone and logistics of event to maximise colleague engagement • Staff survey action plan with key principles and activities for 2020/21 approved by Board, • Health and wellbeing strategy refreshed and includes modules for both mental and physical good health. "New Year New Me" capmaoign launched January 2020, part of Health & Well Being recipe card in The Cupboard • Ways of engaging colleagues include CDAG, Colleague Disability Action Group, LGBTQ network, BAME network in place and well attended • Clear Communication and branding re: one culture of care to colleagues	<u>First line</u> CQC preparation for self assessment shows some areas reporting GOOD in well led domain Improving absence position (see 11/19) Freedom to Speak Up concerns increased from 2 in September 2018 to over 50 in July 2019, reflecting better communication and engagement with the process Successful launch of CHuFT portal in October 2019 <u>Second line</u> Integrated Board report shows sickness absence improved, July 2019 Freedom to Speak Up annual report to Board July 2019, with 2019/20 report approval delegated to Workforce Committee Hot House events held for Health & Well Being, Equality & Diversity, Apprenticeships, Staff Survey - demonstrateg engagement and collaboration informing people management policices and processes Staff survery results 2019 to 2 July 2020 Board - position maintained and action plan approved Board development session,22June 2020 , on leading one culture of care indicated full commitment from the Board to being role models for One Culture of Care <u>Third line</u> Staff FFT / staff survey provides some positive feedback, 2018 survey had highest respose rate of 51%,slight dip 2019 survey to 46% due to shorter survey period and early winter /operational pressures Investors in People accrediation - Silver award to 2021, which shows a more qualitiative review of Trust culture than the annual NHS staff survey CQC rating of Good	Hot house events - to identify new way of engagement for face to face activty which is the cornerstone of colleague engagement activity Action: Identify alternative methods such as online Schwarz rounds Lead: Equality,Diversity and Inclusion Manager Ambition to assign a well-being champion to every department /team to ensure one culture of care is in operation - lead Equality,Diversity and Inclusion Manager by April 2021	Workforce Committee recommence 15 July 2020 - due to Covid -19 merged with Quality Committee April - June 2020	3x4 = 12	3x3 = 9	1x4 = 4

Action to address gap in control	Action and timescale	Lead
Identify new modesl for hot house events	Equality, Diversity and Inclusion Manager .	Nikki Hosty
Well-being champions to be assigned to departments and teams	Equality, Diversity and Inclusion Manager, April 2021 .	Nikki Hosty

Links to risk register:
No high level risk register related risks scoring over 15.

BOARD ASSURANCE FRAMEWORK
AUGUST 2020
KEY

ACRONYM LIST

BAF	Board Assurance Framework
BTHT	Bradford Teaching Hospitals NHS Foundation Trust
CCG	Clinical Commissioning Group
CIP	Cost Improvement Plan
CQC	Care Quality Commission
CQUIN	Commissioning for Quality indictor
CHS	Calderdale Huddersfield Solutions LTD
ED	Emergency Department
EPAU	Early Pregnancy Assessment Unit
EPR	Electronic Patient Record
F&P	Finance and Performance Committee
FBC	Full Business Case
FFT	Friends and Family Test
HSMR	Hospital Standardised Mortality Ratio
IBR	Integrated Board Report
IIP	Investor In People
ITFF	Independent Trust Financing Facility
KPI	Key performance indicators
NHS E	NHS England
NHS I	NHS Improvement
OBC	Outline Business Care
OSC	Overview and Scrutiny Committee
PFI	Private Finance Initiative
PMO	Programme Management Office
PMU	Pharmacy manufacturing unit
PPI	Patient and public involvement
ITFF	Independent Trust Financing Facility
KPI	Key performance indicators
NHS E	NHS England
NHS I	NHS Improvement
OBC	Outline Business Care
OSC	Overview and Scrutiny Committee
PFI	Private Finance Initiative
PMO	Programme Management Office
PMU	Pharmacy manufacturing unit
PPI	Patient and public involvement
WEB	Weekly Executive Board
WYAAT	West Yorkshire Association of Acute Trusts
WYSTP	West Yorkshire Sustainability and Transformation Plan
ICS	Integrated Care System
DH	Department of Health
IPC	Infection Prevention Control

	New risk
	Breach of risk appetite

INITIALS LIST

AB	Anna Basford, Director of Transformation and Partnerships
SD	Suzanne Dunkley, Executive Director of Workforce and OD
DB	David Birkenhead, Executive Medical Director
GB	Gary Boothby, Executive Director of Finance
HB	Helen Barker, Chief Operating Officer
MG	Mandy Griffin, Managing Director of Digital Health
RM	Ruth Mason, Associate Director of Engagement and Inclusion
AM	Andrea McCourt, Company Secretary
CP	Cornelle Parker, Deputy Medical Director seven day service lead
SS	Stuart Sugarman, Managing Director CHS
OW	Owen Williams, Chief Executive
EA	Ellen Armistead, Director of Nursing / Deputy Chief Executive
ALL	All board members

2020 / 21 One Year Strategy by Board Assurance Framework Risk 21.8.20. Appendix 2

Our Vision	*Together we will deliver outstanding compassionate care to the communities we serve*			
Our behaviours	We put the patient first / We go see / We do the must dos / We work together to get results			
Our goals (The result)	Transforming and improving patient care	Keeping the base safe	A workforce for the future	**Sustainability**
	Implement a programme of transformation based on learning from the COVID-19 pandemic to deliver 'Business Better than Usual'. (AB) **Risk 0/320**	Stabilise the delivery of services in response to the COVID-19 pandemic to minimise the loss of life and protect colleagues safety. (OW) **Risk 5/20**	Develop and implement flexible recruitment and redeployment processes to improve our skill mix and improve our vacancy rate for Nurse staffing and specialist medical roles, thus retaining a turnover below 10%. (SD) **Risk 11/19**	Deliver the 20/21 regulator approved financial plan. (GB) **Risk 18/19**
	Trust Board approval of reconfiguration business cases for HRI and CRH. (AB) **Risk 1/19**	Maintain the Trust CQC overall rating of 'good' and increase the number of services achieving an out-standing' rating. (EA) **Risk 4/20**	Develop an approach to talent management that further embeds our approach to succession planning, whilst maintaining fair and equal opportunities of employment, resulting in an increased number of internal promotions. (SD) **Risk 11/19**	Demonstrate improved performance against Use of Resources key metrics. (GB) **Risk 18/19 , 7/19**
	Progress implementation of the Trust's Clinical Strategy working with partner organisations across West Yorkshire. (DB) **Risk 1/20**	Involve patients and the public to influence decisions about their personal care and improve patient experience by: • responding to the needs of people from protected characteristics groups • implementing "Time to Care". • achieving patient safety metrics (EA) **Risk 4/19**	Roll out our Leading One Culture of Care and Management Essentials programme to support managers to successfully lead their teams. (SD) **Risk 11/19**	Trust Board approval of a 10 year sustainability plan to support reduction in the Trust's carbon footprint. (SS) **Risk 6/20**
	Trust Board approval of a 10 year digital strategy supported by an agreed programme of work and milestones. (MG) **Risk 2/20**	Develop an outcome based performance framework and deliver against key metrics. (HB) **Risk 8/19**	Develop an approach to inclusive recruitment panels and assessment processes to ensure a senior management team that reflects the diversity of the workforce. (SD) **Risk 11/19**	Collaborate with partners across West Yorkshire and in place to deliver resilient system plans. (AB) **Risk 1/20**
	Use population health data to inform actions to address health inequalities in the communities we serve. (OW) **Risk 07/20**	Deliver the actions in the Trust's 2020/21 Health and Safety Plan. (SD) **Risk 16/19**	Assign a wellbeing champion to each Ward/Department/Service to improve our health and wellbeing of colleagues, resulting in an improved health and wellbeing score in the annual staff survey. (SD) **Risk 1/19**	

17. Quality Report

To Note

Date of Meeting:	**Thursday 3 September 2020**
Meeting:	**Board of Directors**
Title:	**Quality Report (Reporting period Jun-Jul 2020)**
Author:	**Andrea Dauris, Interim associate Director of Quality and Safety** (on behalf of the Quality and Safety Team)
Sponsoring Director:	**Ellen Armistead, Executive Director of Nursing/Deputy Chief Executive**
Previous Forums:	**None**

Actions Requested:
To note

Purpose of the Report

The purpose of this report is to provide the Trust with ongoing oversight of the Quality agenda and the emerging issues that need to be considered.

It is to ensure that the Board is provided with a level of assurance around key quality and patient experience outcomes and confirmation that during the response to the Covid pandemic, the processes and systems to ensure quality and safety have been maintained.

The Covid pandemic resulted in the Trust having to make significant adjustments as to how it operated and reported to ensure resources were channelled into the emergency response. A governance structure was put in place to reflect the needs of the organisation during this phase, much of which has been around the specific quality and safety challenges that manifest as a result of managing a pandemic. An update on the management of the pandemic has been provided to the Board throughout this time.

This report reverts to an agreed format and provides a high-level overview and reflects how we aim to report Quality assurance moving forward.

The report makes reference to the key quality and patient experience outcomes which have been reset to reflect our ongoing challenges and those more specific to operating in a post pandemic context.

The Quality Committee are due to define the actions and reporting arrangements for the newly agreed focused quality priorities. These will be reviewed at the end of Q4.

Key Points to Note

- Due to changes to the Board of Directors workplan this report has not yet been approved by the Quality Committee
- Complaints: this remains a concern for the Trust and will be a key part of the stabilisation and reset workstreams. The Assistant Director for Patient Experience has commenced in post, whose key objective includes improving CHFT complaints handling.

- 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 CAS alerts
- Pressure Ulcer – 3 areas of limited assurance, noting an improving position with reasonable assurance across 5 areas.
- Assessment of Dementia Screening – assurance remains limited
- Nutrition and hydration – assurance remains limited
- Management of inquests – assurance is limited

EQIA – Equality Impact Assessment

All EQIA are a valuable method of internally scrutinising the Trust and everything that the Trust delivers, prior to external scrutiny from anyone including the Commission for Equality & Human Rights, the Care Quality Commission, and the Audit Commission.

It is not anticipated that this summary positions described within this report will have a detrimental impact on any of the protected characteristics.

As part of the review of complaints there will be an assessment of whether people from any of the protected characteristic groups are disproportionately impacted during their experience of care and / or the complaints process.

However, the EQIA is an ongoing process and should be repeated on a regular basis to make sure that the Trust is offering a service that meets legislation, encourages equal access for all and reduces as many negative impacts identified as possible in terms of its overall delivery of high quality care

Recommendation

The Board is asked to note the content of the report and activities across the Trust to improve the quality and safety of patient care.

Contents

1. Introduction

The primary aim of Calderdale and Huddersfield Foundation NHS Trust is to treat and care for people in a safe and compassionate environment and to protect them from avoidable harm.

This report has been formatted to ask the question *'Are we assured'* as previous Board papers provided reassurance. As a Trust working towards the Outstanding CQC marker, the question for any Trust committee should be one of '*Am I assured and am I confident that we know where the risks lie'.*

The Board has a structured and comprehensive quality assurance programme supported by a Quality Committee which provides the scrutiny, monitoring and assurance on all the quality programmes that are in place in the organisation. Further assurance is provided by the Trust Council of Governors.

This report provides an update on assurance against several quality measures for the period June-July 2020.

Due to the changes to the Board of Directors work plan, this report has not been received via the Quality Committee. This report will be tabled at the Quality Committee on 2nd September 2020.

2. Care Quality Commission (CQC)

2.1 CHFT Care Quality Commission (CQC) Workstreams - Summary

CQC related workstreams began to be reinstated across the Trust from May 2020, after they were temporarily suspended due to the COVID-19 pandemic pressures. These workstreams have been guided by the continuous engagement with the Trusts CQC Relationship Managers.

The CQC Emergency Support Framework (ESF) has been a key workstream during quarter 1, with the Phase 1: Infection Prevention Control Emergency Support Framework successfully completed and submitted to CQC.

Extensive preparation has been ongoing during quarter 2 to launch a CHFT: Emergency Support Framework, which is in line with CQCs Phase 2: Engagement and Monitoring approach to regulation during the COVID-19 pressures. This will be ready to roll out at the beginning of quarter 3.

2.2 2019/20 CQC Exceptions Action Plan – Update on 'Must Do' & 'Should Do' Actions

Of the outstanding actions from the 2018 CQC inspection, the Trust still have five actions to complete. These have been defined as must do (MD) and should do (SD).

Following a lengthy period of review and continuous work within the Divisions, the status of the must do and should do actions has been set out below, the status remains the same as quarter 4.

In brief the two 'must do' and three 'should do' are not yet embedded within the Trust and are now actions for specific focus by the CQC Response Group. Further the two 'must do' actions remain incomplete pending further consideration of the quality and financial impact of the CQC actions.

Progress with the 5 remaining actions has again been delayed due to the COVID-19 pressures.

All outstanding MD and SD action leads have been tasked to provide a written report to demonstrate current position and progress of all outstanding SD and MD actions. The reports will be presented at the August CQC Response, where next steps and revised embedded dates will be agreed.

2.3 The exceptions plan below sets out, in detail, the present position with no further change reported in July 2020:

Compliance	Quarter 3 19/20	Quarter 4 19/20	Quarter 1 20/21	Assurance
MD1 - The trust must improve its financial performance to ensure services are sustainable in the future	The Trust has submitted a five-year financial plan through the Integrated Care System and onward to regulators in line with the defined challenging Financial Improvement Trajectory. This trajectory sees a projected reduction in the deficit position but continues to require external funding support to achieve breakeven.	The Trust has started a Use of Resources Self-Assessment process, focusing on areas set out in the CQC Use of Resources Assessment Criteria. This piece of work is currently delayed due to COVID-19 pressures. To remain Green	The Use of Resources Self-Assessment process is now well underway with a number of teams meeting regularly to gather evidence and address all key lines of enquiry. The Trust's submitted draft financial plan for 20/21 was in line with the required Financial Improvement Trajectory, but all financial planning is currently on hold due to Covid-19. The Q1 reported position was break-even, with an underlying position, (excluding Covid-19 costs), that was favourable to the NHSI plan.	**Substantial Assurance**
MD8 – The Trust must ensure medical staffing at Calderdale is in line with Guidelines for the Provision of Intensive Care Services 2015 (GPICS) standards.	Further work is needed to make the proposal more palatable financially. Consideration is been made within the trusts planning cycle for 20/21. There is still no mitigation and therefore the risk remains red.	Work is been undertaken to assess HOOP data to see if there are any themes captured across the wider hospital where staff haven't been able to get an anaesthetist due to the anaesthetists being otherwise engaged in non-anaesthetics duties. A flow chart is in production to describe the escalation process for people to follow to get an anaesthetist. No further progress with this action at present due to COVID-19 pressures. To remain Red.	Q4 actions haven't been progressed, and no plans to reinstate at this time. Ross Kitson and the anaesthetic department has revisited the original options appraisal which was presented at WEB. Considering the recent COVID experience and the desire to increase the CRH bed-base to 8 critical care beds, which makes the CQC action even more essential. At this point, awaiting responses and input to a proposal describing service change options to facilitate the aforementioned.	**Limited Assurance**
SD3 - The trust should develop processes to measure the outcomes of mental health patients in order to identify	Work has progressed with the strategy which is now going for Trust approval and through relevant governance processes.	The Mental Health Operational group is now in place. A Dashboard is currently under development. The Mental Health Strategy is now complete.	The operational group has now become a workstream of the reset and stabilisation at the trust and the TORs have been sent to the Quality Committee	

opportunities to improve care		Mental Health policy is pending approval. Mental Health SRG is now in place. Action to be taken to CQC Response Group once all related work is complete and implemented, with a recommendation that the action is now embedded with full assurance.		**Substantial Assurance**
SD6 - The trust should continue to strengthen staff knowledge and training in relation to mental capacity act and deprivation of liberty safeguards.	Discussed at nursing huddles to strengthen staff knowledge. Plan to test staff knowledge in Q4. To remain Green.	Plans to test staff knowledge delayed initially due to staffing capacity then COVID-19 pressures. To formulate a plan to test with the safeguarding team post COVID-19 Pressures. To remain Green.	Plans to introduce testing methods into the revised Ward Accreditation process. Meetings booked to discuss operational implications and plans to roll out with safeguarding team.	**Substantial Assurance**
SD9 - The Trust should ensure they work to meet the Royal College of Emergency Medicine recommendations of 16 hours consultant presence in the department.	Still non-compliant with this standard given our current consultant workforce numbers. We are continuing with attempts to recruit to consultant numbers to deliver this standard.	At this stage we remain non-compliant and are slowly increasing our number to try and ensure compliance. To remain Red.	Remains non-compliant. A further consultant has been recruited, but the service has lost some PAs to cover a maternity leave. The service continues to work towards recruitment of consultants into our vacant posts.	**Limited Assurance**

2.4 CQC Engagement Meetings

CHFT are continuing to communicate with CQC via the CQC Relationship Managers. The last full official engagement meeting between both parties took place on 11th June 2020.

Regular catch up meetings have been taking place throughout the COVID-19 pandemic with both the Acute and Community Healthcare Services Relationship Managers. These catch ups are scheduled to continue on a monthly basis with the next full engagement meeting scheduled for September 2020.

A formal request has been made by CHFT that the next full engagement meeting in September is a combined Trust wide meet, led by both the Relationship Managers.

The engagement conversations have been structured in line with CQC Emergency Support Framework.

During the sessions, CHFT have been able to successfully demonstrate assurance in the following areas:

- Progression of investigations of any open enquiries with CQC
- Oversight of potential Serious Incidents of Interest
- IPC & PPE Supplies
- COVID-19 Service Provisions and Governance
- Trust Reset Plans

CHFT has been notified that our Acute Relationship Manager, Catherine Robson will be leaving CQC in September, the Trust is still awaiting confirmation of her replacement.

CHFT currently have 11 open enquiries with CQC; 6 enquires have been closed since April 2020 and 4 new enquires raised.

2.5 CQC Emergency Support Framework - Overview

At the June CQC engagement meeting, CHFT were informed that CQC will be rolling out an Emergency Support Framework (ESF) across the hospital directorate.

The Emergency Support Framework (ESF) is part of CQCs regulatory approach during the coronavirus (COVID-19) pandemic.

It provides a structured framework for the regular conversations that inspectors are having with providers and covers the following four areas:

- Safe care and treatment
- Staffing arrangements
- Protection from abuse
- Assurance processes, monitoring, and risk management

The information that CQC gather through this route is a further source of intelligence that they are using to monitor risk, identify where providers may need extra support to respond to emerging issues, and ensure services are delivering safe care which protects people's human rights. This is designed to be a support tool and not an inspection.

2.6 CQC Emergency Support Framework – What does this mean for NHS Trusts?

For NHS Trusts the ESF has been split into 2 Phases as detailed below:

Phase	Description	Requirements	Assurance
Phase 1: IPC	A focus on IPC based around the NHSE/PHE IPC Board Assurance Framework. 11 question relating to IPC had to be answered and findings submitted back to CQC. 10 of the 11 questions mirrored the 10 Key lines of enquiry within the NHSE/PHE IPC Board Assurance Framework. Thus, making the review of IPC across the Trust mandatory.	• A review of IPC to be commissioned and undertaken across the Trust using the NHSE/PHS IPC Board Assurance Framework. • Final report of IPC Board Assurance Framework report to be submitted to CQC. • To provide assurance to the trust CHFT Board of Directors and submit evidence that confirmation that the BAF was discussed and agreed upon at Board level. • Provide evidence that any associated Risk with regards to IPC is documented and monitored via a Covid-19 Risk Register. • Submit Trust supporting statements and evidence to reinforce the findings within the report.	**Full Assurance**
		• Having open and honest conversations about our current assurance and position via the CQC: CHFT Engagement meetings. • Taking action to keep people safe, by providing regular updates to any open	

Phase 2: Engagement and Monitoring	Continued monitoring and engagement via intelligence and relationship meetings	enquiries with CQC and potential Serious Incidents of interest picked up via STEIS. Also, reporting and acting upon any intelligence within the CQC Insight Report. • Capturing and sharing what we do – sharing what has worked well and innovations with CQC such as our virtual visiting • Ensuring monitoring and assurance processes are in place to target support where it's needed most.	**Substantial Assurance**

2.7 Phase 1: Infection Prevention Control

All evidence was submitted to the Trust CQC Relationship Manager and presented at CQC Infection Prevention Control Emergency Support Framework (IPC ESF) regional panel on 22 July 2020 where they assessed information and supporting evidence provided by CHFT.

Supporting evidence submitted which were all considered as part of the assessment included:

- CHFT's Board Assurance Framework (BAF), which was presented to CHFT's Quality Committee on 29 June 2020 and to the Board of Directors on 2 July 2020.
- COVID-19 risk register (dated to 1 July 2020)
- CHFT COVID Risks' presentation (considered by the Board of Directors on 2 July 2020)
- COVID- 19 Stabilisation and Reset' presentation (delivered to the Board of Directors on 4 June 2020).
- Supporting statements detailing CHFTs IPC process and reinforcing the findings in the external review (signed off by the Director of IPC, Deputy Director of IPC, IPC Doctor and Lead IPC Matron)

In summary, CQC were fully assured that the Trust had undertaken a robust assessment of infection prevention and control (IPC) procedures across services since the onset of the pandemic and measures to mitigate IPC risks had been implemented.

The Trust plans to frequently undertake a review of IPC across the Trust using the NHSE/PHE IPC Board Assurance Framework to provide ongoing assurance to the Infection Control Committee.

2.8 Phase 2: Engagement and Monitoring

During quarter 1, continued structured engagement with both the Trusts CQC Relationship Managers have provided the necessary assurance to CQC in line with the Phase 2: ESF requirements, with all requested evidence been provided to support the Trusts position.

During quarter 2, a CHFT Emergency Support Framework is been developed and aligned with both the Trusts revised quality priorities and the CQC Phase 2: Monitoring and Assurance. The framework is a method of being able to identify areas that need support and not as a form of inspection.

The framework will provide assessors with key lines of enquiry to be able to review service areas against 6 key areas, including:

Prompt	Key Line of Enquiries
Safe Care & Treatment	• IPC • Environment • PPE provision • Medical Devices and Equipment • Medicines Management • Assessing & Responding to Risk, Incident Management • Patient Records. • Falls
Staffing Arrangements	• Skill Mix • Competency • Training • Staffing Provision
Protection from Abuse	• Safeguarding Processes • MCA & DoLs
Nutrition and Hydration	• Oral Food and Fluid Provisions
Compassionate Patient Care	• Emotional Support • Patient Experience • PRASE • End of Life Care
Staff Wellbeing	• Staff Support • Culture and Wellbeing

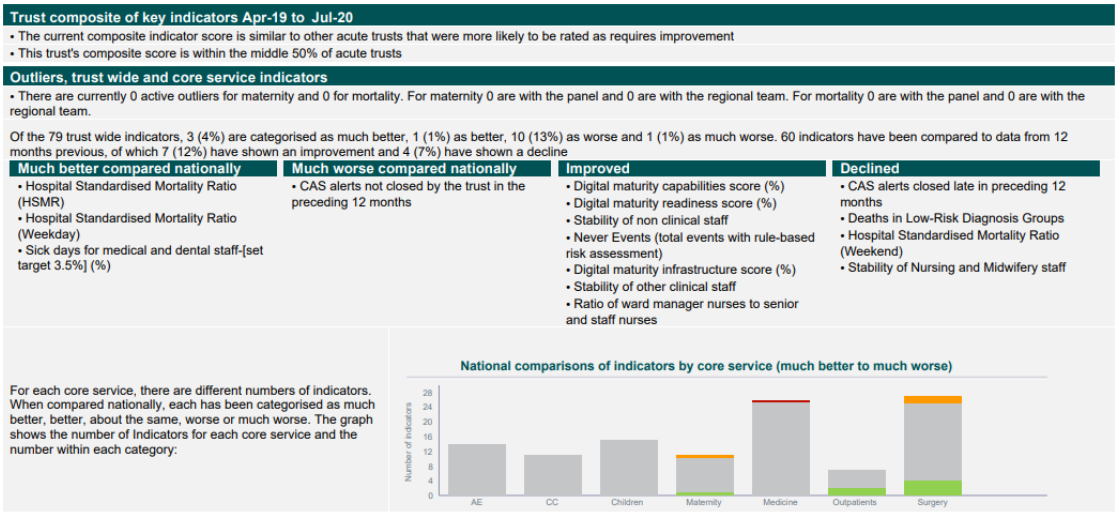
This system has been adapted and developed from the Trusts Ward Accreditation process which was under review prior to the pandemic.

The framework will consist of a toolkit that will furnish assessors with the necessary tools to be able to undertake the review and will utilise the Trusts technology. The full proposal is to be finalised, signed off and piloted during quarter 2 with the aim to roll out at the beginning of quarter 3.

2.9 CQC Insight Report

The most recent CQC Insight Report was published in July 2020 with the previous report been published in May 2020.

A summary of the report can be found below. After a review of both the May and July reports there has been no changes to CHFTs outlier status.



Trust composite of key indicators Apr-19 to Jul-20

- The current composite indicator score is similar to other acute trusts that were more likely to be rated as requires improvement
- This trust's composite score is within the middle 50% of acute trusts

Outliers, trust wide and core service indicators

- There are currently 0 active outliers for maternity and 0 for mortality. For maternity 0 are with the panel and 0 are with the regional team. For mortality 0 are with the panel and 0 are with the regional team.

Of the 79 trust wide indicators, 3 (4%) are categorised as much better, 1 (1%) as better, 10 (13%) as worse and 1 (1%) as much worse. 60 indicators have been compared to data from 12 months previous, of which 7 (12%) have shown an improvement and 4 (7%) have shown a decline

Much better compared nationally	Much worse compared nationally	Improved	Declined
• Hospital Standardised Mortality Ratio (HSMR) • Hospital Standardised Mortality Ratio (Weekday) • Sick days for medical and dental staff-[set target 3.5%] (%)	• CAS alerts not closed by the trust in the preceding 12 months	• Digital maturity capabilities score (%) • Digital maturity readiness score (%) • Stability of non clinical staff • Never Events (total events with rule-based risk assessment) • Digital maturity infrastructure score (%) • Stability of other clinical staff • Ratio of ward manager nurses to senior and staff nurses	• CAS alerts closed late in preceding 12 months • Deaths in Low-Risk Diagnosis Groups • Hospital Standardised Mortality Ratio (Weekend) • Stability of Nursing and Midwifery staff

For each core service, there are different numbers of indicators. When compared nationally, each has been categorised as much better, better, about the same, worse or much worse. The graph shows the number of Indicators for each core service and the number within each category:

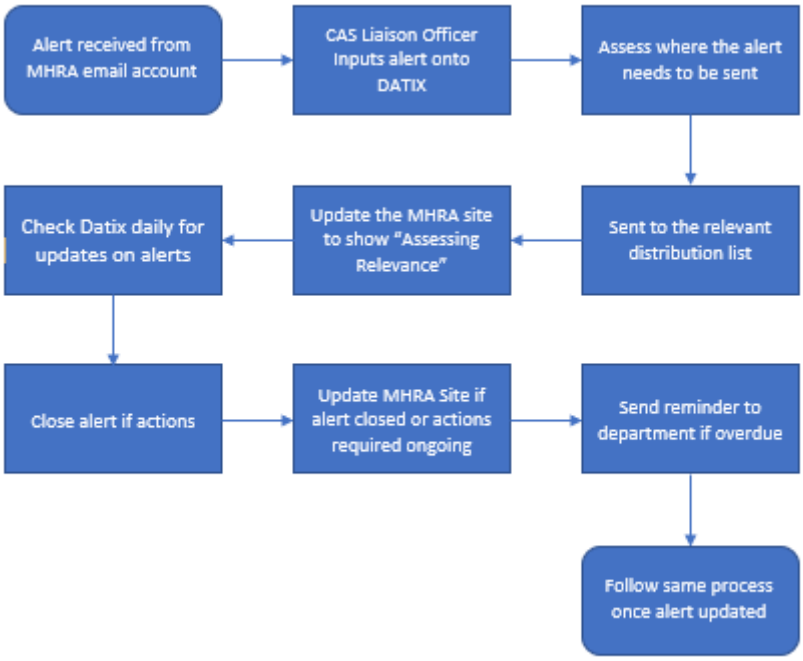
CHFT have been an outlier showing as Worse and Much Worse nationally on the Central Alert System (CAS) indictors. This was highlighted to the Company Secretary in quarter 1 and a Quality Improvement review has since been undertaken to look at the standard operating procedure and governance processes.

S6	**CAS alerts closed late in preceding 12 months** MHRA - CAS Alerts (27 Apr 2020)		< 25% of alerts closed late Apr 18 - Mar 19	>=25% & <50% alerts closed late Apr 19 - Mar 20		W
S6	**CAS alerts not closed by the trust in the preceding 12 months** MHRA - CAS Alerts (27 Apr 2020)		NA	>=5 alerts still open Apr 19 - Mar 20	NA	MW

The review highlighted some gaps in the systems to support processes for recording and closure of alerts.

It was reported by the Company Secretary at the July CQC Response group that the CAS Alert current position as of 9 July 2020 was showing 5 alerts still open that are overdue' 4 patient safety alerts and 1 estates alert. These are under active review, with an expectation that these will be closed shortly. This is a significant improvement on the position as of 9 June 2020, when there were 19 alerts that were overdue for response and were still open.

A revised process has been put in place by the Company Secretary to ensure timely closure of the CAS alerts:



These improvements will be reflected in the September CQC Insight Report.

2.10 CHFT CQC Intranet Page

The CHFT CQC Intranet pages are regularly updated to ensure colleagues have access to all information relating to CQC. The pages continued to be updated during the COVID-19 pandemic with links to all publications from CQC. The updated page can be found at: https://intranet.cht.nhs.uk/non-clinical-information/chft-cqc-homepage/

2.11 Use of Resources

A workshop was held in late January to raise awareness and engagement with the Use of Resources process with colleagues from a range of functions.

The aim of this was to put in place a number of task and finish groups to review the Key Lines of Enquiry of the Use of Resources assessment process. The groups were to review metrics and gather evidence of the work that the Trust had done in each of the areas. This process was interrupted by the Covid-19 emergency with the majority of the meetings having been stood down. This is now to be revisited and relaunched, a timeline for this process is to be provided to the next Finance and Performance Committee.

The Trust is continuing to pursue options to progress an external review of Use of Resources in order to proactively identify areas for improvement and has connected with another local Trust who have recently been through the assessment and have shared their learning.

3. Venous Thromboembolism (VTE)

3.1 Venous Thromboembolism (VTE) is a collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is a significant cause of mortality, long-term disability and chronic ill-health problems, many of which are avoidable. It has been estimated that the management of hospital associated VTE costs the NHS millions per year. This includes the costs of diagnostic testing, treatment, prolonged length of stay in hospital and long-term care. Long term complications that reduce the quality of life add to the human cost and overall burden of VTE.

3.2 VTE Prevention is supported by national standards that facilitate high quality care and NICE guidelines for reducing risk in patients admitted to hospital.

VTE Outcome	Quarter 2	Quarter 3	June and July 2020 update	Assurance
To meet the 95% target of patients being risk assessed for developing a VTE	Achieved	KPI - 95%+ compliance achieved for all months in Quarter 1 2020 Regular VTE slot on induction for all new starters. VTE committee liaised with Divisional Quality Governance Leads around areas of low compliance – due to covid crisis we have been behind in this work in first and second quarter in 2020. In November, the Patient Safety Group supported the committee's proposal that if areas under perform for three consecutive months, that an action plan is produced and is fed into the next committee meeting.	Achieved	**Substantial Assurance**
Maintain the level of Hospital acquired VTE episodes, not more than 20% of all VTE episodes	Achieved	Achieved	June – Achieved July - awaiting validation	**Substantial Assurance**
No Avoidable hospital acquired VTE Deaths	Achieved	Achieved	June – Achieved July – awaiting validation	**Substantial Assurance**
Audit actions plan and schedule of re audit	Completed - Pharmacy audit of VTE risk assessment and prescribing of thromboprophylaxis. Is VTE prophylaxis being correctly prescribed for all postpartum women upon discharge?' Management of suspected PE in pregnant patients.	Plan a re-audit this year of all action plans- ongoing Pharmacy led audit on VTE prevention and prescribing prophylaxis – ongoing Is awaiting approval in MMC	No change to Q3 position	**Reasonable Assurance**

4. Pressure Ulcers

4.1 Pressure ulcers are a key indicator of the quality and experience of patient care. Many pressure ulcers are preventable, so when they do occur, they can have a profound impact on the overall wellbeing of patients and can be both painful and debilitating. Preventing them will improve care for all vulnerable patients.

Objective	Quarter 1 2020/21	July 2020 update	Assurance
Reduction in pressure ulcers	There was a significant increase in pressure ulcers in Q1 (134). This period coincided with the start of the COVID-19 pandemic.	There was a significant decrease in pressure ulcers in July 2020 (33).	**Limited Assurance**
No Category 4 declared	1 category 4 pressure ulcer declared in Q1 (hospital acquired in Feb 2020)	No category 4 pressure ulcers were declared in July 2020.	**Reasonable Assurance**
Reduction in CHFT Acquired Medical Device Related Pressure Ulcers (MDRPU)	There was a significant increase in MDRPU in Q1 (24). This figure includes 2 staff/face mask related pressure ulcers. The overall increase in numbers coincides with the peak of the COVID-19 pandemic with a sudden increase in the number of acutely unwell patients in critical and respiratory care settings.	There was a significant decrease in MDRPU in July 2020 (2).	**Limited Assurance**
Reduction in Category 3 Pressure Ulcers	There was a reduction in category 3 pressure ulcers in Q1 (2).	Following validation there were no category 3 pressure ulcers declared in Q1.	**Reasonable Assurance**
Education and Training- PUSH Tool / Safety Huddles	Virtual education programme commenced in June 2020 via Microsoft Teams. PU Collaborative now facilitated via Microsoft Teams resulting in improved attendance.	Virtual education programme continues. Programme extended to ward staff commencing in September 2020. Review commenced of all CHFT PU investigation templates Increased monitoring and follow up of DTI and unstageable pressure ulcers via newly appointed Tissue Viability Nursing Associates	**Reasonable Assurance**
Documentation	Care plan for Skin care under POP written and awaiting confirmation from Bradford that they are happy to use on Powerchart. Patient advice	Review of EPR Powerchart documentation completed with recommendations identified for change and submitted. Systmone documentation review on going with community teams	**Reasonable Assurance**

Objective	Quarter 1 2020/21	July 2020 update	Assurance
	leaflet completed and to be submitted for addition to the repository.		
Resources / Policies	Moisture Associated Skin Damage policy has been devised and circulated for consultation. National PU resources disseminated to members of PU Collaborative via Microsoft Teams	Moisture Associated Skin Damage policy awaiting ratification	**Reasonable Assurance**
Provision of appropriate pressure redistributing equipment	Mattress audit completed Conclusions: 261/357 (73%) mattresses in an acceptable condition 89 adult condemned mattresses were replaced immediately Paediatric mattresses to be ordered with immediate effect Trolley mattress audit: completed July 2020 and replacement plan in discussions with procurement. Repeat audit arranged for September 2020 70 new powered alternating pressure mattresses acquired for secondary care settings. These offer improved support surface provision for patients requiring constant low pressure such as those receiving palliative care.	New additional pressure redistributing non powered cushions ordered and made available to wards	**Reasonable assurance**

5. Assessment and Dementia Screening

5.1 The Assessment and Dementia screening process is an essential part of medical clerking for all patients aged 75 and over. This is a cognitive assessment that measures the following aspects:

- an assessment for delirium; followed by
- a screen for depression; and if the delirium assessment is negative it is followed by
- the dementia screen.

5.2 If delirium is diagnosed, the cognitive assessment does not progress to the dementia screen. The dementia screen is a nationally monitored standard requiring 90% compliance.

5.3 The dementia screen is not intended to be an indicator for investigation whilst the person is in hospital. Its function is to prompt a message for the GP to be aware that a positive screen may lead them to refer the patient to mental health memory services for full investigation.

Objective	Quarter 2	Quarter 3	June to July 2020	Assurance
Dementia screen National requirement = 90%)	47%	40%	June 2020 – 40.09% July 2020 – 40.37%	**Limited Assurance**
Person centred dementia care training	No update provided	The training remains the same on ESR, it's the video 'Barbara's Story'. The person-centred dementia care training currently provided does not target large numbers but will still be on the agenda for clinical staff.	Due to COVI|D-19 there have been delays to implementation of the person-centred training. Plans are in place to recommence September	**Limited Assurance**
Dementia strategy	In progress	Approved by Patient Experience and Caring Group; awaiting Nursing and Midwifery Committee and EB Quality Board approval	The strategy has progressed through Nursing and Midwifery Committee	**Reasonable Assurance**
Dementia training	Community 99.58% Corporate 98.63% FSS 99.63% Health Informatics 97.24% Medical 99.07% PMU 100% Surg &Anaesthetics 98.51%	Overall compliance for Dementia training is 99.06%.	June 97.73% July 98.39%	**Substantial Assurance**

6. Nutrition and Hydration

The Nutritional Steering Group and Artificial Nutrition Steering group membership was reviewed and to avoid duplication the TOR were revised. The decision was made to combine the groups to form the Nutrition Operational Group chaired by Surgical Associate Director of Nursing.

Unfortunately, the Clinical lead within the group stepped down in October 2019 as he was no longer able to commit to the ongoing commitment and membership. This remains an outstanding concern and has required escalation to the Clinical Improvement Group and placed on the risk register, this remains unresolved

Below provides an update from the key workstreams

6.1 Enteral feeding

Training for nursing staff in insertion and ongoing management of naso gastric tubes is now linked to ESR and compliance is monitored via a monthly dashboard.
Clinical areas of high/regular usage of NG tubes have sustained compliance of 93-5%. Reassessment of ongoing compliance is now a self-directed theoretical module for existing practitioner.

Training for medical staff is undertaken at induction but there is not a practical competency programme of assessment in place unless it is undertaken at the individuals request.

There have been no never events relating to misplaced naso gastric tubes over the last 12 months and the governance relating to incidents are reviewed monthly at the Nutrition operational group and established gastroenterology MDT meeting.

6.2 Enteral PEG

Work is progressing for pathways for patients requiring enteral tube insertion. The pathway for community referrals for patients with motor neuro disease has been approved. This was required to provide prompt referral /response timescales for this group of patients whose disease often progresses quickly.

There remains an outstanding action to ensure there is a robust process for a formal MDT to take place in the pre-assessment process for all patients being considered for PEG. This has been discussed with lead gastroenterology consultants following GIRFT meeting and a recognition that a nutritional lead needs to be employed to move this forward. Consultants for gastroenterology and stroke are keen to support this within the job planning process.

There is ongoing work related to an integrated pathway post PEG insertion to provide further guidance after the initial insertion provided by the endoscopy department this will be completed within the next few months with endoscopy, gastroenterology and the nutritional specialist nurses.

6.3 Parenteral Nutrition (PN)

There is currently no referral form available for requesting parenteral nutrition to commence, the existing system is made through the dietetic referral system. There have been instances when surgeons have chosen to prescribe PN, out of hours, which

may increase a risk of unsafe PN being prescribed without the input from the nutritional specialist nurse. This has been discussed with surgeons who have fed back to larger team. To mitigate this risk all patients (including ICU) are now reviewed by a Multi-Disciplinary Team (MDT).

A robust weekly surgical MDT, with the vascular access lead and nutritional specialist nurse to discuss PN patients and treatment plans has been established.

6.4 Nutritional and Hydration Compliance

A further peer review has not been arranged due to COVID pandemic however the newly devised CQC Emergency Support Framework, for roll out in Q3 will provide further review of assurance compliance on many of the ward based nutritional aspects of care in practice and clinical records standards.

Following the External Review in quarter 2 of 2019/20 we note that there continues to be issues with staff not recording MUST / Fluid & Food Balance charts in the correct place on the electronic patient record (EPR) which is contributing to some of the low compliance.

As an action from the external peer review there followed a ward-based awareness training programme undertaken by the nutritional nurses and dietetic team to enhance compliance in recording MUST/fluid and food charts in the correct place on EPR. This had only a short-term impact as these areas still remain a concern with only limited assurance to compliance and unfortunately a significant reduction in the compliance of completion of food charts from Q2 to date as set out below

Objective	Quarter 2	Quarter 3	June and July 2020 update	Assurance
All patients (>LoS 8hrs) have a completed fluid balance chart?	10.1%	23.3%	19.4%	**Limited Assurance**
Nutritional support care plans will be evident for all adults' patients with MUST of 2 or above?	88.2%	85.5%	89.0%	**Substantial Assurance**
Patients with a MUST score of 2 or above will be referred to a dietician	2.7%	4.4%	4.6%	**Limited Assurance**
Food charts will be completed for patients with a MUST of 2 or above	31.9%	16.9%	13.5%	**Limited Assurance**
All adult patients will receive a MUST assessment within 24 hours admission/ transfer to the ward?	15.0%	16.6%	22.1%	**Limited Assurance**

7. Outpatients and Records

7.1 The Trust undertook a significant programme of work to understand outpatients and appointments issues from the perspective of multiple stakeholders. A 'deep dive' was undertaken to ensure all issues related to outpatients and appointments were identified and have developed a comprehensive action plan to drive improvement.

7.2 By way of additional assurance, the Trust commissioned an external, independent review of issues raised by the CQC and others about current outpatient provision at the Trust. This focused on identification of current risks and the consequent priorities for the Trust and the experiences of users of the outpatient service (patients and clinicians) and staff engaged in managing the service.

7.3 Four issues were identified from the external independent review. These were; number of patient lists managed across the outpatient system; training of staff managing the outpatient system; the number of cancelled appointments and clinics and communication with patients.

7.4 The developed action plan was categorised into the three key issues which were identified from the deep dive:

Objective	Quarter 3	Quarter 4	June and July 2020 update	Assurance
Issues related to EPR and digital patient communications	A task and finish group meet fortnightly to track the ongoing delivery against the developed action plan. Progress and assurance are being monitored by the Weekly Executive Board. Many of the technical issues have been fixed or where this has not been possible further training is being developed for operational staff.	The group has paused due Covid-19. Many Outpatient clinics are currently not running except for urgent appointments which have mainly been converted to telephone. Recovery group established with objective of determining the future model of Outpatients. A new fit for purpose training programme had been developed and roll out to be determined as part of recovery plans. Virtual clinic training has been developed to resolve an immediate problem and this has been delivered virtually to many clinicians.	Many of these issues have now been resolved. The recovery group and training was paused as a result of covid. No plans to restart these yet however there are smaller task and finish groups looking at specific issues such as incorrect lead clinician. All closed issues have been relooked at to understand if they need reopening as a result of covid and they do not however some outstanding issues have now evolved as a result.	**Reasonable Assurance**

Objective	Quarter 3	Quarter 4	June and July 2020 update	Assurance
User issues	There has been clear progress during quarter 3, of 50 actions there is now a RAG rating of – 1 Blue, 13 Green, 20 Amber and15 Red. The 50-point action plan developed includes the recommendations of the internal deep dive and the external independent review.	Paused as indicated above	The Trust has now commissioned a company called meridian to undertake a three-week diagnostic assessment of outpatients to identify efficiencies that will feed into our recovery plans. As a result of covid we have seen high staff redeployment in nursing and significantly increase in workloads for admin teams. Directorates are submitting recommendation papers to IMT to on required resourcing.	**Reasonable Assurance**
Access issues – capacity / demand	Opportunity to become outstanding with innovative ideas such as safety huddles pre and post clinic.	The pause due to COVID-19 will provide an opportunity during recovery to transform the service going forward	Due to the reduction in outpatient services caused by covid we have a significant increase in the number of new and f/up patients waiting for an outpatient appointment. We have converted a lot of capacity to telephone and maximizing face to face capacity whilst adhering to social distancing and PPE requirements. Several workstreams have been set up to manage the restart and this includes a clinical prioritisation group. Patients will be awarded a priority rating so patients will be seen in order of clinical priority. The Trust are also adopting new ways of working such as CAS clinics and working closely with CCG and GP colleagues to keep patients safe.	**Reasonable Assurance**

8. Sepsis

8.1 The Sepsis Collaborative did not set outcomes specifically for Q2.
The Sepsis Collaborative in June agreed the below measures would be reporting on going forward: -

- Antibiotic administration within the hour from the earliest alert in both Emergency Departments (ED) – an improvement trajectory is to be established
- Sepsis Care Bundle compliance - an improvement trajectory is to be established. June reported a 33.6% compliance. July data remains to be validated

Objective	Quarter 2	Quarter 3	Quarter 4	June to July 2020 update	Assurance
Sepsis Lead Nurse appointment			Appointed into post on 09/03/2020		**Substantial Assurance**
EPR Sepsis bundle/PowerPoint presentation			WTGR action plan updated May 2020 this underpins the improvement work of the Sepsis Collaborative Group. The work in Q4 was about understanding the data quality and CHFT position. New sepsis power plan for doctors launched on the 21/3/20 after media drive. Provides improvements with ordering tests, antibiotics and use of the sepsis treatment bundle. Sepsis dashboard will provide compliance figures monthly. Improvement from 37.8% to 45.1% of bundle compliance noted. Sepsis presentations ongoing, sepsis nurse working on slides being set up and narrated on EPR so doctors and nurses can access and sign off learning. This has been actioned due to Covid 19 and significant reduction	WTGR updated monthly prior to sepsis collaborative meeting. Further work to improve antibiotic administration compliance in ED continues. ED compliance improved to 80% in the month of June (May position 67.7%). Sepsis power form guidance added to junior doctors' induction. Sepsis 6 poster campaign commenced. Sepsis training progressing, lead nurse is being supported with training of surgical nurses by band 7	**Reasonable Assurance**

			in face to face training. Sepsis nurse is delivering training on new starter induction. Recruitment of sepsis champions completed at HRI, CRH ongoing. Monthly sepsis newsletter commenced April 2020 and distributed. Sepsis Press education digital newspaper being built for quarterly release.	Sepsis champions recruited both sites and Train the Trainer commenced in front end areas.	

9. Complaints

9.1 During the Covid-19 pandemic all Trust's received directive from NHS England and NHS Improvement to pause the investigation of complaints for 12 weeks from the end March 2020, therefore a 12-week period was added to all current and new complaint investigation timelines. During this pause the Complaints Team worked hard with divisions to assist them in the investigation and writing of their complaint responses which worked well. The intention was that as the Trust were still receiving complaints, there would not be a large backlog of complaints to investigate along with a high number of breaching complaints when the pause was lifted at the beginning of July 2020. The Trust had 89 open complaints and 35 breaching complaints at the start of the pause and had 69 open complaints and 4 breaching at the end.

9.2 The Assistant Patient Advice and Complaints Manager sent out an anonymous questionnaire at the beginning of 2020 to all past and present complaint investigators to identify any gaps, or problem areas that they had, or were, encountering which was preventing them from providing a good quality investigation and response to the complainant. The questionnaire responses were extremely varied in some areas, for example support received from divisions and the Complaints Team, with a request from the majority in relation to training requirements and administrative/grammatical assistance with their reports. The Complaints Team shared an analysis of the responses with the Associate, Divisional and Clinical Directors of each Division.

9.3 Following the questionnaire and in light of a clear training requirement, the Assistant Patient Advice and Complaints Manager has been working with Medicine's Patient Quality and Safety Administrator and has compiled an investigation and quality checklist/guidance for all complaint investigators, which also includes directive on liaising with the Clinical Governance Team and Clinical Audit to ascertain whether there are any collaboratives ongoing in the Trust that the complaint actions can feed into, ensuring actions are SMART. This checklist/guidance will be sent to investigators as soon as they are allocated their complaint to refer to, in order to ensure that all quality indicators are met. Once the investigation response is received by the Patient Quality and Safety Administrator these indicators will be examined to see whether they

have been met. Any investigators that persist in not meeting these indicators will be provided with further support, advice and/or training.

In addition, the Assistant Patient Advice and Complaints Manager and Medicine's Patient Quality and Safety Administrator have reviewed an unused tab on the Datix complaints module. This has been redesigned completely for the investigator to use which will hold all pertinent information including the key issues that have been agreed with the complainant, details of complaint review panels and the introduction of a due date for a directorate review along with the divisional review due date.

The Assistant Patient Advice and Complaints Manager is currently reviewing the historic complaints investigator training slide presentations, along with the incident investigation presentation and information provided by other Trust's. Medicine's Patient Quality and Safety Administrator will provide an overview from a divisional perspective and the training will be available online in bitesize pieces reflective of the stages of the investigation process.

9.4 The Trust induction slides have been reviewed by both the Complaints Team and the Incident Team and Clinical Audit. These slides are now up to date and have had audio added to them to coincide with the Covid-19 pandemic. Going forward an information sheet will form part of the new starter pack that is distributed at the Trust induction which describes the process of PALS/Complaints (concerns/complaints) and who to contact for support.

9.5 Work is also underway to create a 'patient experience' video, following shared learning from Wrightington, Wigan and Leigh Trust, which will incorporate interviews from complainants discussing their experiences at our Trust.

9.6 The Assistant Patient Advice and Complaints Manager has worked together with the Datix Manager and Divisions in order to provide an easier report to identify actions that remain open following a complaint investigation. The reports have been created and are supporting to close outstanding complaint actions.

9.7 During June/July 2020 the PALS team had 378 contacts, a decrease of 37% from 604 contacts in June/July 2019. There has been a dramatic decrease as a result of the Covid-19 pandemic.

9.8 June/July 2020 - Complaints Summary:

End of June/July Complaints Summary	Number
Live complaints	66
Breaching complaints	9
Complaints under investigation with PHSO	4
Complaints received	46
Complaints closed	47
PHSO complaints received	0
PHSO complaints closed	2
PALS contacts received	378

Objective	Quarter 2	Quarter 3	Quarter 4	June and July 2020 update	Assurance
Senior divisional decision makers should receive all complaints and allocate accordingly	Implemented	Implemented; complaints weekly tracker shows allocation in a timely manner. Need audit to check embeddedness due to be undertake at the end of Q4.	No progress made	Audit spot check completed; Divisions are allocating complaints to investigation in a timely manner.	**Substantial Assurance**
Database to be developed to provide an overview of colleagues with skills in more complex complaints and less experienced complaint handlers	Not implemented	No progress made.	No progress made.	No progress made during pandemic - Divisional update to be provided	**Limited Assurance**
The Trust should review its complaints training offer to include training in communication skills, strategies to build confidence in having difficult conversations and duty of candour as well as process	Bespoke Training for areas within the Trust delivered as required	Bespoke training for areas within the Trust delivered as required.	Complaints Training currently under review.	Complaints Training currently under review and working with Divisions.	**Reasonable Assurance**
Audit of learning from PHSO cases	In progress	Audit has not yet been undertaken due to focus on backlog of breaching responses; implementation was due end December 2019. Plan to be undertaken and presented with end of year complaints report.	Although no progress has been made specifically in relation to the PHSO, the Complaints Team have taken the view that all actions and learning require a review. Regular spot-checks are needed to ensure longevity that these are still being implemented and in addition to ensure stricter monitoring that actions as a result of a complaint have been completed.	Spot checks of historic learning/actions still being implemented in areas on hold due to Covid-19 pandemic.	**Reasonable Assurance**

10. Legal

10.1 The Head of Legal Services and Complaints left the Trust at the end of July 2020. This has given the Trust the opportunity to reassess the role in terms of scope and capacity and look to split management of the legal and complaints functions. An Interim Head of Legal Services has been employed for a period of 3 months to review Legal Services and assist with recruitment of a permanent successor.

10.2 Clinical Negligence

- 188 active clinical negligence claims
- 14 new clinical negligence claims were received.
- 4 clinical negligence claims were concluded.
- Damages totalled £207,000

10.3 Employers' and Public Liability (EL/PL) Claims

- 20 active EL/PL claims
- 6 EL/PL claims were received
- 1 EL/PL claim was concluded
- Damages totalled £22,000

10.4 Lost Property

- 13 active lost property claims
- 2 lost property claims were received
- 1 lost property claim was concluded
- £0.00 paid in respect of lost property claims

10.5 Inquests

- 77 active inquests
- 13 inquests were opened
- 3 inquest files were closed

Objective	Quarter 2	Quarter 3	Quarter 4	June and July 2020	Assurance
System in place to ensure effective communication within the Legal Services Department	KPIs set and implemented	98% compliant with department KPIs	100% compliant with department KPIs	At the end of 2019/20 98% of KPI were met. During Covid-19 report on KPIs has ceased to all staff with the department to help support clinical colleagues; therefore, figures not available for this period. Reporting will be reviewed as part of wider review.	**Limited assurance**
Datix Module for Legal Services reviewed and updated	Not implemented	Datix reviewed with Trust Datix Lead, stages streamlined, and actions set	Legal Services Department together with wider	Not implemented	**Limited assurance**

Objective	Quarter 2	Quarter 3	Quarter 4	June and July 2020	Assurance
		up for Inquests. Further work required in Q4.	Governance Department moved offices and sites during Q4. Work on Datix module was paused during this time to focus on the move.		
Audit of Legal Services files on Datix	Not implemented	Not implemented	Not implemented	Audit of Legal services files continues to take place as part of quarterly reporting. At present audit feedback sheet has been designed and feedback is given to handlers on an individual basis. Quarterly basis has been deemed a reasonable period of time for audits to take place.	**Reasonable assurance**
SOP for DP7 requests	SOP set up	In Q3 the role and responsibility for managing all DP7 requests was given to Legal Services. Currently no SOP in Trust for handling these.	Confirmed that DP7 requests from the Police that relate to Trust staff or incidents that have happen on Trust property. All other requests will be handled through Access to Data DP7 requests have been added to Datix as a type in claims module and managed under the SOP for legal disclosures.	Confirmed that DP7 requests from the Police that relate to Trust staff or incidents that have happened on Trust property should be referred to Legal Services.	**Reasonable assurance**.

Objective	Quarter 2	Quarter 3	Quarter 4	June and July 2020	Assurance
Disclaimers for personal property on EPR	Not implemented	Not implemented, discussions being undertaken with EPR Team in relation to this.	The Digital Health Team are looking into how disclaimers can be added to EPR. There has been little movement as claim handler for lost property is on sick leave.	The Digital Health Team are looking into how disclaimers can be added to EPR. There has been little movement as claim handler for lost property only returned to work in July 2020 and has had a phrased return to work	**Limited Assurance**

11. Incidents

11.1 Serious Incidents (SIs)

11.1.1 Summary of Patient safety Incidents and Incidents with Severe Harm or Death for the year April 2019 to July 2020 and number of SIs reported by month

Month reported	No of Patient Safety Incidents reported (all)	No of Patient Safety Incidents of severe harm or death	SIs By the month externally reported on StEIS
Apr 2019	1031	4	0
May 2019	1049	6	6
Jun 2019	929	3	3
Jul 2019	1053	2	2
Aug 2019	981	4	1
Sep 2019	964	3	7
Oct 2019	1141	5	3
Nov 2019	998	4	6
Dec 2019	976	4	3
Jan 2020	1068	4	2
Feb 2020	962	3	2
March 2020	876	4	0
April 2020	625	2	1
May 2020	790	4	1
June 2020	931	7	9
July 2020	994	5	2

11.1.2 Types of SI Declared in June and July by StEIS category and Division

The table above shows an apparent spike in reporting of serious incidents in June 2020, some of which relate to incorrect grading of incidents.

11.2 Never Events

11.2.1 In 2020/21 the Trust has reported the following Never Events:

April 2020 - Wrong site surgery - Moderate Harm
A summary of the incident and immediate actions was provided to Quality Committee in May 2020.

June 2020 – Retained swab – Moderate Harm
See table 13.1.2 above

11.3 Summary of Progress with SI Actions

11.3.1 In summary, as of 6th August 2020, there are 74 open actions against serious incident investigations, of these 18 are over 6 months overdue. The Trust maintains a month-on-month improved position on delivery of actions and is collectively addressing actions to mitigate risks across both SIs and Divisional Orange investigations where there are common requirements.

11.4 Learning from Safety Incidents in Quarter 4

11.4.1 Serious incident reports submitted to the Clinical Commissioning Group (CCG) in June and July 2020 are as follows:

ID	Division	STEIS Ref	STEIS Category	Level of harm
170805	Medical Division	2019/10976	Sub-optimal care of the deteriorating patient	Severe harm
Lessons Learned: • When discussions take place with members of a patient's family including spouse or civil partner, or a close friend acting in place of family, spouse or civil partner the name(s) of those present should be recorded in the patient's record. • Some families and friends are aware of the existence of fall alarms and may ask for one to be used for a relative. The specialist input of the Falls Matron can be sought for guidance on use of falls alarms. It should be made clear to the family where a falls alarm is not indicated, and the reasons why, this should be documented. • Opportunities to involve the specialist Palliative Care Team should be recognised, particularly where support for families would be helpful to achieve the preferred place of death				
173435	Families and Specialist Services	2019/17363	Maternity/Obstetric incident: Mother and baby (this includes foetus, neonate and infant)	Catastrophic or Death
Lessons Learned: • A post-incident debrief should be held including informing staff involved in the care of the patient in preparation for contribution to the investigation • There should be a structured approach to handover between staff and between shifts which includes a comprehensive review of previous actions and recommendations				

ID	Division	STEIS Ref	STEIS Category	Level of harm
• An assessment with a pinards stethoscope whilst at the same time monitoring maternal pulse should be undertaken prior to the commencement of CTG • CTG should be commenced, interpreted and have a documented plan of care for frequency that it is required to be undertaken • Observations should be conducted and documented in accordance with protocol and follow guidance set out in Early Recognition of the Severely Ill Pregnant Woman V9 Maternity Services Clinical Guideline • There should be a review of the Reduced Foetal Movements (RFM) flowcharts and procedures into one document.				
176099	Families and Specialist Services	2019/21881	Sub-optimal care of the deteriorating patient	Severe harm
Lessons Learned • Escalation of the deteriorating (or not improving) child should be made to the consultant in charge, and where indicated to the Consultant Paediatrician on-call • Effective multi-specialty working, and communication is paramount to ensuring best clinical care for children • Where clinical expertise is required from another speciality, this should be sought (i.e. fluid management)				
177153	Surgical & Anaesthetics Services Division	2019/24005	Surgical/invasive procedure	Moderate harm
Lessons Learned: • The clinical reviewer has not identified any concerns or lessons in the management of this case. • The Consultant was commended for his openness and willingness to engage in the investigation and was reassured by the findings.				
179241	Surgical & Anaesthetics Services Division	2019/27821	Surgical/invasive procedure - Wrong Site Block NEVER EVENT	Minor Harm
Lessons Learned: • Ensuring staff rostered to a theatre list can commit to delivering of the full list eliminates the need for staff swapping and covering which introduces risk. • You must speak up if procedures for ensuring safety and reducing risks have not been followed. Anyone can initiate a STOP moment and you might just prevent a serious incident or never event that could result in patient harm. If you don't feel confident to speak up, tell your line manager. • Ensuring the theatre team are skilled and experienced to deliver the listed cases negates the need to bring in other staff to perform a task, which introduces risk to the process • Having the whole theatre team present for the entire theatre list avoids changes in personnel, and ensures continuity of understanding and communication and that all staff are present for safety briefs				

ID	Division	STEIS Ref	STEIS Category	Level of harm
179879	Families and Specialist Services	2020/830	Maternity/obstetric incident: baby only (this includes foetus, neonate and infant) HSIB	Catastrophic or Death

Findings and outcome:

The HSIB report makes 21 conclusions, in summary:

- Estimation of blood loss by Ambulance Service and how this is utilised by maternity staff in considering the full clinical picture
- Observations, CTG and fetal monitoring
- Use of the national 2222 crash call number
- Whilst the decision to deliver the baby could have been made sooner, it is uncertain if this would have affected the outcome.
- Decision to delivery time was within acceptable timescales
- The baby's heart rate was heard on the CTG whilst it was being monitored on the LDRP. Once transferred to the operating theatre, the staff could not be sure that baby's heart rate could be heard
- Midwifery staff ensured that neonatal staff were present at the Baby's birth
- Baby was born by emergency CS, with no signs of life
- Decision to cease resuscitation of the baby was in line with Resuscitation guidelines.

- Postmortem report states that a small placenta with velamentous insertion of the cord and a possible tear of an intramembranous vessel gave rise to hypoxia at birth and lead to a perinatal death. Based on the information they had staff would not have suspected a tear from a blood vessel related to a VCI. The Mother had no known risk factors for VCI and it was not identified on antenatal USS.

VCI is uncommon, occurring in around 1% of singleton pregnancies. VCI has been associated with adverse pregnancy outcomes.
Routine USS at the Trust do not support universal screening for VCI. This is in line with national guidance from the RCOG (2018). Antenatal screening for VCI, to reduce the risk to babies, has been considered by the National Screening Committee (NSC) and the RCOG in recent years.

An action plan is developed to address all HSIB findings and recommendations.

12. Medicine Safety

12.1 The Medication Safety and Compliance group continues to raise awareness of the importance of safe storage and handling of medication.

Objective	Quarter 2	Quarter 3	Quarter 4	July to Aug 2020 update	Assurance
Non-compliance of the medicines management 'must do's	Requirement of clear escalation process for non-compliant areas. Senior nurses to be reminded of responsibilities	The Trust Medicines Code has been updated and includes a process for the escalation and management of the staff responsible in any non-compliant areas Presentation to senior nurses of responsibilities and process of escalation Letters issued from ADNs to senior nurses reminding staff of responsibilities Celebration of high performing areas	Pharmacy continue to complete spot checks and audits	Spot check audits have identified issues with ward medicines trolley's: not being secure when not in use and containing out of date medicines. Ward managers asked to include trolleys in meds safety spot checks.	**Substantial Assurance**
Non-secure storage of medication cupboard keys in those areas not open 24/7	Review of medication key security and installation of digital key safes	Non-compliant areas identified. Business case for digital key safes / successful funding bid to Commercial Investment and Strategy Group. Procurement of key safes. Priority areas for installation highlighted.	Key safes and digilocks have been procured and installed.	Completed	**Substantial Assurance**
Annual medication fridge temperature monitoring audit highlighted only 39% of all areas 100% compliant	Require improvement in completion of medicines must do's/ compliance with fridge temp monitoring standards	Audit results disseminated to nursing and midwifery staff Issue highlighted in Safe Medicines newsletter Monitoring sheet revised to include colour	Spot checks continue and new monitoring sheet implemented. Business case finalised for WIFI based system for monitoring	Funding approved. Active temperature monitoring software being installed w/c 10/8/20. SOP being finalised prior to training roll out. Manuel monitoring to continue until active system live and embedded.	**Reasonable Assurance**

Objective	Quarter 2	Quarter 3	Quarter 4	July to Aug 2020 update	Assurance
(audit completed July/ results shared September 19)		code when temperature out of range Spot check of medicines management standards by pharmacy teams. Awaiting review of ward managers annual medicines management audit to identify if improvements to previous practices - Feb 20	of ambient and fridge temperatures. Business case presented at Scan5safety project group to request funding.		
To improve medical gas training to ensure compliant with HTM requirements				50 additional nursing staff to receive DNO training on 3/4th Aug. Unfortunately, this training needs to be rescheduled due to local Covid lock down resulting in BOC cancelling session	**Reasonable Assurance**
Requirements for areas administering Entonox and nitrous oxide to complete annual occupational exposure checks				The following areas need to complete a COSSH risk assessment which includes the requirement for annual occupational exposure checks: ED, Endoscopy, maternity, children's, plaster room, radiology	**Limited Assurance**

12.2 Issues to escalate

Concern of lack of awareness by some staff regarding safe management of the lower schedule CDs- schedule 3, 4 and 5:

- Gabapentin found in unsecured medicines trolley
- Diazepam given to HCA whilst on duty
- Missing zopiclone – lending stock to other ward areas

Response to these includes:

- CD Liaison officer from West Yorkshire Police invited to do training sessions with nurses where diazepam incident occurred

- Staff reminded not to 'lend' out medications- email from CD Accountable Officer to remind nursing staff. When inpatient pharmacy is open, all medicines should be ordered directly pharmacy. Out of hours on call pharmacist to be contacted for authorisation for transfer of medicines.
- Development of process to follow/ information to record if medications must be lent/ supplied in an emergency situation
- Spot check on medicines trolley- ward managers asked to include these as part of their medicine's management checks

18. Integrated Performance Report July 2020

To Note

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	**3rd September 2020**
Meeting:	**BOARD OF DIRECTORS**
Title of report:	**QUALITY & PERFORMANCE REPORT**
Author:	**Peter Keogh, Assistant Director of Performance**
Sponsor:	**Helen Barker, Chief Operating Officer**
Previous Forums:	**Executive Board, Finance & Performance Committee, Quality Committee**

Actions Requested:

- To note

Purpose of the Report

To provide the Board of Directors with the performance position for the month of July 2020.

Key Points to Note

Trust performance for July 2020 was 65%.

A number of indicators continue to be affected adversely by the COVID situation including Sickness, Diagnostics 6 week waits, ASIs and 52 week waits.

Stroke and Cancer 31 day indicators also missed their targets for a second month although overall Cancer performance has been excellent.

More positively the SAFE domain returned to a GREEN rating.

EQIA – Equality Impact Assessment

The IPR does not report performance with a breakdown of Protected Characteristics either for workforce or patient data. Workforce equality monitoring is conducted at Workforce Committee via WRES, WDES and Staff Survey. The Public Sector Equality Duty annual report is presented to Board annually, as well as our gender pay gap report.

Recommendation

The Board of Directors is asked to note the contents of the report and the overall performance score for July.

compassionate care

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NHS
Calderdale and Huddersfield
NHS Foundation Trust

Integrated Performance Report

July 2020

Report Produced by : The Health Informatics Service

Data Source : various data sources syndication by VISTA

Contents

RAG Key	
Not achieving target or threshold	
Achieving target	
Between target and threshold	

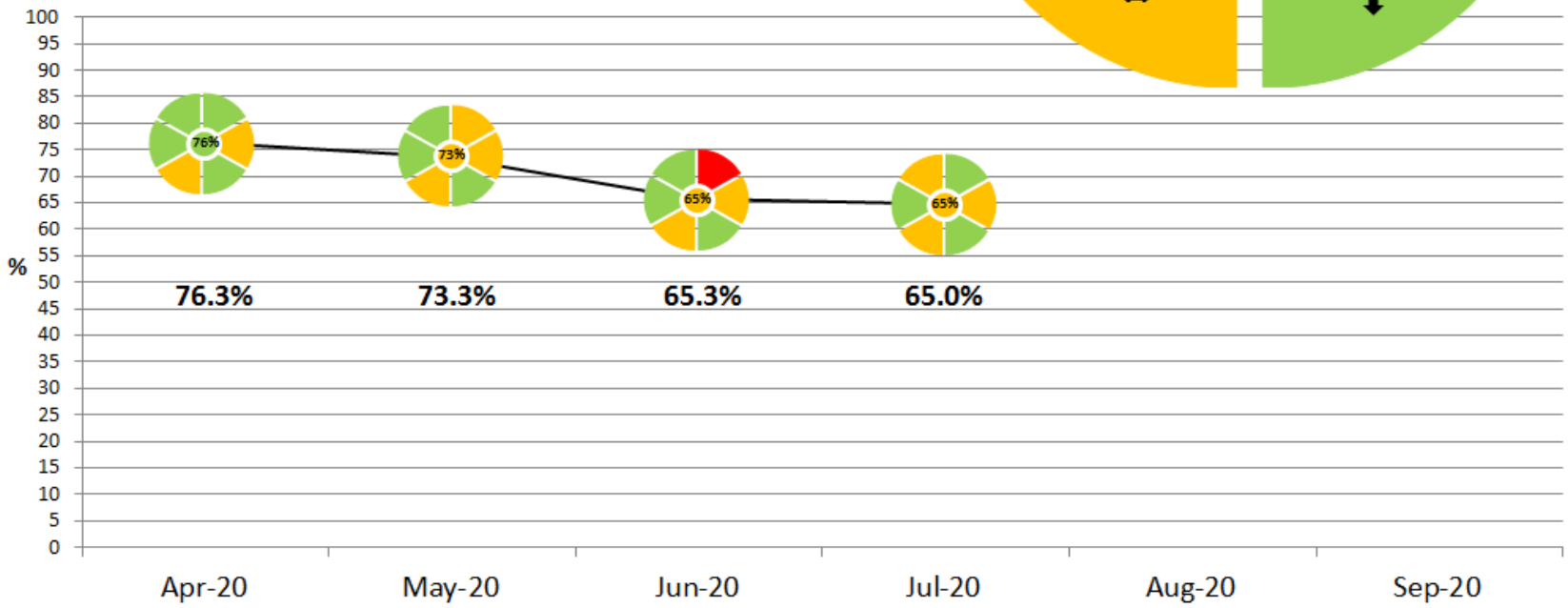
Performance Summary

July 2020

OVERSIGHT FRAMEWORK

SAFE	
VTE Assessments	Never Events
CARING	
Mixed sex accommodation breaches	% Complaints closed
EFFECTIVE	
MRSA	Preventable Cdiff
HSMR	SHMI

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



Key Indicators

	19/20	Apr-20	May-20	Jun-20	Jul-20	YTD	Performance Range		
SAFE							Green	Amber	Red
Never Events	1	0	1	1	**0**	**2**	0		>=1
CARING							Green	Amber	Red
% Complaints closed within target timeframe	42.00%	94.0%	82.0%	80.0%	**70.0%**	**80.0%**	100%	86% - 99%	<=85%
EFFECTIVE							Green	Amber	Red
Number of MRSA Bacteraemias – Trust assigned	1	0	0	0	**0**	**0**	0		>=0
Preventable number of Clostridium Difficile Cases	5	1	1	1	**0**	**3**	4		3.4
Local SHMI - Relative Risk (1 Yr Rolling Data)	98.63					**98.63**	<=100	101 - 109	>=110
Hospital Standardised Mortality Rate (1 yr Rolling Data)	88.6					**88.6**	<=100	101 - 109	>=111
RESPONSIVE							Green	Amber	Red
Emergency Care Standard 4 hours	87.48%	92.59%	95.24%	94.76%	**93.72%**	**92.59%**	>=95%	81% - 94%	<=80%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of arrival	51.21%	71.43%	71.93%	67.24%	**52.90%**	**71.43%**	>=90%		<=85%
Two Week Wait From Referral to Date First Seen	98.59%	98.24%	99.02%	98.52%	**98.92%**	**98.73%**	>=93%	86% - 92%	<=85%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	97.66%	100.00%	100.00%	97.67%	**95.87%**	**97.40%**	>=93%		<=92%
31 Days From Diagnosis to First Treatment	99.64%	99.42%	97.37%	98.25%	**97.52%**	**98.27%**	>=96%		<=95%
31 Day Subsequent Surgery Treatment	98.96%	96.88%	96.00%	69.57%	**86.49%**	**88.03%**	>=94%		<=93%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	97.83%	**97.44%**	**98.83%**	>=98%		<=97%
38 Day Referral to Tertiary	53.08%	76.00%	40.00%	37.50%	**61.54%**	**57.81%**	>=85%		<=84%
62 Day GP Referral to Treatment	90.81%	93.61%	91.41%	85.59%	**92.05%**	**91.23%**	>=85%	81% - 84%	<=80%
62 Day Referral From Screening to Treatment	90.80%	72.22%	37.50%	0.00%	**0.00%**	**32.65%**	>=90%		<=89%
Faster Diagnosis Standard: Maximum 28-day wait to communication of definitive cancer / not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening	78.06%	71.06%	85.89%	73.95%	**80.36%**	**77.67%**	>=70%		<=74%
WORKFORCE							Green	Amber	Red
Sickness Absence rate (%) - Rolling 12m	3.93%	4.11%	4.22%	4.25%	*	-	<=4%	<=4.5%	>4.5%
Long Term Sickness Absence rate (%) -Rolling 12m	2.50%	2.61%	2.69%	2.73%	*	-	<=2.5%	<=2.75%	>2.75%
Short Term Sickness Absence rate (%) -Rolling 12m	1.43%	1.50%	1.52%	1.53%	*	-	<=1.5%	<=1.75%	>1.75%
Overall Essential Safety Compliance	94.81%	93.61%	94.11%	94.24%	95.85%	-	>=90%	>=85%	<85%
Appraisal (1 Year Refresher) - Non-Medical Staff	97.63%					-	>=95%	>=90%	<90%
Appraisal (1 Year Refresher) - Medical Staff (Rolling 12mth)	84.10%					-	>=95%	>=90%	<90%
FINANCE							Green	Amber	Red
I&E: Surplus / (Deficit) Var £m YTD	9.76	(0.00)	0.00	0.00	**0.00**	**0.01**			

Safe - Key measures

	19/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	YTD	Performance Range		
Falls / Incidents and Harm Free Care																Green	Amber	Red
All Falls	1,815	116	126	134	164	165	163	169	154	161	93	117	140	**155**	**505**	Refer to SPC charts		
Inpatient Falls with Serious Harm	25	0	0	1	4	3	6	1	1	4	0	0	2	**4**	**6**	Refer to SPC charts		
Falls per 1000 bed days	7.7	6.0	5.9	6.9	7.3	8.3	7.7	8.0	7.9	9.4	8.6	9.8	10.5	**10.5**	**9.8**	Ongoing Monitoring		
Number of Serious Incidents	36	2	2	7	3	6	3	2	2	0	1	1	8	**2**	**12**	Refer to SPC charts		
Number of Incidents with Harm	2,236	208	196	166	215	176	153	180	166	145	135	146	191	**210**	**682**	Refer to SPC charts		
Percentage of Duty of Candour informed within 10 days of Incident	99%	100%	100%	100%	100%	100%	100%	100%	100%	91%	100%	100%	100%	**93%**	**94%**	100%	96 - 99%	<=95%
Never Events	1	0	0	0	0	0	1	0	0	0	0	1	1	**0**	**2**	0		>=1
Percentage of SIs investigations where reports submitted within timescale – 60 Days	50.00%	100.00%	100.00%	50.00%	none to report	0.00%	0.00%	none to report	0.00%	none to report	25.00%	0.00%	0.00%	**33.33%**	**14.00%**	Ongoing Monitoring		
% Emergency Sepsis patients receiving antibiotic treatment within 1 hour of diagnosis	75.00%	78.00%	84.00%	72.00%	72.00%	70.00%	74.00%	74.00%	72.00%	70.00%	78.00%	82.00%	88.00%	**Reported quarterly**	**82.67%**	>=90%	86% - 89%	<=85%
% Inpatient Sepsis patients receiving antibiotic treatment within 1 hour of diagnosis	68.26%	68.00%	72.00%	76.00%	50.00%	64.29%	61.11%	71.43%	70.00%	68.75%	64.86%	60.00%	64.00%	**Reported quarterly**	**62.77%**	>=90%	86% - 89%	<=85%
Maternity																		
Elective C-Section Rate	10.41%	10.40%	10.90%	9.29%	10.84%	8.29%	11.06%	8.96%	11.85%	11.89%	9.86%	9.30%	11.78%	**13.03%**	**11.06%**	<=10% Threshold		
Emergency C-Section Rate	15.77%	15.60%	15.89%	17.92%	17.59%	15.28%	14.75%	12.83%	14.88%	14.08%	14.25%	14.93%	15.18%	**18.30%**	**15.72%**	<=16% Threshold		
Total C-Section Rate	26.17%	25.96%	26.82%	27.21%	28.43%	23.58%	25.81%	21.79%	26.72%	25.97%	24.11%	24.23%	26.96%	**31.33%**	**26.78%**	<=27% Threshold		
% PPH ≥ 1500ml - all deliveries	3.06%	2.30%	3.40%	3.98%	3.13%	2.33%	1.61%	3.15%	2.75%	3.16%	3.01%	2.54%	4.19%	**3.26%**	**3.26%**	<= 3.0%	3.1% - 3.4%	>=3.5%
Antenatal Assessments < 13 weeks	92.13%	91.22%	93.71%	91.46%	93.71%	93.32%	91.55%	90.02%	91.79%	92.50%	92.93%	93.02%	92.84%	**94.03%**	**93.20%**	>90%	81% - 89%	<=80%
Maternal smoking at delivery	12.35%	14.20%	12.20%	11.30%	11.60%	14.50%	12.67%	9.69%	11.57%	13.11%	14.50%	11.80%	10.70%	**9.00%**	**11.46%**	<=12.9%		>=13%
Pressure Ulcers																		
Number of Trust Pressure Ulcers Acquired at CHFT	98	33	20	23	26	29	23	26	25	21	46	41	47	**under validation**	**134**	Refer to SPC charts		
Pressure Ulcers per 1000 bed days	1.38	1.71	0.93	1.18	1.15	1.46	1.09	1.23	1.28	1.22	4.45	3.44	3.51	**under validation**	**3.8**	Refer to SPC charts		
Number of Category 2 Pressure Ulcers Acquired at CHFT	291	31	16	22	26	26	20	23	23	20	23	24	28	**under validation**	**75**	Refer to SPC charts		
Number of Category 3 Pressure Ulcers Acquired at CHFT	33	2	4	1	0	3	3	3	1	1	0	0	0	**under validation**	**0**	Refer to SPC charts		
Number of Category 4 Pressure Ulcers Acquired at CHFT	0	0	0	0	0	0	0	0	1	0	0	0	0	**under validation**	**0**	0		>=1
Number of Deep Tissue Injuries	38	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	16	9	12	**under validation**	**37**	0		>=2
Number of Unstageable Pressure Ulcers	38	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	7	6	7	**under validation**	**20**	0		>=3
Number of patients with a Pressure ulcer	282	31	18	19	22	29	23	24	24	17	38	32	42	**under validation**	**112**	Refer to SPC charts		
% of leg ulcers healed within 12 weeks from diagnosis	92.07%	100.00%	100.00%	100.00%	100.00%	97.22%	100.00%	86.40%	80.00%	26.30%	40.00%	44.40%	12.50%	**42.90%**	**37.20%**	>=90%	86% - 89%	<=85%
Percentage of Completed VTE Risk Assessments	96.04%	95.88%	95.87%	95.72%	95.98%	96.60%	96.38%	95.97%	96.06%	95.46%	95.56%	96.05%	95.89%	**96.26%**	**95.97%**	>=95%	86% - 89%	<=85%
Safeguarding																		
Health & Safety Incidents	220	23	27	20	18	19	14	19	14	17	4	28	35	**18**	**85**	Ongoing Monitoring		
Health & Safety Incidents (RIDDOR)	4	1	1	0	0	1	0	1	0	0	2	2	1	**0**	**5**	0		>=1
Medical Reconciliation within 24 hours (excluding Children)	36.70%	38.90%	36.40%	36.80%	37.10%	37.60%	38.10%	38.80%	39.00%	39.60%	72.80%	57.60%	58.30%	**61.20%**	**62.00%**	>=68%		<=67%
Electronic Discharge																		
% Complete EDS	96.58%	97.78%	97.02%	97.36%	96.43%	96.99%	96.63%	95.15%	93.74%	93.58%	95.20%	94.90%	94.90%	**in arrears**	**94.59%**	>=95%	91% - 94%	<=90%

Caring - Key measures

	19/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	YTD	Performance Range		
Complaints																Green	Amber	Red
% Complaints closed within target timeframe	42.0%	37.0%	22.0%	47.0%	40.0%	41.0%	50.0%	51.0%	47.0%	64.0%	94.0%	82.0%	80.0%	**70.0%**	**80.0%**	100%	86% - 99%	<=85%
Total Complaints received in the month	494	48	42	49	53	40	32	43	31	27	10	14	29	**17**	**70**	no target		
Complaints re-opened	68	7	7	3	7	6	5	8	5	3	1	2	4	**1**	**8**	no target		
Inpatient Complaints per 1000 bed days	2.12	2.54	2	2.46	2.39	2.01	1.61	2.13	1.64	1.57	0.93	1.17	2.17	**1.15**	**1.35**	no target		
No of Complaints closed within Timeframe	222	15	10	24	29	20	24	19	18	13	15	18	16	**16**	**65**	Refer to SPC charts in Appendix		
Total Complaints Closed	545	45	45	51	73	55	53	36	40	21	16	22	20	**23**	**81**	no target		
Friends & Family Test																		
Friends & Family Test (IP Survey) - % would recommend the Service	96.88%	97.40%	96.40%	97.31%	97.63%	96.78%	97.06%	95.79%	96.44%	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=96.7%	93.8% - 96.6%	<=93.7%
Friends and Family Test Outpatients Survey - % would recommend the Service	91.98%	92.11%	92.31%	91.92%	91.70%	92.80%	92.68%	92.68%	92.08%	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=96.2%	93.4% - 96.1%	<=93.3%
Friends and Family Test A & E Survey - % would recommend the Service	84.54%	82.29%	86.82%	80.28%	85.86%	81.84%	85.78%	86.49%	86.25%	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=87.2%	82.8% - 87.1%	<=82.7%
Friends & Family Test (Maternity) - % would recommend the Service	99.20%	99.53%	98.61%	98.66%	99.60%	98.70%	98.73%	99.30%	99.50%	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=97.3%	94.3% - 97.2%	<=94.2%
Friends and Family Test Community Survey - % would recommend the Service	96.32%	98.15%	98.21%	97.07%	96.20%	94.66%	96.70%	97.46%	93.91%	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=96.7%	94.4% - 96.6%	<=94.3%
Caring																		
Number of Mixed Sex Accommodation Breaches	3	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0		>=1
% Dementia patients screened following emergency admission aged 75 and over	46.23%	48.45%	45.69%	45.83%	46.50%	35.45%	39.50%	40.72%	42.89%	40.74%	35.28%	40.15%	40.09%	**40.37%**	**39.04%**	>=90%	88% - 89%	<=87%

Effectiveness - Key measures

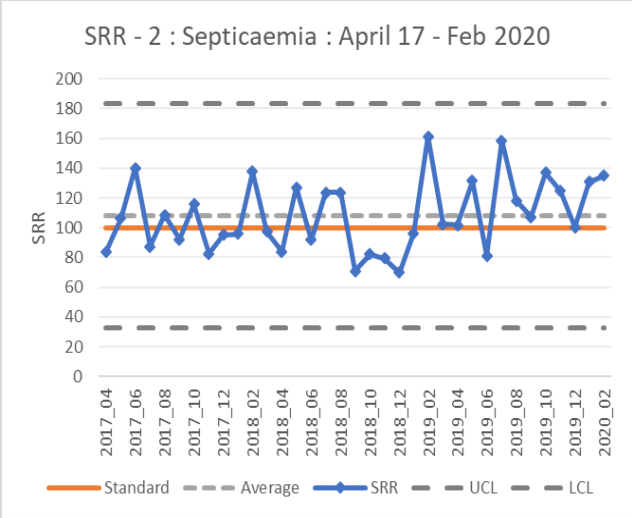
	19/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	YTD	Performance Range		
																Green	Amber	Red
Infection Control																		
Number of MRSA Bacteraemias – Trust assigned	1	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0		>=0
Total Number of Clostridium Difficile Cases - Trust assigned	26	4	1	2	1	2	0	2	3	5	1	2	4	**7**	**14**	No target		
Preventable number of Clostridium Difficile Cases	5	3	1	0	0	0	0	1	0	0	1	1	1	**0**	**3**	<=4 & YTD <=40		
Number of MSSA Bacteraemias - Post 48 Hours	19	1	2	1	1	2	2	4	1	0	0	2	3	**2**	**7**	No target		
Number of E.coli - Post 48 Hours	29	1	4	4	2	0	1	3	1	5	2	5	4	**2**	**13**	No target		
MRSA Elective Screening – Percentage of Inpatients Matched	96.22%	94.90%	96.20%	96.00%	95.00%	96.70%	94.20%	95.20%	94.90%	95.80%	87.00%	69.00%	73.00%	**68.40%**	**73.40%**	>=95%	94% - 93%	<=92%
Mortality																		
Stillbirths Rate (including intrapartum & Other)	0.16%	0.67%	0.00%	0.00%	0.24%	**0.00%**	0.45%	0.00%	0.00%	0.24%	0.27%	0.00%	0.26%	**0.50%**	**0.26%**	<=0.47%		>=0.48%
Perinatal Deaths (0-7 days)	0.10%	0.20%	0.00%	0.00%	0.24%	0.00%	0.00%	0.24%	0.27%	0.00%	0.00%	0.00%	0.00%	**0.25%**	**0.07%**	<=0.1%		>=0.11%
Neonatal Deaths (8-28 days)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	**0.00%**	**0.00%**	<=0.1%		>=0.11%
Local SHMI - Relative Risk (1 Yr Rolling Data)	98.63	99.88	98.63	Due Aug 20											**98.63**	<=100	101 - 109	>=110
Hospital Standardised Mortality Rate (1 yr Rolling Data)	88.6	88.62	88.62	88.6	Due Aug 20										**88.60**	<=100	101 - 109	>=111
Crude Mortality Rate	1.25%	1.17%	1.15%	0.96%	1.22%	1.27%	1.73%	1.21%	1.14%	1.62%	4.66%	2.30%	1.69%	**1.37%**	**2.35%**	No target		
Coding and submissions to SUS																		
% Sign and Symptom as a Primary Diagnosis	8.11%	7.87%	8.08%	7.90%	8.10%	8.09%	7.39%	8.22%	8.05%	7.10%	5.34%	7.84%	7.84%	**8.24%**	**7.43%**	<=8.3%	8.4% - 9.4%	>=9.5%
Average co-morbidity score	5.52	5.63	5.59	5.08	5.41	5.10	5.58	5.55	5.65	6.38	6.99	6.66	6.62	**6.43**	**6.66**	>=5.08 / >=5.30 from April 20		<=4.7
Average Diagnosis per Coded Episode	6.06	6.00	5.97	5.69	6.05	5.91	6.11	6.03	6.24	6.64	7.86	7.97	7.74	**7.55**	**7.76**	>=6.14 / >=6.48 from April 20		<=5.8
Recruitment to Time and Target (Research)	83.33%	81.20%	78.10%	88.00%	86.30%	87.70%	82.10%	82.30%	83.50%	82.90%	83.34%	83.10%	73.68%	**77.78%**	**79.48%**	>=80%	76% - 79%	<=75%
Best Practice Guidance																		
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	75.96%	73.47%	80.85%	75.86%	77.55%	91.89%	72.41%	77.36%	67.57%	77.08%	56.10%	56.67%	66.67%	**42.86%**	**54.55%**	>=85%	84% - 83%	<=82%
IPMR - Breastfeeding Initiated rates	76.39%	76.60%	76.50%	76.30%	77.80%	76.20%	74.30%	75.50%	78.00%	76.40%	78.57%	77.70%	81.10%	**76.30%**	**78.41%**	>=70%	66% - 69%	<=65%
Readmissions																		
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Trust (excluding ambulatory)	8.80%	8.24%	9.00%	7.60%	9.09%	8.66%	9.56%	8.82%	8.81%	10.41%	14.62%	11.48%	11.41%	**10.86%**	**12.09%**	<=7.96% as per Model Hospital		>=8.99%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG (excluding ambulatory)	9.70%	8.95%	9.57%	8.79%	9.83%	9.42%	10.93%	9.15%	10.16%	11.85%	14.71%	11.47%	10.40%	**11.18%**	**11.94%**	<=7.96% as per Model Hospital		>=8.99%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG (excluding ambulatory)	9.62%	9.50%	9.95%	7.82%	9.94%	9.45%	10.15%	10.26%	9.19%	10.39%	15.06%	12.67%	13.13%	**10.89%**	**12.94%**	<=7.96% as per Model Hospital		>=8.99%
Community																		
% Readmitted back in to Hospital within 30 days for Intermediate Care Beds	5.78%	1.60%	3.70%	5.60%	10.00%	9.70%	7.00%	6.80%	5.10%	8.10%	17.50%	7.70%	2.00%	**7.40%**	**8.70%**	No target		
Hospital admissions avoided by Community Nursing Services	2,995	244	210	252	291	315	283	320	259	277	350	267	228	**264**	**1,109**	>=186		

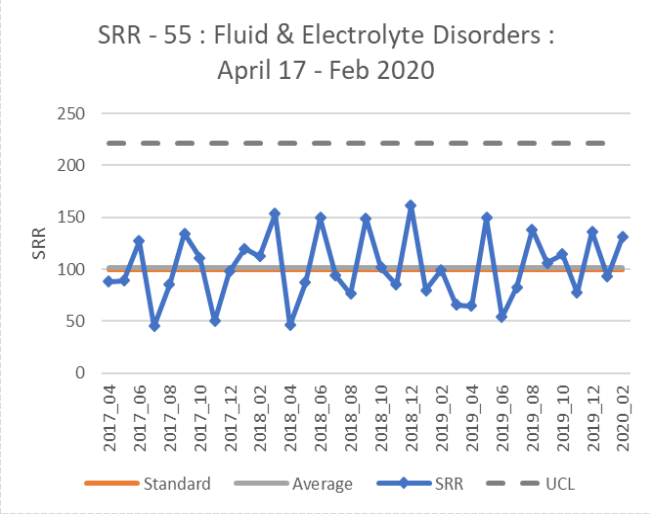
Outcome Indicators

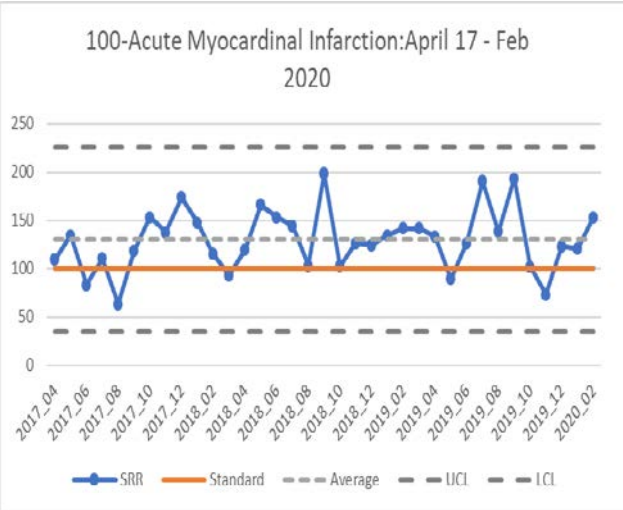
Approach taken - worked with our Benchmarking software providers Healthcare Evaluation Data (HED) to understand if they provided facility to monitor these areas as per Insight Report
Insight Report focuses on 10 Clinical Classification System (CCS) Diagnostis Groups - there are in total over 250, need to consider deep dive into all that are areas of potential concern.
HED advised that they do provide a facility within the Clinical Quality Module of their tool but it uses a marginally different methodology. The table below is used to illustrate how close the HED assessment is when balancing to the figures provided in the Insight report.
The latest 12 month figure from HED (March 19 to Feb 20) is also provided as is a graph for all 10 areas showing the trend over time going back to April 2017
In addition the number of additional readmissions than expected is provided as an attempt to illustrate the scale of any issue
All figures quoted in table are the relative risk score unless stated. A value greater than 100 means that the patient group being studied has a higher readmission level than NHS average performance

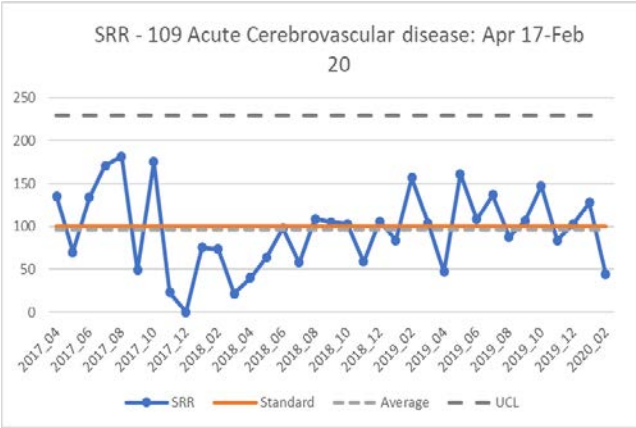
Insight Report Emergency Readmissions

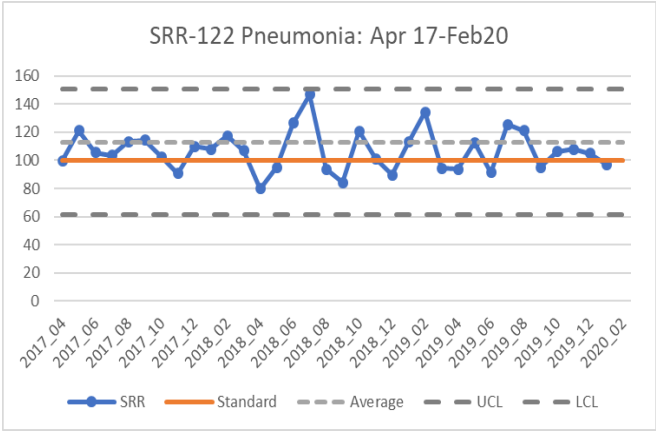
	Oct 17 - Sep 18		Oct 18 - Sep 19		Mar 19 - Feb 20			
CCS No & Diagnostic Group	Insight	HED	Insight	HED	HED	95% Confidence Interval	No of Discharges	No of Additional Readmissions
2 - Septicemia (except in labor)	101.5	102.2	112.7	107.2	121	(101.00, 143.90)	473	22.2
55 - Fluid and electrolyte disorders	110	105.8	106.9	97.1	100.2	(83.90, 118.80)	503	0.3
100 - Acute myocardial infarction	137.8	139.2	134.8	138.1	129.6	(107.70, 154.60)	631	28.1
109 - Acute cerebrovascular disease	114.4	72.4	131.1	105	107.4	(85.30, 133.50)	573	5.6
122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	117.6	105.8	114	107.7	102.3	(93.70, 111.40)	2260	11.5
125 - Acute bronchitis	113.1	98.6	112.2	99	93.6	(83.20, 105.00)	1748	-19.9
127 - Chronic obstructive pulmonary disease and bronchiectasis	117.9	119.7	106.9	111.8	111.7	(100.30, 124.00)	1179	36.7
157 - Acute and unspecified renal failure	122.5	121.9	108.3	108	114.8	(96.40, 135.70)	479	17.7
159 - Urinary tract infections	117.9	109.2	120.8	111.9	112.5	(102.20, 123.50)	1822	48.9
226 - Fracture of neck of femur (hip)	94	87.2	79.7	84.3	89.3	(68.10, 114.90)	432	-7.2

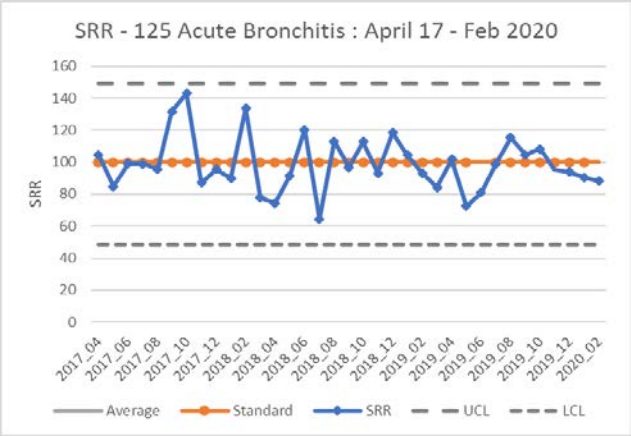


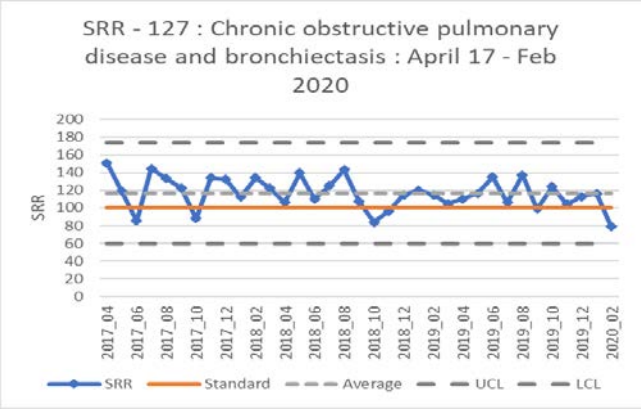


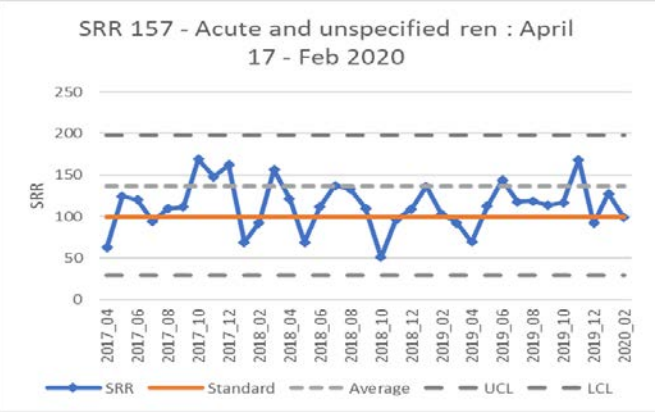


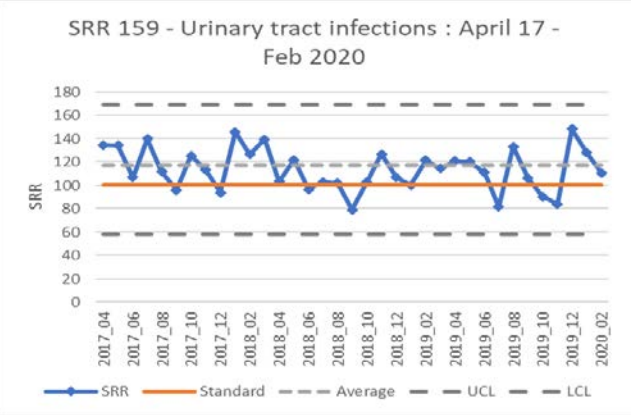

SRR - 109 Acute Cerebrovascular disease: Apr 17-Feb 20
SRR
Standard
Average
UCL

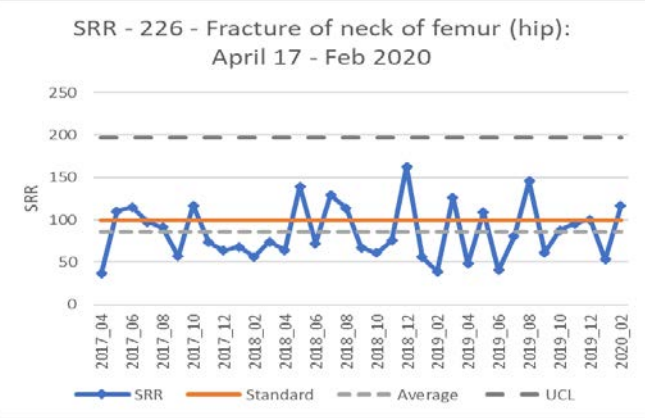

SRR-122 Pneumonia: Apr 17-Feb20
SRR
Standard
Average
UCL
LCL


SRR - 125 Acute Bronchitis : April 17 - Feb 2020
SRR
Average
Standard
SRR
UCL
LCL


SRR - 127 : Chronic obstructive pulmonary disease and bronchiectasis : April 17 - Feb 2020
SRR
Standard
Average
UCL
LCL


SRR 157 - Acute and unspecified ren : April 17 - Feb 2020
SRR
Standard
Average
UCL
LCL


SRR 159 - Urinary tract infections : April 17 - Feb 2020
SRR
Standard
Average
UCL
LCL


SRR - 226 - Fracture of neck of femur (hip): April 17 - Feb 2020
SRR
Standard
Average
UCL

Responsive - Key measures

	19/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	YTD	Performance Range		
																Green	Amber	Red
Accident & Emergency																		
Emergency Care Standard 4 hours	87.48%	91.44%	91.37%	86.82%	84.19%	82.68%	81.97%	85.88%	85.55%	87.96%	92.59%	95.24%	94.76%	**93.72%**	**94.17%**	>=95%		<95%
Emergency Care Standard 4 hours inc Type 2 & Type 3	89.08%	92.44%	92.48%	88.44%	86.23%	85.06%	84.42%	87.70%	87.41%	89.26%	93.12%	95.52%	95.11%	**94.10%**	**94.54%**	>=95%		<95%
A&E Ambulance Handovers 15-30 mins (Validated)	9,469	837	817	821	859	840	941	802	632	641	255	254	253	**395**	**1,157**	0		>=1
A&E Ambulance Handovers 30-60 mins (Validated)	369	41	31	20	35	48	41	32	40	14	3	0	1	**3**	**7**	0		>=1
A&E Ambulance 60+ mins	20	0	0	3	4	0	2	1	5	0	0	0	0	**0**	**0**	0		>=1
A&E Trolley Waits (From decision to admission)	9	0	0	0	0	9	0	0	0	0	0	0	0	**0**	**0**	0		>=1
Patient Flow																		
Delayed Transfers of Care	3.30%	2.66%	3.27%	3.63%	4.06%	3.17%	3.93%	3.33%	3.65%	3.94%	0.15%	0.21%	0.17%	**0.22%**	**0.19%**	<=3.5%	3.6% - 4.9%	>=5%
Coronary Care Delayed Discharges	591		39	61	43	54	53	57	51	33	COVID	COVID	COVID	**COVID**	**COVID**		No target	
Green Cross Patients (Snapshot at month end)	25	78	92	105	88	90	90	104	106	25	17	48	49	**52**	**52**	<=40	41 - 45	>=45
Advice & Guidance responded within 48 hours			82.03%				79.53%	76.96%	not available							>=80%	71% - 79%	<=70%
Stroke																		
% Stroke patients spending 90% of their stay on a stroke unit	73.62%	77.19%	80.60%	77.50%	58.93%	67.24%	63.50%	83.02%	79.49%	86.76%	92.86%	91.23%	74.14%	**81.16%**	**84.07%**	>=90%	89% - 86%	<=85%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	51.21%	55.36%	58.21%	62.50%	41.82%	47.37%	40.40%	49.06%	58.97%	55.88%	71.43%	71.93%	67.24%	**54.41%**	**65.33%**	>=90%		<=85%
% Stroke patients Thrombolysed within 1 hour	77.78%	100.00%	60.00%	80.00%	81.82%	63.64%	85.70%	100.00%	25.00%	75.00%	62.50%	53.85%	83.33%	**90.00%**	**72.09%**	>=55%		<=50%
% Stroke patients scanned within 1 hour of hospital arrival	53.99%	55.17%	52.24%	59.52%	55.17%	50.79%	53.80%	50.94%	48.72%	45.71%	48.84%	50.88%	57.63%	**40.85%**	**49.13%**	>=48%		<=45%
Cancellations																		
% Last Minute Cancellations to Elective Surgery	0.92%	0.87%	0.67%	0.76%	1.31%	1.07%	0.92%	1.06%	0.79%	0.81%	0.32%	0.30%	0.00%	**0.13%**	**0.19%**	<=0.6%		>=0.8%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	0	0	0	0	0	0	0	0	0	0	17	0	0	**0**	**17**	0		>=2
No of Urgent Operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0		>=2
18 week Pathways (RTT)																		
18 weeks Pathways >=26 weeks open	1,396	764	994	1,447	1,489	1,472	1,680	1,730	1,305	1,396	2,306	3,542	4,531	**6,264**	**6,264**	0		>=1
RTT Waits over 52 weeks Threshold > zero	5	0	4	0	0	3	8	7	6	5	28	76	176	**331**	**331**	0		>=1
% Diagnostic Waiting List Within 6 Weeks	95.04%	90.45%	88.80%	91.18%	97.11%	98.80%	98.32%	98.62%	99.70%	95.04%	40.24%	34.60%	46.98%	**51.96%**	**51.96%**	>=99%		<=98%
Cancer																		
Two Week Wait From Referral to Date First Seen	98.59%	98.75%	98.24%	99.09%	99.15%	99.40%	99.20%	99.07%	99.59%	99.20%	98.24%	99.02%	98.52%	**98.92%**	**98.73%**	>=93%	86% - 92%	<=85%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	97.66%	97.87%	100.00%	99.27%	96.77%	97.92%	98.38%	99.41%	98.66%	99.24%	100.00%	100.00%	97.67%	**95.87%**	**97.40%**	>=93%		<=92%
31 Days From Diagnosis to First Treatment	99.64%	99.40%	100.00%	100.00%	98.51%	100.00%	100.00%	99.45%	100.00%	99.30%	99.42%	97.37%	98.25%	**97.52%**	**98.27%**	>=96%		<=95%
31 Day Subsequent Surgery Treatment	98.96%	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.86%	96.88%	96.00%	69.57%	**86.49%**	**88.03%**	>=94%		<=93%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.83%	**97.44%**	**98.83%**	>=98%		<=97%
38 Day Referral to Tertiary	53.08%	84.21%	41.67%	40.91%	59.09%	57.14%	54.17%	57.69%	63.16%	61.11%	76.00%	40.00%	37.50%	**61.54%**	**57.81%**	>=85%		<=84%
62 Day GP Referral to Treatment	90.81%	89.69%	94.06%	91.76%	87.56%	91.85%	91.49%	87.08%	96.15%	91.44%	93.61%	91.41%	85.59%	**92.05%**	**91.23%**	>=85%	81% - 84%	<=80%
62 Day Referral From Screening to Treatment	90.80%	100.00%	86.67%	88.89%	77.50%	100.00%	92.86%	95.45%	80.00%	90.48%	72.22%	37.50%	0.00%	**0.00%**	**32.65%**	>=90%		<=89%
104 Referral to Treatment - Number of breaches - Patients Treated	29.0	3	2.5	0.5	4.5	3.5	3.5	3.5	1.5	2.5	0.0	2.0	3.0	**1.5**	**6.5**	0		>=1
104 Referral to Treatment - Number of breaches - Patients Still waiting	7	6	4	6	7	7	8	7	5	7	4	6	11	**16**	**37**	0		>=1
Faster Diagnosis Standard: Maximum 28-day wait to communication of definitive cancer / not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening	78.06%	82.45%	78.66%	82.34%	79.72%	71.34%	71.98%	71.54%	79.41%	79.81%	71.06%	85.89%	73.95%	**80.36%**	**77.67%**	>=70%		<=74%
Elective Access																		
Appointment Slot Issues on Choose & Book	28.15%	35.40%	25.95%	25.18%	22.97%	31.20%	23.50%	18.26%	25.39%	20.40%	130.03%	112.99%	105.12%	**not available**	**113.39%**	<=20%		>=21%
ASI (Appointment Slot Issues) > 22 Weeks	354	185	177	169	240	131	95	112	183	354	800	999	1585	**2,244**	**2,244**	0		>=1
Total Holding List	10,663	6,539	8,594	9,282	8,887	8,291	9,600	8,406	8,661	10,663	14,562	17,946	19,911	**21,651**	**21,651**		No target	
Holding List > 12 Weeks	1,832	803	1,142	1,115	1,326	1,244	1,501	1,090	1,513	1,832	3,081	4,314	5,497	**6,757**	**6,757**	0		>=1

Workforce - Key Metrics

	18/19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	YTD	Target	Threshold/Monthly
Staff in Post																	
Staff in Post Headcount		5604	5625	5690	5712	5717	5694	5733	5733	5721	5858	5869	5876	5870	-	-	
Staff in Post (FTE)		4922.66	4956.12	4988.09	5010.90	5037.98	5015.81	5050.59	5044.89	5049.46	5168.35	5173.65	5184.72	5195.15	-	-	
Vacancies																	
Establishment (Position FTE)**		5216.26	5218.93	5221.81	5228.41	5248.77	5249.17	5248.92	5250.42	5219.02	5314.42	5312.37	5323.61	5373.84	-	-	
Vacancies (FTE)**		293.60	262.81	233.72	217.51	210.79	233.36	198.33	205.53	169.56	146.07	138.72	138.89	178.69	-	-	
Vacancy Rate (%)**		5.63%	5.04%	4.48%	4.16%	4.02%	4.45%	3.78%	3.91%	3.25%	2.75%	2.61%	2.61%	3.33%	-	-	
Staff Movements																	
Turnover rate (%) - in month		0.69%	0.56%	0.50%	0.54%	0.42%	0.59%	0.60%	0.41%	0.73%	0.48%	0.57%	0.40%	0.56%	-	-	
Executive Turnover (%)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	
Turnover rate (%) - Rolling 12m		8.26%	8.09%	7.97%	7.87%	7.55%	7.43%	7.36%	7.35%	7.26%	7.09%	7.20%	6.86%	6.84%	-	**11.50%**	<=11.5% Green <=12.5 >11.5% >12.5% Red
Retention/Stability Rate (%) - rolling 12m		90.54%	90.16%	89.79%	89.91%	90.29%	90.11%	89.63%	89.55%	89.49%	90.38%	90.29%	90.53%	90.84%	-	-	
Sickness Absence - Rolling 12 month																	
Sickness Absence rate (%) - rolling		3.61%	3.63%	3.66%	3.71%	3.74%	3.84%	3.86%	3.86%	3.93%	4.11%	4.22%	4.25%	*	-	**4.00%**	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%) - rolling		2.33%	2.35%	2.39%	2.41%	2.42%	2.47%	2.48%	2.49%	2.50%	2.61%	2.69%	2.73%	*	-	**2.50%**	=< 2.5% Green 2.5% -2.75% Amber >2.75% Red
Short Term Sickness Absence rate (%) - rolling		1.28%	1.28%	1.27%	1.30%	1.33%	1.37%	1.37%	1.37%	1.43%	1.50%	1.52%	1.53%	*	-	**1.50%**	=< 1.5% - Green 1.5% -1.75% Amber >1.75% Red
Attendance rate (%) - rolling		96.39%	96.37%	96.34%	96.29%	96.26%	96.16%	96.14%	96.14%	96.07%	95.89%	95.78%	95.75%	*		**96.00%**	
Sickness Absence - Monthly																	
Sickness Absence rate (%) - in month		3.45%	3.72%	3.86%	3.95%	4.07%	4.34%	4.25%	3.89%	4.63%	5.47%	4.52%	3.75%	*	-	-	
Long Term Sickness Absence rate (%) - in month		2.34%	2.59%	2.75%	2.54%	2.51%	2.69%	2.58%	2.52%	2.72%	3.35%	3.19%	2.67%	*	-	-	
Short Term Sickness Absence rate (%) - in month		1.11%	1.13%	1.11%	1.41%	1.56%	1.65%	1.67%	1.37%	1.91%	2.12%	1.33%	1.08%	*	-	-	
Attendance rate (%) - in-month		96.55%	96.28%	96.14%	96.05%	95.93%	95.66%	95.75%	96.11%	95.37%	94.53%	95.48%	96.25%	*		**96.00%**	
Attendance Management																	
Sickness Absence FTE Days Lost -in month		5304.90	5818.70	5935.10	6245.80	6233.03	6728.98	6628.90	5687.70	7238.10	8363.71	7244.23	5818.30	*	-	-	
Average days lost (FTE) per FTE - Rolling 12 month		13.18	13.25	13.37	13.54	13.66	14.02	14.09	14.09	14.34	14.80	15.19	15.30	*	-	-	
Sickness Absence Estimated Cost (£) - month		£0.47M	£0.51M	£0.52M	£0.57M	£0.57M	£0.62M	£0.60M	£0.52M	£0.67M	£0.79M	£0.65M	£0.52M	*	-	-	
Return to work Interviews (%)		73.14%	74.48%	72.36%	85.22%	78.11%	76.43%	71.27%	69.43%	58.15%	51.54%	56.86%	60.32%	*	-	**90.00%**	90% Green 65%-89% Amber <65% Red
Spend																	
Substantive Spend (£)		£19.37M	£19.35M	£19.50M	£19.69M	£19.76M	£19.64M	£20.05M	£19.95M	£20.15M	£21.07M	£20.89M	£21.34M	£20.25M	-	-	
Bank Spend (£)		£1.30M	£1.35M	£1.44M	£1.34M	£1.46M	£1.55M	£1.40M	£1.71M	£1.93M	£1.68M	£1.52M	£1.64M	£1.79M	-	-	
Agency Spend (£)		£0.73M	£0.73M	£0.54M	£0.62M	£0.58M	£0.38M	£0.45M	£0.46M	£0.47M	£0.37M	£0.21M	£0.23M	£0.32M	-	-	
Proportion of Temporary (Agency) Staff		3.42%	3.42%	2.50%	2.85%	2.67%	1.74%	2.06%	2.08%	2.07%	1.59%	0.94%	1.00%	1.42%	-	-	
Essential Safety (12m rolling)																	
Overall Essential Safety Compliance		94.68%	94.58%	95.22%	95.30%	95.32%	95.13%	94.79%	94.88%	94.81%	93.61%	94.11%	94.24%	95.85%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Conflict Resolution (3 Year Refresher)		95.11%	94.52%	95.68%	96.17%	96.55%	96.39%	95.96%	96.26%	96.27%	94.73%	95.94%	96.04%	96.04%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Data Security Awareness (1 Year Refresher)		91.80%	92.02%	93.25%	92.24%	92.51%	92.95%	93.94%	94.14%	94.32%	92.73%	90.76%	90.36%	90.36%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Dementia Awareness (No Renewal)		99.05%	99.19%	99.38%	99.35%	99.31%	99.14%	99.13%	99.39%	99.34%	97.49%	97.73%	97.72%	97.16%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Equality and Diversity (3 Year Refresher)		96.82%	96.21%	96.99%	97.60%	97.94%	97.68%	97.10%	97.26%	97.54%	96.07%	96.93%	97.16%	91.04%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Fire Safety (1 Year Refresher)		94.37%	95.51%	95.77%	95.21%	95.03%	94.60%	94.31%	94.77%	93.42%	90.40%	90.27%	91.04%	97.07%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Health and Safety (3 Year Refresher)		98.13%	97.54%	98.56%	98.64%	98.46%	98.34%	98.21%	97.95%	97.98%	96.28%	96.96%	97.07%	92.09%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Infection Control (1 Year Refresher)		92.27%	94.22%	94.63%	94.19%	93.97%	93.51%	94.04%	93.99%	94.86%	92.89%	92.84%	92.09%	90.36%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Manual Handling (2 Year Refresher)		93.45%	92.98%	93.10%	93.87%	93.70%	93.01%	90.90%	89.77%	89.81%	89.30%	91.57%	91.67%	91.67%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Safeguarding (3 Year Refresher)		91.15%	89.45%	89.98%	90.29%	89.97%	90.32%	89.62%	89.96%	89.55%	91.03%	91.62%	92.48%	94.43%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Appraisal																	
Appraisal (1 Year Refresher) - Non-Medical Staff		97.63%	96.97%	96.11%	95.21%	94.65%	93.65%	92.75%	91.62%	90.12%	6.20%	20.85%	33.49%	47.31%	-	**95.00%**	>=95% Green >=90%<95% Amber <90% Red
Appraisal (1 Year Refresher) - Medical Staff (Rolling 12mth)		86.21%	85.27%	86.71%	83.81%	88.42%	83.23%	82.21%	78.61%	84.10%	80.76%	76.37%	72.83%	67.25%	-	**95.00%**	>=95% Green >=90%<95% Amber <90% Red

* Data one month behind

** Vacancy information is updated monthly and is based on the funded establishment in ESR, this is fed by the establishment information stored in the Trust's financial systems.

- Sickness absence data does not include self / household / shielding isolation due to COVID-19.

- Data is based on substantive ESR primary assignment information which may not be refelctive of temporary COVID-19 redeployments

- Staff in Post data, and therefore vacancy data, includes year 2 and 3 student nurses, recruited on a temporary basis to support the Trust during the COVID-19 crisis.

- Due to the postponement of the Appraisal season, the monthly Metric is lower than would normally be expected

Workforce Key Metrics

Workforce - Key Metrics

* The recruitment data has been realigned to take into account the National Streamlining agenda and targets set locally. Data shows agenda for change (AFC) recruitment and Medical and Dental (M&D) only and excludes recruitment activity relating to deanery doctors, retirement, volunteers and rolling adverts.

WORKFORCE	Current Month Score	Previous Month	Trend	Change	NHSi Submitted Position
Staff In Post (Headcount)	**5870**	5876	↓	-6	-
Staff In Post (FTE)	**5195.1**	5184.7	↑	10.43	-
Establishment (FTE)	**5373.8**	5323.6	↑	50.23	-
Starters	**46.97**	30.73	↑	16.24	-
Leavers	**27.88**	20.89	↓	6.99	-
Vacancies (FTE)	**178.69**	138.89	↓	39.80	-
Vacancies (%)	**3.33%**	2.61%	↓	0.72%	-
Turnover Rate (rolling 12 month) (%)	**6.84%**	6.86%	↑	-0.02%	*11.5%

ATTENDANCE MANAGEMENT	Current Month Score	Previous Month	Trend	Change	Target
Sickness Absence Rate (rolling) (%)	**4.25%**	4.22%	↓	0.03%	4.0%
Long Term Sickness Absence Rate (rolling) (%)	**2.73%**	2.69%	↓	0.03%	2.5%
Short Term Sickness Absence Rate (rolling) (%)	**1.53%**	1.52%	↓	0.00%	1.5%
Sickness Absence Rate (month) (%)	**3.75%**	4.52%	↑	-0.77%	4.0%
Long Term Sickness Absence Rate (month) (%)	**2.67%**	3.19%	↑	-0.52%	2.5%
Short Term Sickness Absence Rate (month) (%)	**1.08%**	1.33%	↑	-0.25%	1.5%
Return to work interviews completed (%)	**60.3%**	56.9%	↑	3.46%	90.0%

APPRAISAL	Current Month Score	Previous Month	Trend	Change	Target
Appraisal (YTD)	**47.31%**	33.49%	↑	13.82%	-
Medical Appraisal (YTD)	**67.25%**	72.83%	↓	-5.58%	-

ESSENTIAL SAFETY TRAINING	Current Month Score	Previous Month	Trend	Change	Target
Data Security Awareness (1 Year Refresher)	**90.36%**	90.36%	↔	0.00%	90.00%
Infection Control (1 Year Refresher)	**90.36%**	92.09%	↓	-1.73%	90.00%
Fire Safety (1 Year Refresher)	**97.07%**	91.04%	↑	6.02%	90.00%
Manual Handling (2 Year Refresher)	**91.67%**	91.67%	↔	0.00%	90.00%
Safeguarding (3 Year Refresher)	**94.43%**	92.48%	↑	1.95%	90.00%
Conflict Resolution (3 Year Refresher)	**96.04%**	96.04%	↔	0.00%	90.00%
Equality & Diversity (3 Year Refresher)	**91.04%**	97.16%	↓	-6.11%	90.00%
Health, Safety & Wellbeing (3 Year Refresher)	**92.09%**	97.07%	↓	-4.98%	90.00%
Dementia Awareness (No Renewal)	**97.16%**	97.72%	↓	-0.56%	90.00%

Key

↔	No movement from previous month	*	Internal target rather than NHSi Submitted Position
↑	Improvement from previous month		Not achieving target
↓	Deterioration from previous month		Achieving target

RECRUITMENT	Current Month Avg Days	Previous Month	Trend	Change	Target (Days)
Vacancy approval to advert placement	**6.4**	6.6	↑	-0.2	8
Shortlisting to interview	**5.0**	8.3	↑	-3.3	12
Interview to conditional offer	**2.8**	2.9	↑	-0.1	6
Pre employment to unconditional offer	**30.8**	26.0	↓	4.8	18
Unconditional Offer to Acceptance	**28.0**	27.2	↓	0.8	3

Vacancy approval to advert placement-The average number of days between a vacancybeing submitted for approved and the advert being placed.

Shortlisting to interview- The average number of days between date vacancy closed and date invited to interview

Interview to conditional offer- The average number of days between the interview date and the date of informing of a decision.

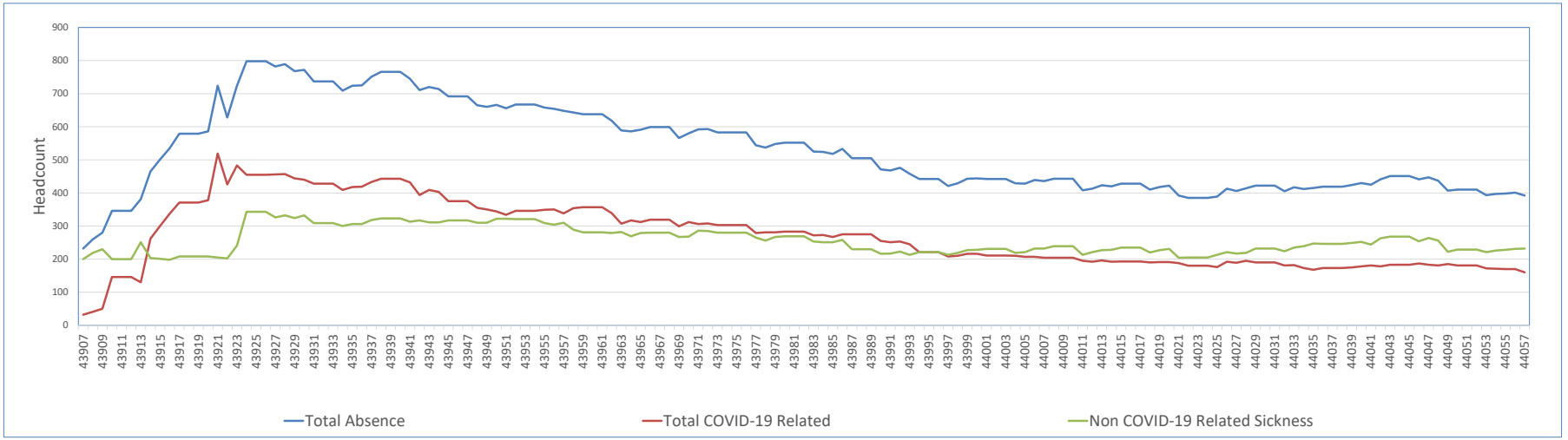
Pre employment to unconditional offer -The average number of days between the date Conditional Offer letter Sent / Reference Checks Started

Unconditional Offer to Acceptance - The average number of days for Unconditional Offer to start date or Booked start date

PAY	Current Month Spend	Previous Month	Trend	Change	Target (Budget)
Substantive Expenditure	**£20.25M**	£21.34M	↑	-£1.09M	£19.92M
Agency Expenditure	**£0.32M**	£0.23M	↓	£0.08M	£0.81M
Bank Expenditure	**£1.79M**	£1.64M	↓	£0.15M	£1.05M

COVID-19 - Key Metrics

ABSENCE



The data above is taken from the Trust daily situation report. 17-18 March represents ESR absence data only. 19 March to 1 April 20 represents combined ESR absence data and Occupational Health call log data. 2 April 20 includes Roster isolation information. 3 April 20 onwards represents the full absence picture, combining ESR absence data, Roster absence data, and isolations recorded via the Occupational Health call log.

Workforce Absence @ 14 August 2020

	Headcount	% of workforce
Absence - COVID-19 Related	160	2.5%
Absence - Sickness (Non COVID-19 Related)	232	3.7%
Total Absence	392	6.2%

Testing

Location	Number Tested
CHFT	1063
Locala	6
Home	46
External	23
Total	1138

Results *		
Negative	949	85%
Positive	167	15%
Awaiting	1	0%

* Excludes inconclusive tests

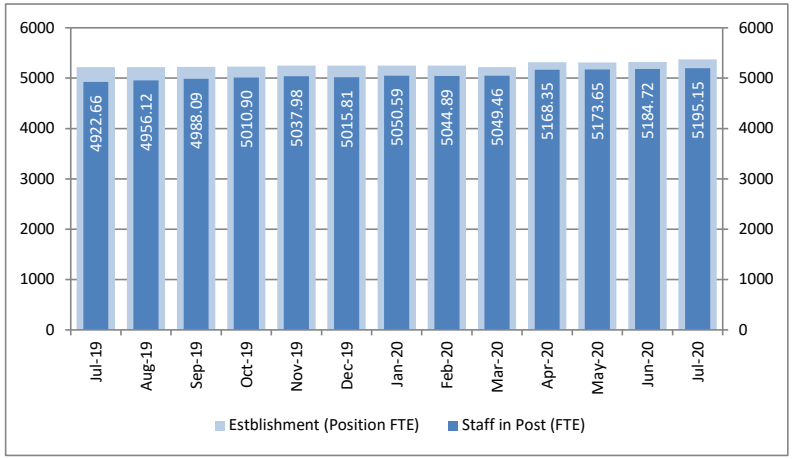
7 Day Isolation (Staff Presenting Symptoms) Testing

	Number Tested	Negative	Positive	Awaiting
BAME (incl mixed and other)	140	76%	24%	0%
White	517	85%	15%	0%
Not Stated	52	90%	10%	0%

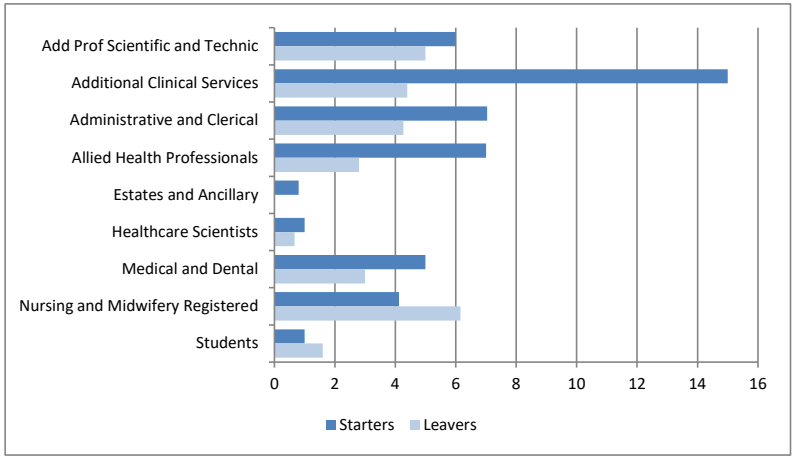
Covid Related Key Metrics

Reality

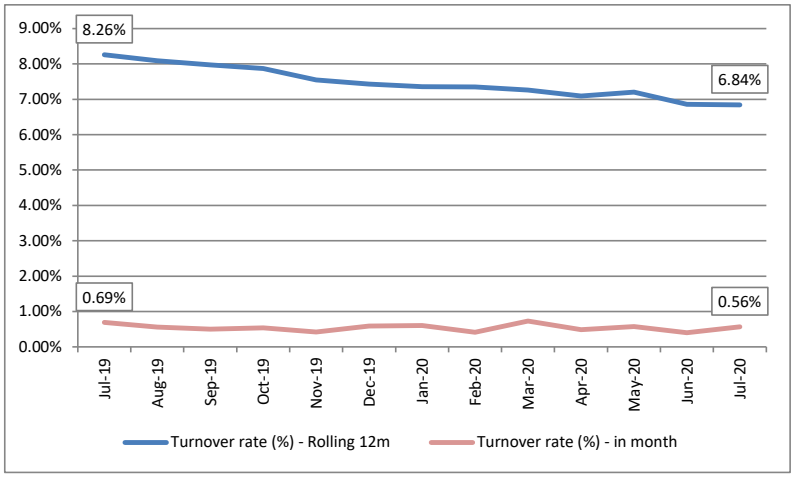
Staff in Post (FTE) v Establishment (FTE)



Starters & Leavers (FTE) by Staff Group - July 2020



Turnover



Turnover by Staff Group

Staff Group	In-Month	Rolling
Add Prof Scientific and Technic	2.34%	7.80%
Additional Clinical Services	0.41%	6.71%
Administrative and Clerical	0.42%	6.41%
Allied Health Professionals	0.72%	9.21%
Estates and Ancillary	0.00%	4.17%
Healthcare Scientists	0.61%	11.64%
Medical and Dental	0.81%	10.03%
Nursing and Midwifery Registered	0.39%	5.55%
Students	1.13%	5.27%

Result

Have a Retention Strategy with interventions aimed at key staff groups which currently have a high turnover.

Response

The increase in staff in post seen in April 20 on the adjacent Staff in Post graph is due to the temporary recruitment of year 2 and 3 nursing students

Retention

The Trust has developed its People Strategy, which includes a focus on Recruitment and Retention. Specific initiatives have included:-

- More streamlined recruitment
- Improved induction
- Health and wellbeing
- Colleague engagement
- Recognition and Reward
- Career development

Further work is being developed to enhance our People Strategy in 'The Cupboard'.

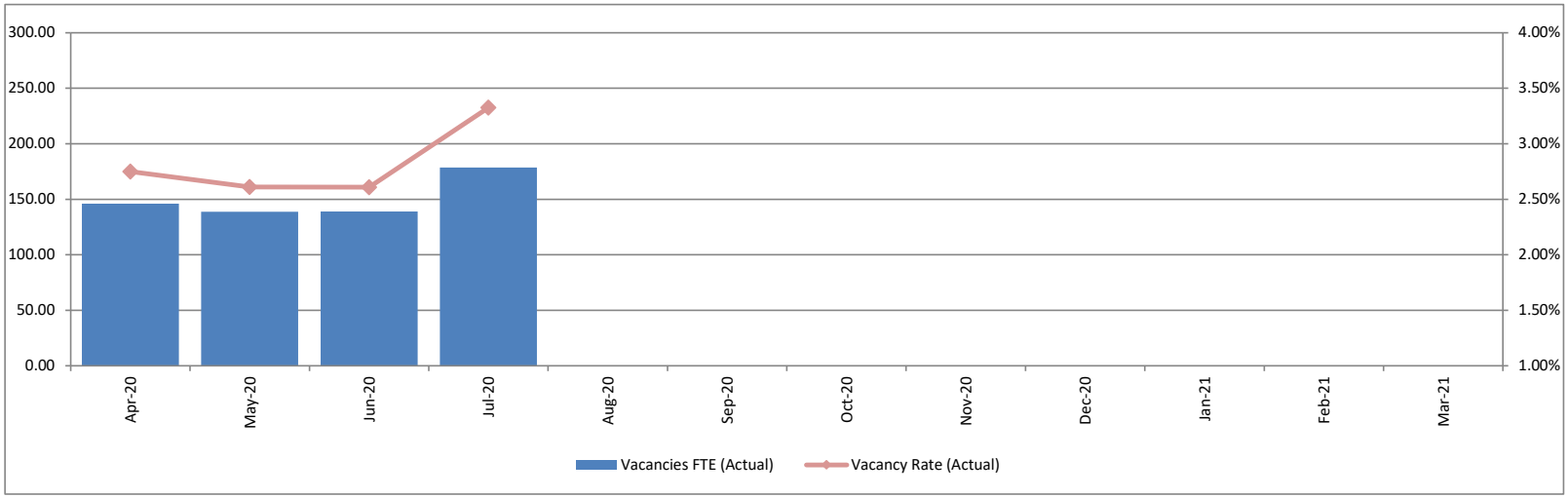
To support the retention of the Nursing workforce, the Trust offers a comprehensive induction and all new starters are enrolled on a year long graduate programme which is supported by the preceptorship programme.

The Trust is part of cohort 4 of NHSi 'Retention Direct Support Programme' which is a clinically led programme aimed at supporting Trusts to improve their Nursing retention rates. The programme is currently on hold due to COVID-19 pressures.

Staff in Post / Starters & Leavers / Turnover

Reality

Vacancies



Vacancies by Staff Group

Staff Group	Establishment (FTE)	Actual (FTE)	Vacancies (FTE)
Add Prof Scientific and Technic	223.87	213.42	10.45
Additional Clinical Services	1106.30	1066.65	39.65
Administrative and Clerical	1071.32	1017.57	53.75
Allied Health Professionals	391.15	396.79	-5.64
Estates and Ancillary	56.07	50.00	6.07
Healthcare Scientists	126.52	109.62	16.90
Medical and Dental	646.09	604.15	41.94
Nursing and Midwifery Registered	1752.52	1595.35	157.17
Students*	0.00	141.60	-141.60
Total	**5373.84**	**5195.15**	**178.69**

Additional Clinical Services Breakdown

Role	Establishment (FTE)	Actual (FTE)	Vacancies (FTE)
Asst./Associate Practitioner Nursing	28.43	29.21	-0.78
Health Care Support Worker	79.32	70.63	8.69
Healthcare Assistant	710.35	609.14	101.21
Nursery Nurse	1.83	1.03	0.80
Nursing Associate	10.51	26.80	-16.29
Trainee Nursing Associate	2.00	52.00	-50.00
Total (Unregistered Nursing)	**832.44**	**788.80**	**43.64**
Other Additional Clinical Service	273.86	277.85	-3.99

* Year 2 and 3 nursing and AHP students recruited on a temporary basis to support the COVID-19 crisis.

Result

CHFT to be the employer of choice in a competitive environment through a recruitment strategy which includes candidate attraction to the Trust.

Achieve and maintain a vacancy rate below 5.4%.

Response

The Trust is participating in the regional streamlining agenda focused on enabling staff movement. Due to the work the Trust has already completed through the Stepchange reviews and the implementation of Trac, the focus is on internal efficiencies through the utilisation of ESR, further use of Trac and the revision of the Recruitment and Selection line managers training course

Recruitment

Trust are continuing to progress the application for the 67 undergraduate student nurses and midwifes who are planned to graduate in September 2020. The Trust is completing its recruitment activity for the next cohort of TNA's who will begin on programme in December 2020. We have also successfully graduated 15 TNA's from cohort 1 who are now in receipt of their Pin numbers and then will be deployed into the workforce as registered nursing associates.

Medical Recruitment

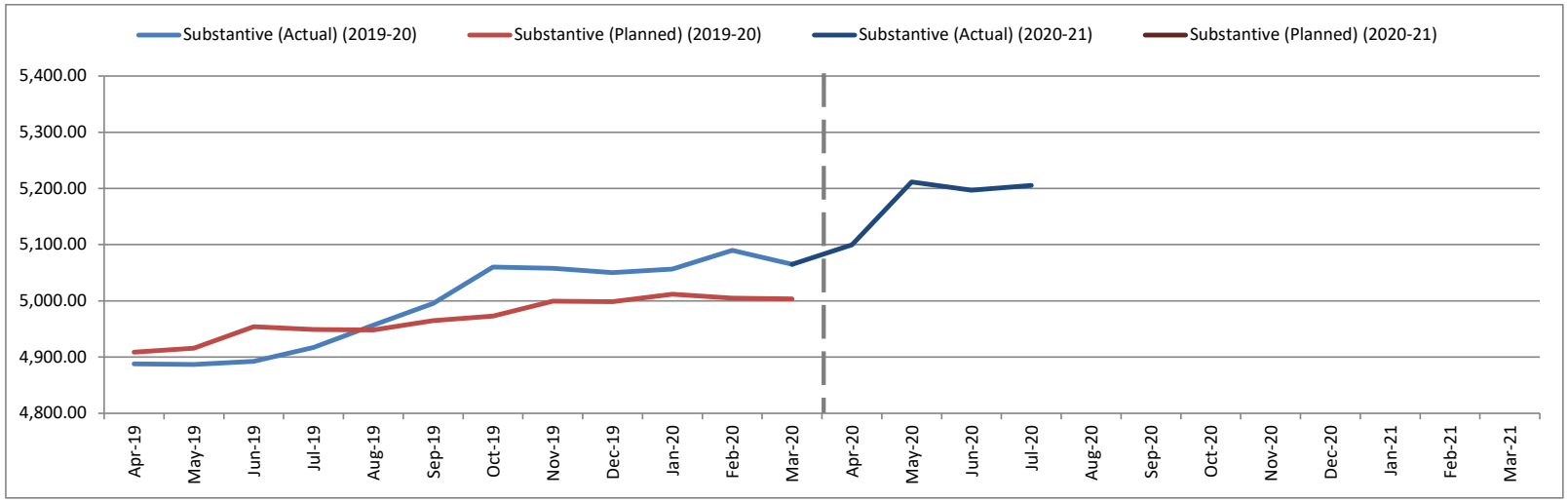
Checks for all Doctors in Training due to rotate to CHFT were completed so that trainees could join the organisation without delay as planned. The trainees 'attended' induction via a live streaming event organised by Medical Education, which reduced the number of people on-site in an enclosed environment.

There are a small number of new Trust doctors from overseas who are now able to travel to commence in post, although they are also being affected by the Covid 19 quarantine restrictions upon arrival in the UK. We have a new ST3+ Trust Doctor in Emergency Medicine due to commence later in and in addition to the new doctors in training, a cohort of Junior Clinical Fellows in Emergency Medicine have commenced in post providing service at ST1/2 Level. These doctors have been appointed to 'grow' to ST3 level and have additional dedicated time for educational activities.

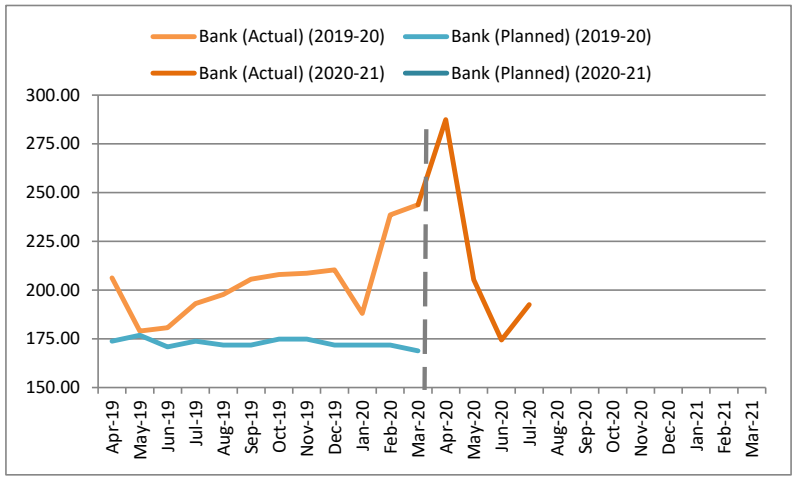
Vacancies

Reality

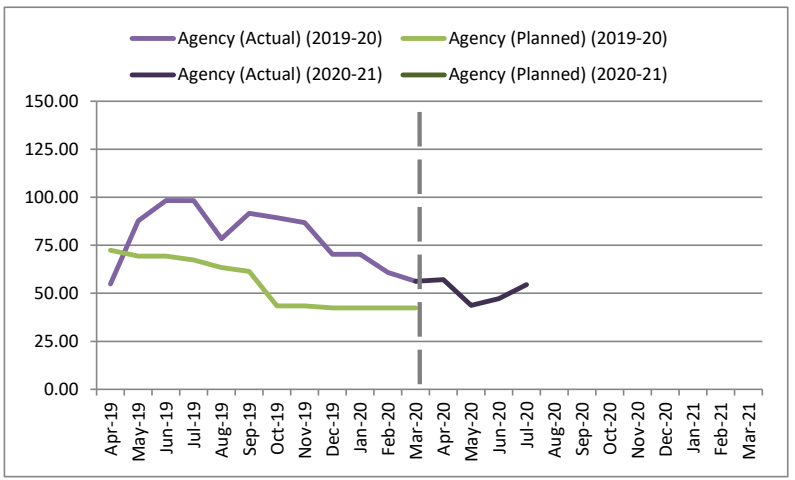
Substantive



Bank



Agency



Result

Increasing the substantive workforce whilst reducing the reliance on bank and agency usage.

These graphs show the FTE worked in-month for substantive, bank and agency workers, against the planned figures submitted to NHSi at the start of the

Response

These graphs show the hours worked in-month converted into FTE for substantive, bank and agency workers, against the planned figures submitted to NHSi at the start of the service year. In 2019/20 whilst the Trust reduced agency usage within the Medical & Dental staff group in particular, usage remained high in Nursing and Midwifery and The Health Informatics Service (THIS). This resulted in agency FTE being above plan.

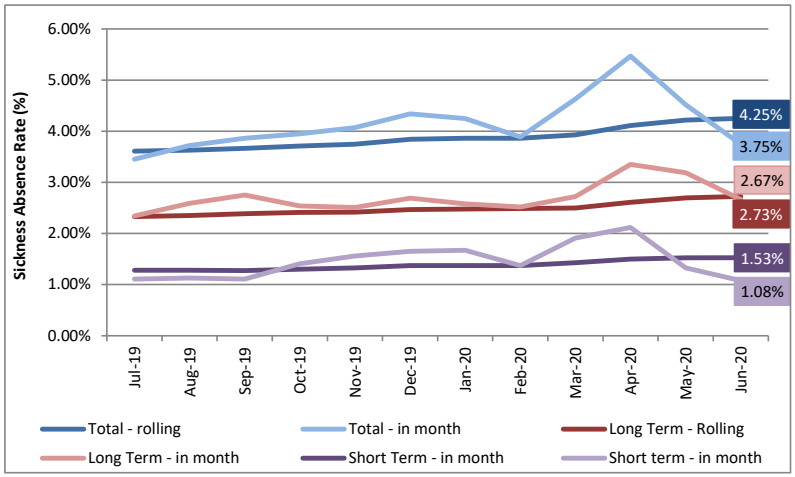
Operational planning has been suspended by NHSi for an initial period of 1 April 2020 to 31 July 2020, so workforce plans have not been submitted for 2020/21.

Phase 3 draft plans are due to be submitted 27 August 2020

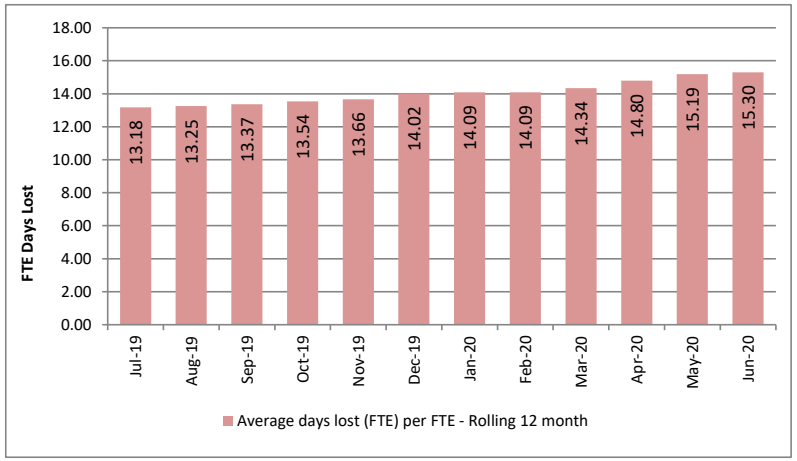
Workforce Plan

Reality

Sickness Absence



Average Days Lost Per FTE - rolling 12 month



Sickness Absence Reasons - May 20

Reason	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	2361.29	40.58%
S12 Other musculoskeletal problems	513.87	8.83%
S25 Gastrointestinal problems	443.03	7.61%
S28 Injury, fracture	363.53	6.25%
S15 Chest & respiratory problems	355.91	6.12%
S13 Cold, Cough, Flu - Influenza	235.67	4.05%
S11 Back Problems	228.20	3.92%
All Other Reasons	1316.81	22.63%

Result

Robust attendance management is in place to ensure rolling 12 month attendance rates achieve the 96% target.

Response

Sickness absence data does not include self / household / shielding isolation.

The Trust has a robust attendance management approach agreed with staff side partners, which is supported by in-house occupational health provision and effective support to line managers.

The OH Service have responded to 160 health and wellbeing assessments for Covid Age with letters of recommendations to managers where required.

Staff swabbing continues, and the OH service is actively supporting track and trace activity for staff contacts within the workplace. Shielded staff are being supported to gradually return to the workplace where this is necessary for their roles.

The Seasonal Flu campaign plans are being finalised with the ambition to immunise as near to 100% of colleagues as possible and using Covid safe methods of administration.

Health Checks for doctor change over were completed in advance and no delays were identified in issuing clearance, and the service continues to respond to manager referral assessments within timeframes.

Sickness Absence

Reality

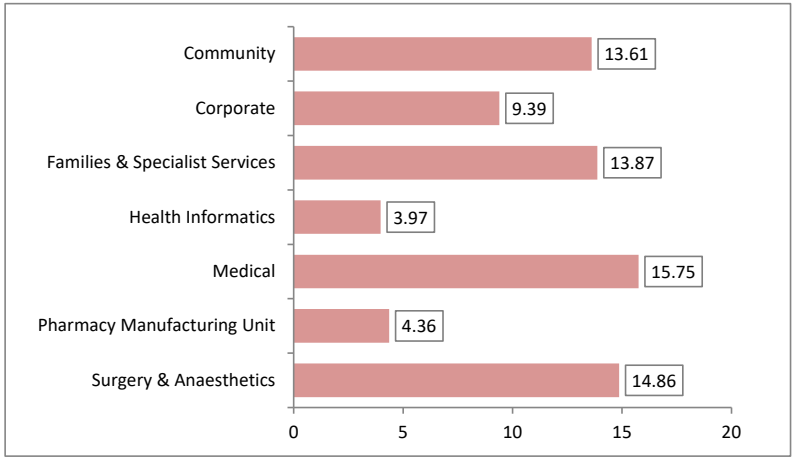
Sickness Absence - in-month

Division	May-20	Jun-20
Community	4.51%	3.73%
Corporate	3.24%	2.57%
Families & Specialist Services	4.55%	3.80%
Health Informatics	0.81%	1.09%
Medical	4.82%	4.31%
Pharmacy Manufacturing Unit	2.03%	1.19%
Surgery & Anaesthetics	5.45%	4.07%

Sickness Absence by Staff Group - rolling 12 month

Staff Group	Short Term	Long Term	Total
Add Prof Scientific and Technic	1.57%	2.10%	3.67%
Additional Clinical Services	2.25%	4.25%	6.50%
Administrative and Clerical	1.12%	2.30%	3.42%
Allied Health Professionals	1.26%	1.76%	3.02%
Estates and Ancillary	1.98%	3.97%	5.96%
Healthcare Scientists	1.12%	1.38%	2.50%
Medical and Dental	0.77%	0.79%	1.57%
Nursing and Midwifery	1.65%	3.10%	4.75%
Students	1.45%	0.54%	1.99%

Average Days Lost Per FTE - rolling 12 month



Result

Robust attendance management is in place to ensure rolling 12 month attendance rates achieve the 96% target.

Response

In **Surgery & Anaesthetics**, June's data still reflects the impact of Covid -19 on the Division. Absence is being managed according to policy and managers are supporting colleagues where required. Significant work is taking place with RTW meetings and has seen an increase in compliance in June.

In **Medicine**, a review of all absence cases has been carried out by the Associate Director of Nursing and the operational HR team, and will re introduce deep dives for areas of concern. Return to work interview compliance is discussed at performance meetings, and areas that continue to be non-compliant will be performance managed.

In **FSS**, The pandemic has caused an increase in absence however, this has reduced from April 2020 stats. Plans for sickness summits to recommence are in place and will recommence from September. A sickness summit was held with outpatients in July as this has been identified as an area of need given deployment of staff which has caused some problems monitoring cases. This will resolve from 1 August 2020 as those deployed are moved in the ESR system and will sit under the full managerial hierarchy of the area deployed to.

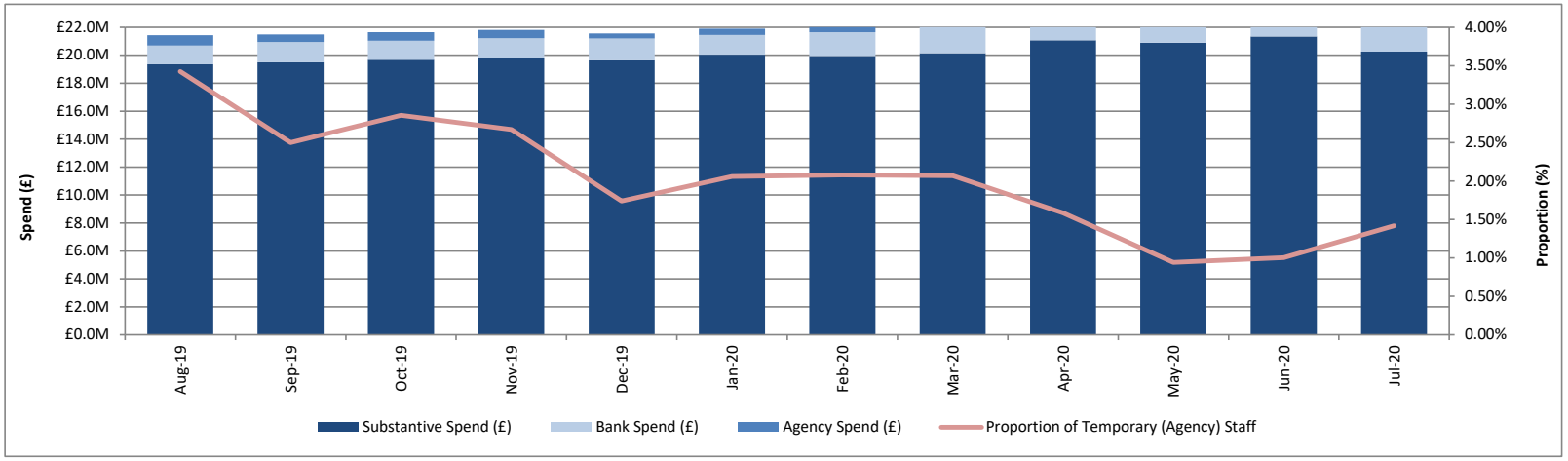
In **Community**, HR continue to offer a high level of support to line managers regarding the monitoring of sickness absence this has resulted in a decrease in both short and long term sickness absence.
Direct contact is made with all line managers who have not completed a return to work interview.

In **Corporate, PMU & THIS**, Hr continue to offer a high level of support to line managers regarding monitoring of sickness absence. Direct contact is made with all line managers who have not completed a return to work interview.

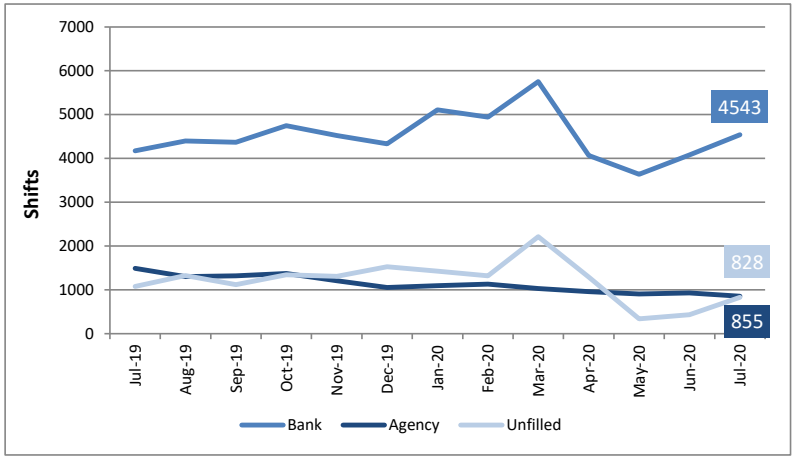
Sickness Absence - Divisional/Staff Group

Reality

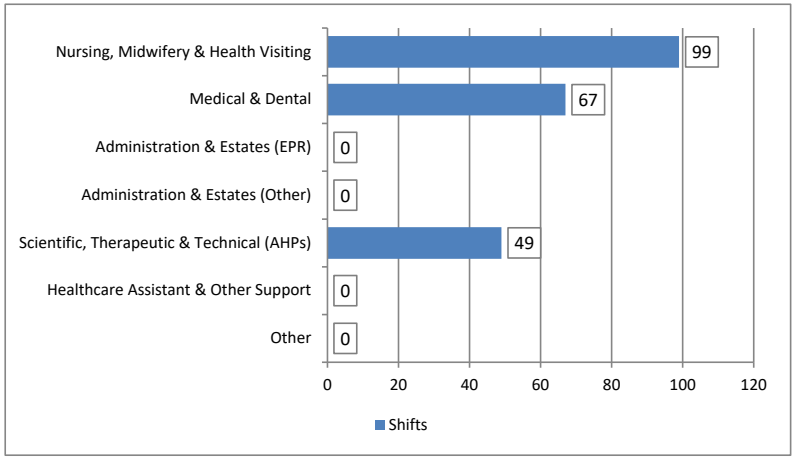
Workforce Spend



Agency, Bank and Unfilled Shifts



Number of shifts that broke the agency cap - May 2020



Result

Continue to reduce the use of agency colleagues and reduce the bank paybill in 2019/2020.

Response

A total of 215 shifts broke the agency cap in July 2020, this remains similar to 212 in June 2020

From 6 April 2020 the Trust removed usage of short notice, high cost Tier 3 agency shifts for Nursing and migrated Tier 2 agencies to Tier 1.

Whilst agencies that supplied at Tier 2 and Tier 3 were framework providers, the shifts still represented a significant cost to the Trust when in comparison to Registered Nursing Staff through Bank and Tier 1.

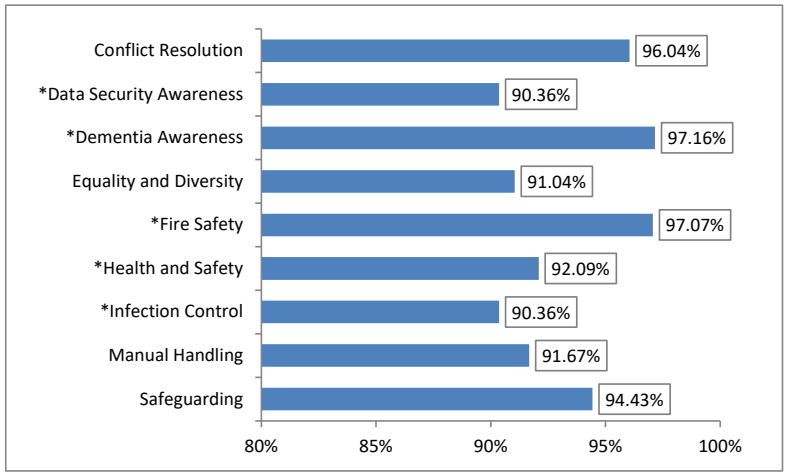
Removing these two Tiers has helped to achieve lower average hourly rates, from £34.01 to £31.17 per hour.

Agency usage remains low with 64% of Nursing shifts and 86% of Medical shifts filled by Bank.

Workforce Spend / Agency Usage

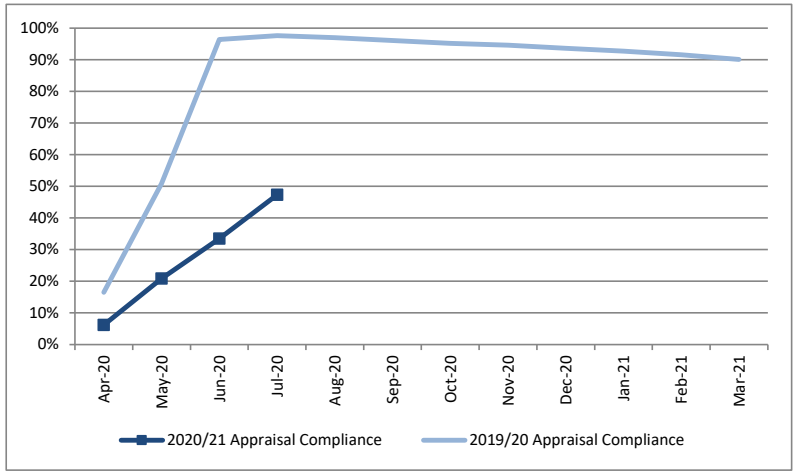
Reality

Essential Safety Training

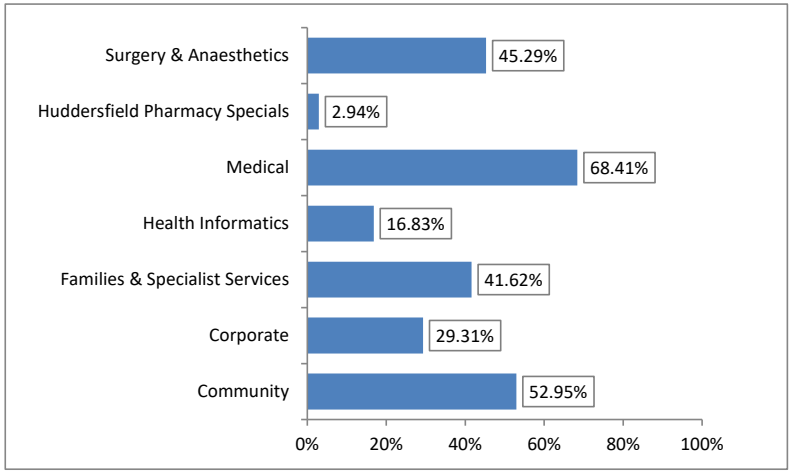


* Essential Safety Training elements that are covered at Corporate Induction.

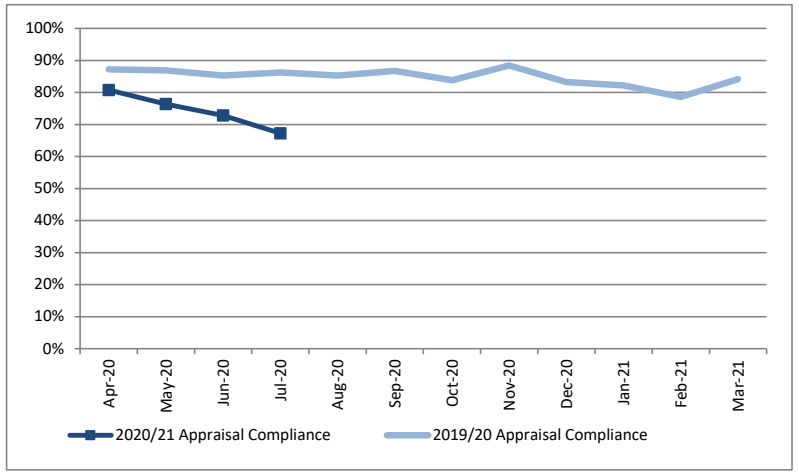
Non-Medical Appraisal Compliance



Non-Medical Appraisal Compliance by Division



Medical Appraisal Compliance



Result

Appraisal compliance is consistently above 95%.

Essential safety training compliance is consistently above 90% stretching to 95%.

Response

Essential Safety Training
A paper is presented weekly to Executive Board highlighting the compliance figures for all EST including role specific training.

The focus remains on improving role specific subjects with less than 85% compliance.

Appraisal
The Trust now adopts an appraisal season approach. The appraisal season runs from 1 April to 30 June every year. The final position for the 2019/20 appraisal season was 97.63%.

The appraisal season and Medical appraisals for 2020/21 have been postponed due to the ongoing COVID-19 situation. The appraisal season for AfC staff in 2020/21 will now run from 1 July to 31 October 2020.

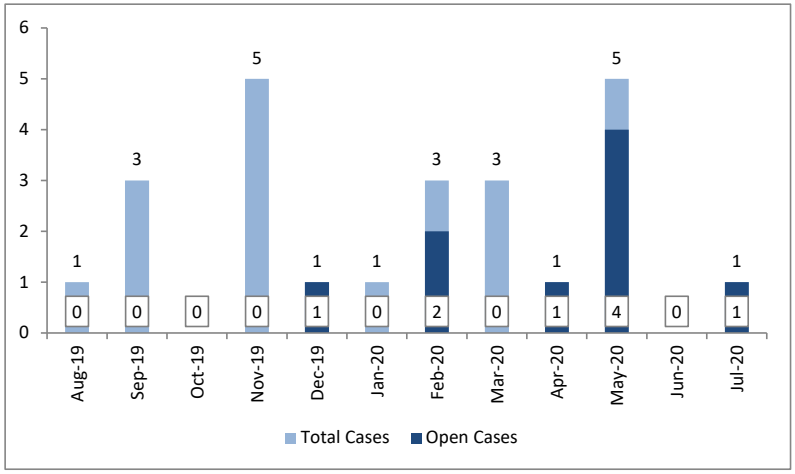
A shortage of Medical Appraisers has now been resolved through recruitment and training existing colleagues.

Oral Surgeons have now been excluded from the denominator in the medical appraisal compliance as the General Dental Council undertake the appraisal.

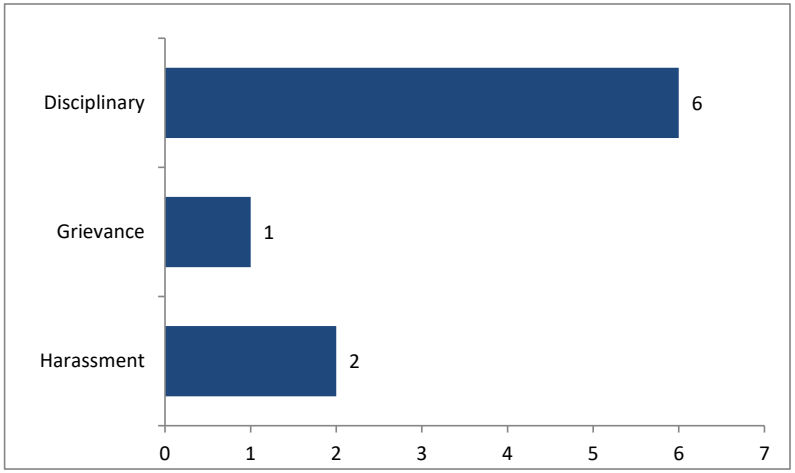
Essential Safety Training / Appraisals

Reality

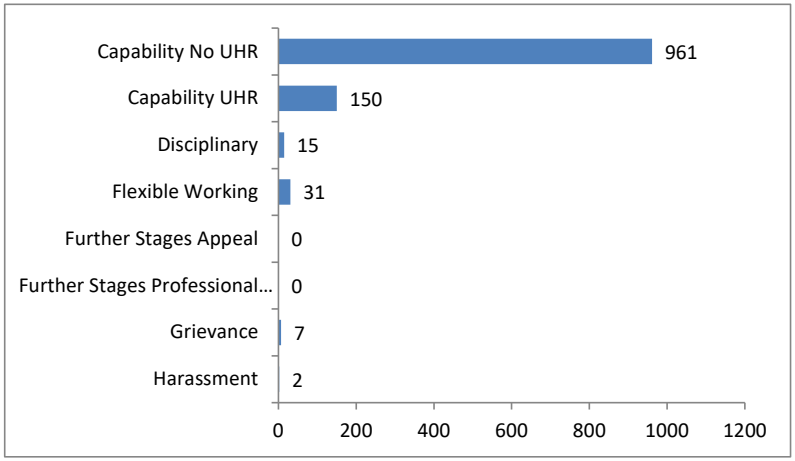
Disciplinary, Grievance, Harassment cases opened last 12 months



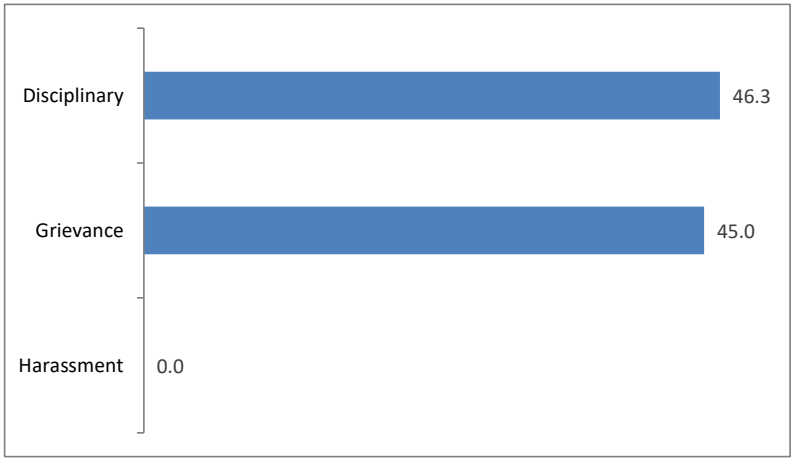
Open Disciplinary, Grievance, Harassment cases by type



All cases opened in the last 12 months by case type



Average number of days to close cases



Result

Maintain a robust capturing process.

Response

Following a deep dive into employee relations cases, the HR Team reviewed the way in which employee relations cases were been recorded and updated. This has resulted in a number of changes which will ensure consistency and enable automated reporting of case management.

- ESR will now be the sole recording system for employee relations cases. Previously the HR Team had been trying to maintain two different systems which led to discrepancies.

- If the employee has a registered disability, absence management cases will now be recorded under 'Capability UHR'. All other absence management cases will be recorded under 'Capability No UHR'.

- Long term sickness absence will now be captured on ESR.

- Unsatisfactory performance during a probationary period will now be captured on ESR.

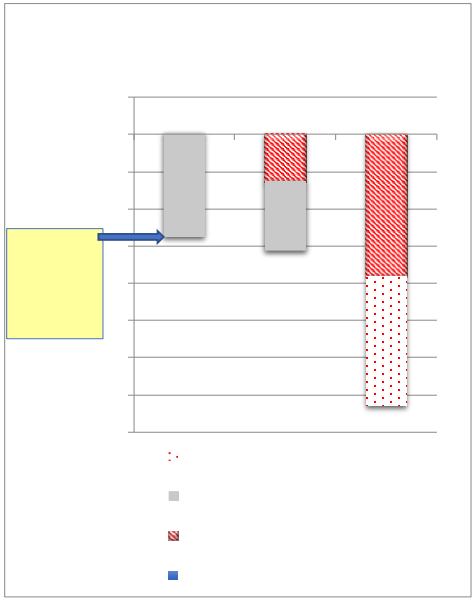
* The average no. of days to close Harassment cases is zero due to the 2 cases still remaining open.

Employee Relations

EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st Jul 2020 - Month 4

KEY METRICS

	M4				YTD (JUL 2020)				Forecast 20/21			
	Plan	Actual	Var		Plan	Actual	Var		Plan	Forecast	Var	
	£m	£m	£m		£m	£m	£m		£m	£m	£m	
I&E: Surplus / (Deficit)	(£0.00)	£0.00	£0.00		(£0.01)	£0.00	£0.01		£0.46	£0.31	(£0.15)	
Agency Expenditure	(£0.48)	(£0.32)	£0.17		(£1.93)	(£1.13)	£0.80		(£6.77)	(£4.12)	£2.64	
Capital	£1.39	£0.29	£1.10		£4.79	£2.46	£2.33		£20.85	£20.50	£0.35	
Cash	£8.79	£55.71	£46.92		£8.79	£55.71	£46.92		£3.99	£15.29	£11.30	
Borrowing (Cumulative)	£152.56	£161.70	£9.14		£152.56	£161.70	£9.14		£19.88	£19.88	£0.00	
CIP	£1.23	£0.34	(£0.89)		£4.92	£1.27	(£3.65)		£14.77	£5.63	(£9.14)	
Use of Resource Metric	3	2			3	2			3	2		



Year to Date Summary

The Trust's own financial plan for 2020/21 has been replaced by an NHSI derived plan which assumes a breakeven position will be achieved for at least the first four months of the financial year. Income flows are largely on a block basis and Covid-19 costs are funded retrospectively. Year to date the position is at breakeven after assumed receipt of £9.65m of retrospective top up funding: £3.39m in M1, £2.41m in M2, £2.12m in M3 and £1.73m in M4.

- Year to date 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.
- The underlying position excluding Covid-19 costs is a year to date favourable variance of £2.32m, driven by the impact of lower levels of other activity on non-pay costs and staffing vacancies.
- Divisional plans have been retained as per the original business as usual internal plan. The adjustment to the NHSI derived breakeven plan has been held centrally at Trust level. NHS Clinical contract income has been allocated to divisions based on their planned level of activity and income, following the fixed block principle of the national allocations. As such divisional variances represent the financial impact of operational changes as a result of Covid-19 on other income generation and most notably to expenditure.
- Whilst there is no national expectation of CIP delivery, the Trust continues to deliver some savings as planned. CIP achieved year to date is £1.27m, £3.65m lower than planned.
- Agency expenditure year to date is £1.13m, £1.10m below the planned level.

Key Variances (compared to NHSI derived plan)

- Clinical Contract income is in line with the NHSI Interim plan due to new fixed block and top up arrangements. The assumed 'Retrospective Top Up' of £9.65m drives a favourable variance in overall Clinical Income, offset to some extent by lower than planned income from other sources including private patients, and the absorption of CCG Health Informatics contracts, (usually invoiced as non-clinical income), into the Block. In addition the direct impact of Covid-19 on income generation is a £1.39m adverse variance, including a reduction in Car Parking and Catering income.
- Pay costs are £2.59m above the planned level year to date due to the impact of Covid-19 which is calculated to be £4.31m year to date. The costs attributed to Covid-19 were offset to some extent by underspends in some specialties due to reduced activity and a level of unfilled vacancies in non-Covid impacted areas.
- Non-pay operating expenditure is higher than planned by £3.64m. The costs directly attributable to the Covid-19 response are £7.66m, offset in part by lower than planned costs for specialties that have seen lower than planned activity over the last 4 months. This includes lower than planned consumables, drugs and a favourable variance on high cost drugs which would usually be treated as pass-through, but related income is temporarily fixed.

Forecast

Indications are that existing Block and Top Up arrangements will be extended for another 2 months until the end of M6. Pending further guidance on M7-12, the forecast assumes that the Trust will continue to receive CCG clinical income at current block levels, that Covid-19 costs will remain at a broadly similar level to those seen in M4 and that activity will increase in line with the 'basecase' Covid Phase 3 planning return previously submitted to the ICS. The forecast also assumes that the Trust will continue to have access to some sort of top up funding in future months to bridge the financial gap.

Total Group Financial Overview as at 31st Jul 2020 - Month 4

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M4

CLINICAL ACTIVITY

	M4 Plan	M4 Actual	Var
Elective	1,890	407	(1,483)
Non-Elective	19,949	14,693	(5,256)
Daycase	14,554	4,307	(10,247)
Outpatient	124,138	58,638	(65,499)
A&E	53,990	37,960	(16,030)
Other NHS Non-Tariff	608,808	276,281	(332,528)
Other NHS Tariff	44,337	24,785	(19,553)
Total	**867,666**	**417,071**	**(450,596)**

TOTAL GROUP: INCOME AND EXPENDITURE

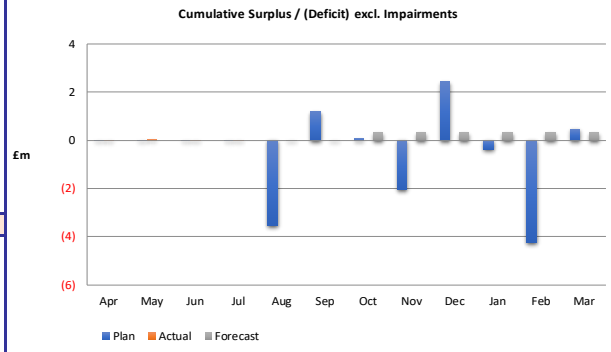
	M4 Plan	M4 Actual	Var
	£m	£m	£m
Elective	£6.11	£6.11	£0.00
Non Elective	£37.66	£37.66	£0.00
Daycase	£10.30	£10.30	£0.00
Outpatients	£15.51	£15.51	£0.00
A & E	£7.91	£7.91	£0.00
Other-NHS Clinical	£35.65	£35.97	£0.33
CQUIN	£1.27	£1.27	£0.00
Other Income	£18.52	£14.62	(£3.90)
Total Income	**£132.92**	**£129.35**	**(£3.57)**
Pay	(£89.01)	(£91.60)	(£2.59)
Drug Costs	(£14.16)	(£13.79)	£0.37
Clinical Support	(£8.77)	(£9.79)	(£1.02)
Other Costs	(£21.00)	(£23.99)	(£3.00)
PFI Costs	(£4.43)	(£4.43)	£0.00
Total Expenditure	**(£137.37)**	**(£143.60)**	**(£6.23)**
EBITDA	**(£4.45)**	**(£14.25)**	**(£9.80)**
Non Operating Expenditure	(£8.30)	(£8.14)	£0.16
Surplus / (Deficit) Adjusted*	**(£12.75)**	**(£22.39)**	**(£9.64)**
Conditional Funding (MRET/FRF/Top Up)	£12.74	£22.39	£9.65
Surplus / Deficit*	**(£0.01)**	**£0.00**	**£0.01**

* Adjusted to exclude items excluded for Financial Improvement Trajectory purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

	M4 Plan	M4 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	£5.35	£8.63	£3.28
Medical	£14.51	£12.02	(£2.49)
Families & Specialist Services	(£2.53)	(£1.62)	£0.91
Community	(£0.63)	(£0.99)	(£0.36)
Estates & Facilities	£0.00	£0.00	£0.00
Corporate	(£14.50)	(£15.25)	(£0.75)
THIS	£0.76	£0.59	(£0.16)
PMU	£1.18	£1.05	(£0.13)
CHS LTD	£0.15	£0.28	£0.13
Central Inc/Technical Accounts	(£5.93)	(£4.38)	£1.55
Reserves	(£0.92)	(£0.34)	£0.59
Unallocated CIP	£2.55	£0.00	(£2.55)
Surplus / (Deficit)	**(£0.01)**	**£0.00**	**£0.01**

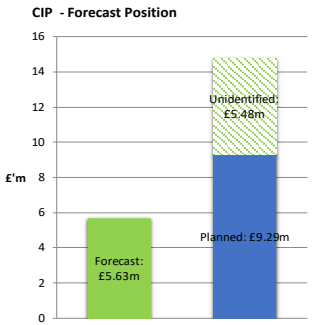
TOTAL GROUP SURPLUS / (DEFICIT)

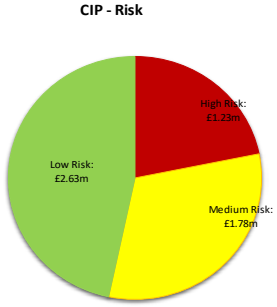


KEY METRICS

	Year To Date			Year End: Forecast		
	M4 Plan	M4 Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£0.01)	£0.00	£0.01	£0.46	£0.31	(£0.15)
Capital	£4.79	£2.46	£2.33	£20.85	£20.50	£0.35
Cash	£8.79	£55.71	£46.92	£3.99	£15.29	£11.30
Loans	£152.56	£161.70	£9.14	£19.88	£19.88	£0.00
CIP	£4.92	£1.27	(£3.65)	£14.77	£5.63	(£9.14)
	Plan	Actual		Plan	Forecast	
Use of Resource Metric	3	2		3	2	

COST IMPROVEMENT PROGRAMME (CIP)





Total Planned: £14.77m

Total Forecast £5.63m

YEAR END 20/21

CLINICAL ACTIVITY

	Plan	Actual	Var
Elective	5,574	1,464	(4,110)
Non-Elective	60,676	55,528	(5,148)
Daycase	43,418	13,843	(29,576)
Outpatient	368,867	198,203	(170,664)
A&E	158,149	142,118	(16,031)
Other NHS Non- Tariff	1,835,796	837,611	(998,185)
Other NHS Tariff	131,518	73,668	(57,850)
Total	**2,603,999**	**1,322,434**	**(1,281,565)**

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var
	£m	£m	£m
Elective	£18.01	£18.01	(£0.00)
Non Elective	£114.89	£114.89	(£0.00)
Daycase	£30.72	£30.72	(£0.00)
Outpatients	£46.12	£46.12	£0.00
A & E	£23.16	£23.16	£0.00
Other-NHS Clinical	£110.48	£107.05	(£3.43)
CQUIN	£3.79	£3.79	(£0.00)
Other Income	£55.25	£44.70	(£10.55)
Total Income	**£402.43**	**£388.44**	**(£13.98)**
Pay	(£268.59)	(£282.49)	(£13.90)
Drug Costs	(£42.41)	(£41.96)	£0.45
Clinical Support	(£27.63)	(£32.24)	(£4.62)
Other Costs	(£58.35)	(£66.70)	(£8.35)
PFI Costs	(£13.19)	(£13.41)	(£0.22)
Total Expenditure	**(£410.17)**	**(£436.79)**	**(£26.63)**
EBITDA	**(£7.74)**	**(£48.35)**	**(£40.61)**
Non Operating Expenditure	(£25.16)	(£24.16)	£1.00
Surplus / (Deficit) Adjusted*	**(£32.89)**	**(£72.51)**	**(£39.62)**
Conditional Funding (MRET/FRF/Top Up)	£33.35	£72.82	£39.47
Surplus / Deficit*	**£0.46**	**£0.31**	**(£0.15)**

* Adjusted to exclude items excluded for Financial Improvement Trajectory: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

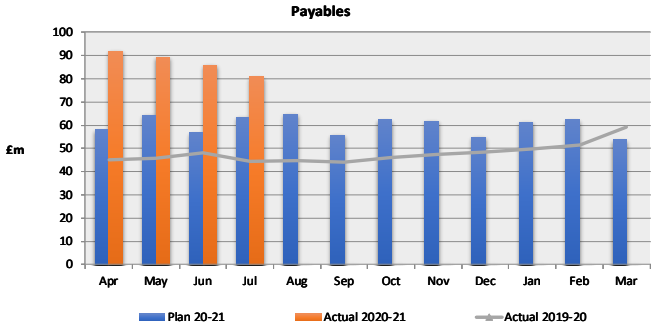
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	£14.99	£18.36	£3.36
Medical	£44.03	£36.57	(£7.46)
Families & Specialist Services	(£7.10)	(£8.54)	(£1.44)
Community	(£1.89)	(£3.65)	(£1.76)
Estates & Facilities	£0.00	£0.00	£0.00
Corporate	(£43.21)	(£45.88)	(£2.67)
THIS	£2.27	£1.64	(£0.63)
PMU	£3.55	£3.15	(£0.40)
CHS LTD	£0.75	£0.78	£0.03
Central Inc/Technical Accounts	(£15.43)	(£0.27)	£15.16
Reserves	(£4.11)	(£1.83)	£2.28
Unallocated CIP	£6.62	£0.00	(£6.62)
Surplus / (Deficit)	**£0.46**	**£0.31**	**(£0.15)**

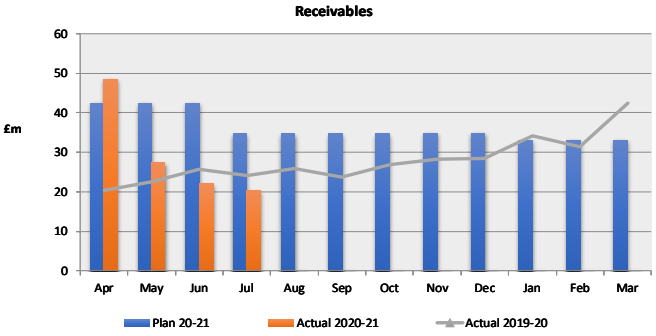
Total Group Financial Overview as at 31st Jul 2020 - Month 4

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

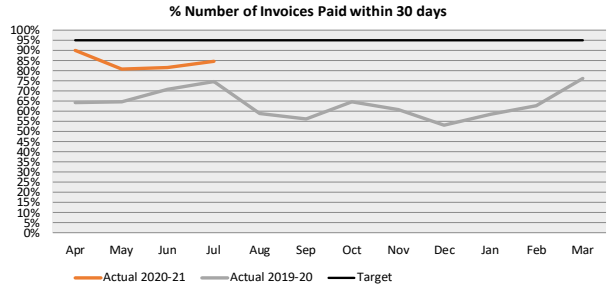
WORKING CAPITAL

	M4 Plan £m	M4 Actual £m	Var £m	M4
Payables (excl. Current Loans)	(£63.36)	(£80.88)	£17.52	
Receivables	£34.71	£20.30	£14.41	



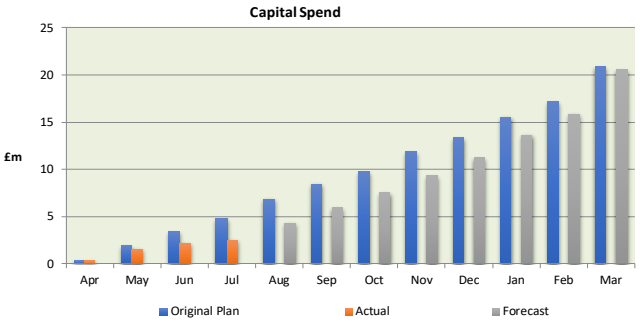


BETTER PAYMENT PRACTICE CODE



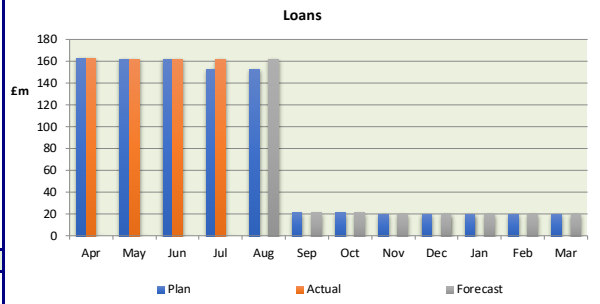
CAPITAL

	M4 Plan £m	M4 Actual £m	Var £m	M4
Capital	£4.79	£2.46	£2.33	

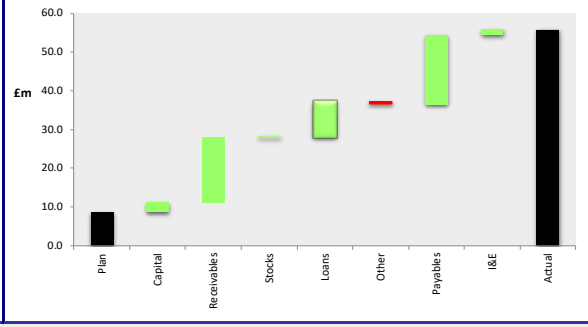


CASH

	M4 Plan £m	M4 Actual £m	Var £m	M4
Cash	£8.79	£55.71	£46.92	
Loans (Cumulative)	£152.56	£161.70	£9.14	



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The Trust's own financial plan for 2020/21 has been replaced by an NHSI derived plan which assumes a breakeven position will be achieved for at least the first four months of the financial year. Income flows are largely on a block basis and Covid-19 costs are funded retrospectively. Year to date the position is at breakeven after assumed receipt of £9.65m of retrospective top up funding.
- Clinical Contract income is in line with the NHSI Interim plan due to new fixed block and top up arrangements. The assumed 'Retrospective Top Up' of £9.65m drives a favourable variance in overall Clinical Income, offset to some extent by lower than planned income from other sources including private patients and the absorption of CCG Health Informatics contracts, (usually invoiced as non-clinical income), into CCG block contracts.
- Year to date activity is well below plan for all points of delivery as a result of the Covid-19 response, but is increasing month on month.
- The Trust has incurred £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.
- Year to date Capital expenditure was lower than planned at £2.46m against a planned £4.79m.
- Cash balance is £55.71m, £46.92m above plan: payments for August's Block and Top Up received in advance and £10m bonus Financial Recovery Funding (19/20)
- No interim Revenue loans or PDC were required in month.
- Year to date CIP schemes have delivered £1.27m of savings, £3.65m lower than planned.
- NHS Improvement performance metric Use of Resources (UOR) stands at 2 against a planned level of 3. The Trust's Internal Plan was for a deficit position year to date, where as the interim NHSI Plan is for a break-even position, improving the overall UOR.

NOTES

- The Forecast is based on the 'basecase' planning assumptions submitted to the ICS in June, updated for any known changes and assumes that the Trust will continue to receive sufficient funding to achieve a break-even position. The forecast position shown includes a planned gain on disposal of £0.31m, below the planned level of £0.46m, (and assumed excluded for the purposes of Top Up / FRF funding).
- The Forecast position assumes that the Trust's underlying deficit and ongoing costs relates to Covid-19 will be supported by a continuation of the current Block and Top Up arrangements (as per the Interim Plan).
- The Trust is forecasting Agency expenditure of £4.12m, considerably below the NHSI ceiling of £8.82m, but offset by an increase in expenditure on Bank staff.
- The Trust is forecasting delivery of £5.63m savings against a Trust CIP plan for 20/21 of £14.77m.
- The Trust is not planning to borrow during this financial year due to changes in the cash regime and planned Financial Recovery Fund / Top Up payments that should bring the Trust to a break-even position.
- The total loan balance at year end is forecast to be £19.88m as planned. All Revenue and Interim Capital Loans (totalling £140.72m) will be repaid and replaced by PDC funding by 30th Sept 20.
- Capital expenditure is forecast at £15.95m, £0.26m lower than the recently resubmitted 20/21 Capital Plan due to a reduction in costs relating to reconfiguration, offset to some extent by additional Covid-19 related expenditure that is still waiting for approval.

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

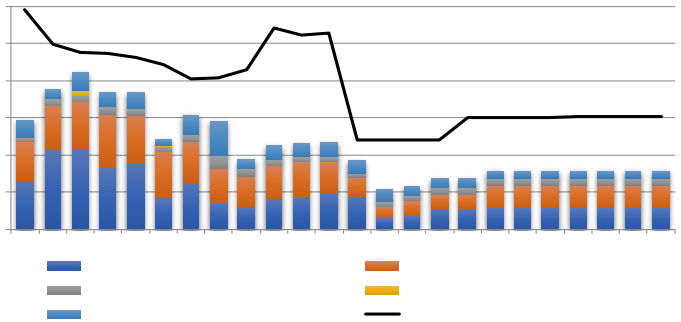
NB. In addition to the above rules, if Capital expenditure <85% of that planned then Red, (per NHSI risk indicator).

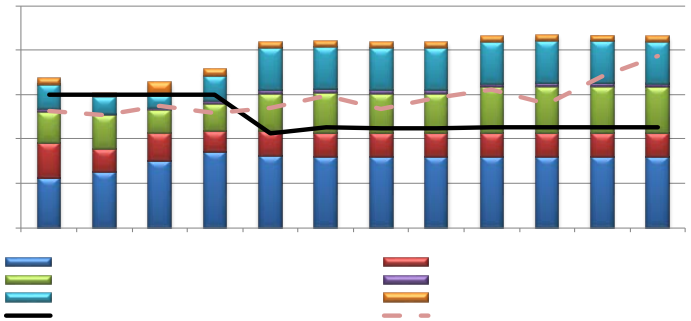
RAG KEY: UOR	
	All UOR metrics are at the planned level
	Overall UOR as planned, but one or more component metrics are worse than planned
	Overall UOR worse than planned

WORKFORCE

Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	21	85	42	159	- 102	205
Staff in post (WTE)	721	1,409	604	1,594	1,208	5,537
% Vacancies	3%	6%	6%	9%	-9%	4%





Cumulative Agency and Bank Spend	Plan	Actual	Var	
	£'m	£'m	£'m	
Agency Year to Date	(£1.93)	(£1.13)	£0.80	
Agency Forecast	(£6.77)	(£4.12)	£2.64	
Bank Year to Date	(£5.98)	(£6.63)	(£0.65)	
Bank Forecast	(£14.93)	(£23.66)	(£8.72)	

Vacancies
At the end of Month 4 the Trust was carrying 205 vacancies, 4% of the total establishment and an increase compared to Month 3. Medical vacancies increased from 4% to 6%, although these are offset to some extent by the temporary contracts issued to 18 student doctors. Nursing vacancies increased slightly from 8% to 9%. Nursing vacancies are offset by the interim deployment of 126 WTE student nurses into HCA posts (Support to Clinical). These contract are due to end by the middle of August as students return to their studies . Admin & Estates vacancies increased from 4% to 6%.

Agency rate cap
Overall Cap breaches reduced slightly in Month 4 compared to Month 3, and remain well below the 12 month average. The last four months has seen a further significant reduction in both Nursing and Medical breaches.

Agency ceiling
Total reported agency expenditure year to date is £1.13m; £0.80m below the planned value. This reduction is offset by a significant increase in the cost of internal Bank staff, with expenditure on Bank £0.65m higher than planned.

The planned agency trajectory for 20/21 is £6.77m, which is lower than the £8.82m NHS Improvement ceiling and currently the Trust is forecasting agency expenditure for the full year of only £4.12m based on the current run-rate, £2.64m below plan.

Nursing agency remained static in month at £0.08m and remained well below the planned level due to a reduction in both hours and average hourly rate. Overall this is a year to date favourable variance to plan of £0.39m reflecting the progression of plans to reduce reliance on agency staff, particularly higher Tier agencies and replace with an increase in the use of bank nurses, but also reduced activity and the influx of additional student nurses that have temporarily bolstered staffing numbers and reduced reliance on other forms of temporary staffing.

Medical Agency costs did increase in month (£0.05m) to £0.12m, but remain below the planned level with a year to date favourable variance of £0.14m. Additional staffing costs due to Covid-19 have been offset by a reduction in planned activity that would usually be supported by a level of agency expenditure.

Bank usage
Expenditure on internal Bank staff is £6.63m, £0.65m higher than planned year to date. £0.88m of these costs relate to the Covid-19 response including: additional medical costs of £0.81m due to changes to rotas and segregation of patient pathways; and nursing costs of £0.41m due to backfill for higher sickness absence and plans to release bed capacity.

COVID-19

Revenue Impact of Covid-19 - YTD JUL 2020					
Division	**Annual Leave Accrual**	**Covid-19 Direct Costs**	**Impact on activity**	**Loss of Income**	**Total**
	£	£	£	£	£
Central & Technical	0	6,598,136	208	0	6,598,344
Medicine	0	2,886,304	(379,959)	0	2,506,345
Families & Specialist Services	0	517,847	(102,932)	323,560	738,475
Calderdale & Huddersfield Solutions Ltd	0	569,613	(70,225)	59,000	558,388
Corporate Services	0	260,823	0	985,015	1,245,838
Community	0	488,030	0	24,277	512,307
Health Informatics	0	46,168	0	0	46,168
Surgery & Anaesthetics	0	598,253	(1,520,603)	0	(922,350)
NHS Nightingale (Hosted Costs)		3,264			3,264
Total costs identified	**-**	**11,968,439**	**- 2,073,511**	**1,391,852**	**11,286,781**
Retrospective Top Up requested					**9,648,168**

Capital Impact of Covid-19 - JUL 2020	
Details	**Covid-19 Costs**
	£
NPEX (PDC received)	330,000
Equipment	444,578
Asset Tracking	105,422
Total costs identified	**880,000**
PDC Confirmed	**330,000**

The Trust has incurred Covid-19 direct costs totalling £11.97m year to date as shown in the table and these have been reported to NHSI in support of the requested 'Retrospective Top Up'.

Key areas of spend are as follows:
Pay - £4.31m

Reported Covid-19 costs are the 'net cost' and represent the additional staffing costs incurred due to the Covid-19 response and do not include the cost of substantive staff that have been redeployed into expanded capacity areas. Pay costs relating to the Covid-19 response were primarily linked to the requirement for existing staff to work additional shifts, in particular over the Easter Bank Holiday weekend which coincided with a peak in the number of Covid-19 cases across the two hospitals. There were also significant additional costs incurred as a result of increased shifts in community services with most staff working the April bank holidays and additional shifts to support 7 day working which to some extent have continued into July. Almost 150 students (nursing, therapies and medical) have been added to the payroll, many of which have been working in a supernumerary capacity. Changes to medical rotas also had a financial impact with additional enhancements paid to junior medical staff. Increased substantive costs were offset to some extent by a reduction in agency and bank costs and lower than planned pay costs in some non Covid ward areas where bed occupancy was lower than usual.

Non Pay - £7.66m

Clinical Supplies costs linked to Covid-19 are £1.97m, including costs related to increased ICU capacity of £0.25m, £1.07m on Covid testing and £0.26m on CT scanner hire.
Other non-pay costs attributable to Covid-19 total £5.69m but includes the full cost incurred for the purchase of gowns (PPE) on behalf of the whole region (£3.14m) and other costs attributable to Covid-19 of £2.22m including other PPE costs of £1.52m (masks, additional scrubs, respirators etc), additional equipment, minor works for social distancing / segregation and patient transport.

Nightingale Hospital - £0.003m
The Trust has not accounted for any costs relating to the Nightingale hospital in Month 4.

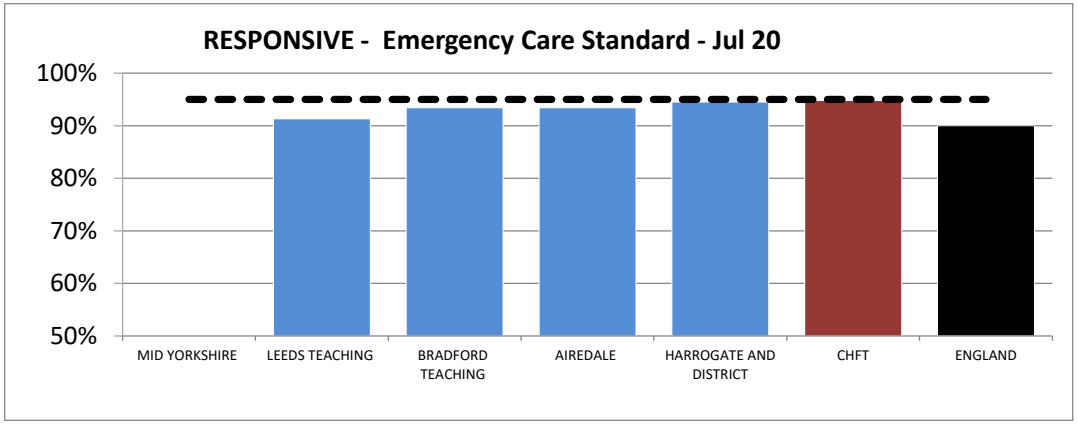
Income Losses

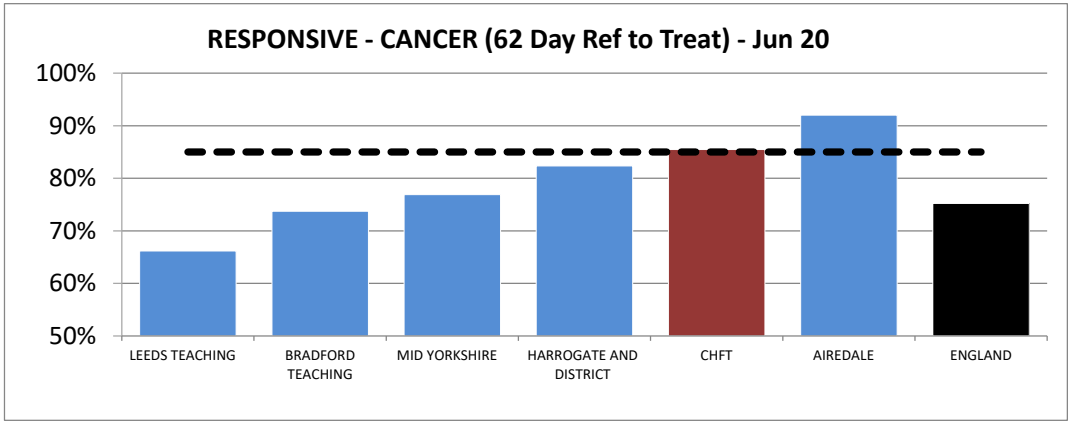
In addition, the Trust has lost income totalling £1.39m due to loss of Car Parking Income, (£0.89m which is a combination of income from staff permits and income from patients and visitors), loss of catering income (£0.06m), loss of apprentice levy income (£0.08m from pausing of HCAs apprenticeships delivered internally) and loss of private patient income (in particular from Yorkshire Fertility).

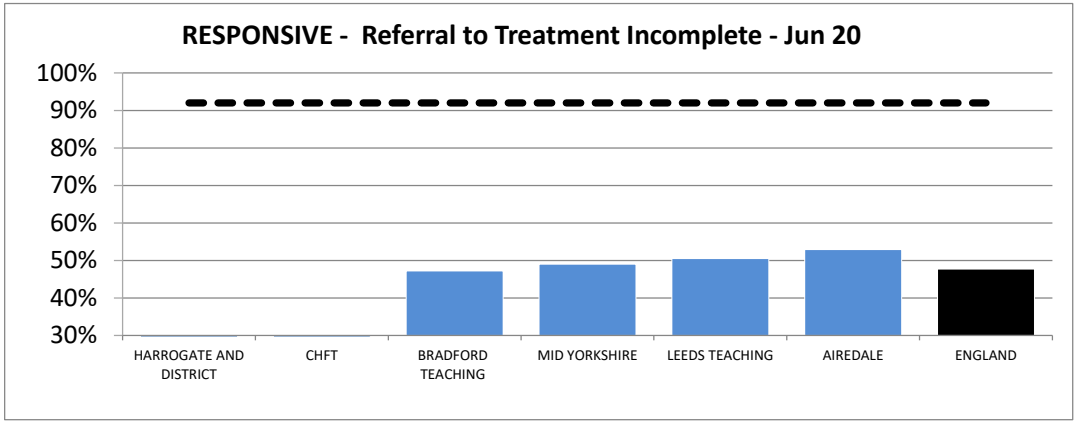
These costs have been offset to some extent year to date by the indirect impact of lower than planned costs in non-Covid areas where activity has reduced as a result of the Covid-19 response.

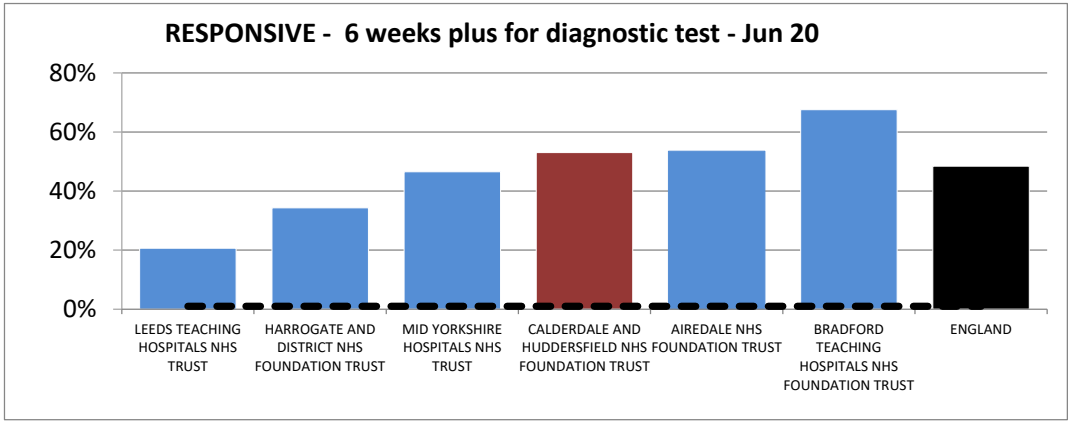
Capital funding for Covid-19 costs has also been requested as shown. The Trust is still waiting for confirmation of PDC funding to cover most of this additional expenditure.

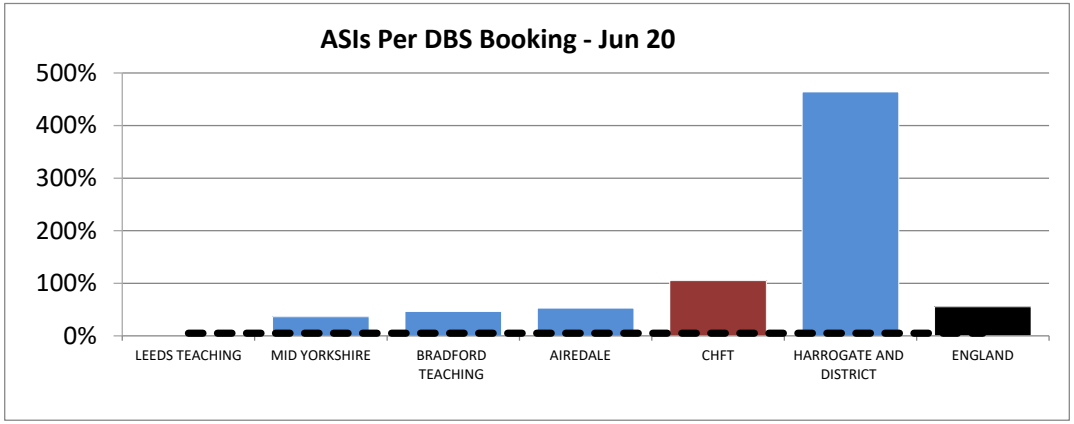
Benchmarking - Selected Measures





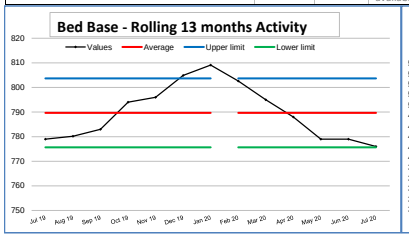


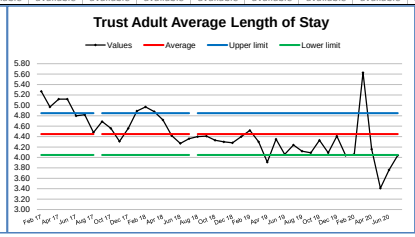


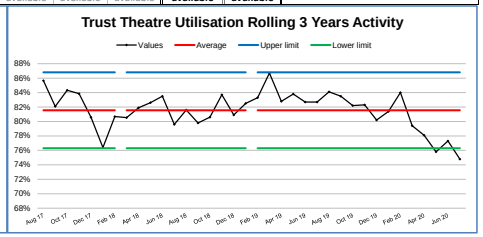


Efficiency & Finance - Key measures

	19/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	YTD	Performance Range		
Did Not Attend Rates																Green	Amber	Red
First DNA	7.70%	7.97%	7.92%	8.29%	6.92%	7.25%	7.44%	6.94%	7.20%	8.02%	4.38%	3.74%	2.66%	**2.74%**	**3.28%**	<=7%	7.1% - 7.9%	>=8%
Follow up DNA	6.67%	6.74%	7.19%	6.51%	6.18%	6.50%	6.43%	6.21%	6.06%	6.72%	5.55%	4.54%	4.89%	**4.44%**	**4.87%**	<=7%	7.1% - 7.9%	>=8%
Average length of stay																		
Average Length of Stay - Overall	4.26	4.24	4.12	4.09	4.33	4.09	4.41	4.04	4.06	5.63	4.16	3.41	3.76	**4.04**	**3.84**	<=5.19 / <=4.25 from April 20		>=5.30
Average Length of Stay - Elective	2.27	2.36	2.29	2.00	2.01	2.32	2.39	1.94	2.60	2.30	1.44	1.56	2.10	**3.69**	**2.41**	<=2.49 / <=2.30 from April 20		>=2.60
Average Length of Stay - Non Elective	4.50	4.46	4.32	4.36	4.62	4.31	4.63	4.26	4.25	6.03	4.26	3.45	3.81	**4.06**	**3.89**	<=4.62 / <=4.40 from April 20		>=5.50
Average Length of Stay - Non Elective - Excluding Ambulatory	5.64	5.49	5.40	5.57	5.80	5.50	5.72	5.36	5.42	7.28	4.88	4.16	4.54	**4.81**	**4.6**	<=5.56		
Average Length of Stay - Overall - Excluding Ambulatory	5.20	5.10	5.02	5.06	5.28	5.06	5.34	4.96	5.03	6.66	4.75	4.08	4.51	**4.77**	**4.53**	<=5.15 / <=5.10 from April 20		>=5.25
Pre-Op Length of Stay - Elective Patients	0.05	0.03	0.01	0.06	0.03	0.05	0.12	0.04	0.04	0.05	0.07	0.04	0.14	**0.23**	**0.14**	<= 0.02 as per Model Hospital		>0.04
Pre-Op Length of Stay - Non Elective Patients	0.64	0.67	0.67	0.64	0.66	0.57	0.58	0.57	0.59	0.85	0.52	0.48	0.56	**0.72**	**0.58**	<=0.73 as per Model Hospital		
Non Elective with zero LOS (not ambulatory)	8,055	759	617	624	663	709	670	694	640	620	439	581	528	**554**	**2,102**	Not applicable		
Elective Inpatients with zero LOS	907	53	56	91	102	91	66	88	68	73	27	10	16	**9**	**62**	<=65 / <=75 from April 20		>=80
Day Cases																		
Day Case Rate	89.66%	90.45%	89.28%	89.33%	89.37%	89.45%	89.90%	90.53%	89.42%	89.43%	91.94%	94.62%	94.57%	**93.55%**	**93.75%**	>=89.25%	80.1% -89.24%	<=80%
Failed Day Cases	1,483	131	136	119	111	134	113	123	149	116	31	23	30	**77**	**161**	<=120	YTD <=1440	>=125
Beds																		
Beds Open in Month - Plan	801	778	778	778	778	778	778	801	801	801	785	770	770	**770**	**770**	Not applicable		
Beds Open in Month - Actual	795.00	779.00	780.16	783.00	794.00	796.00	804.88	809.10	802.60	795.00	788.00	779.00	779.00	**776**	**776**	Not applicable		
Hospital Bed Days per 1000 population - Adults	40.44	45.34	45.65	45.78	48.7	46.89	48.26	48.65	45.27	40.44	25.05	30.19	32.79	**36.44**	**24.97**	18/19 Baseline		
Emergency Hospital Admissions per 1000 population - Adults	0.08	0.10	0.10	0.09	0.10	0.10	0.10	0.11	0.09	0.08	0.06	0.08	0.08	**0.08**	**0.06**	18/19 Baseline		
Occupied Bed Days							19,428	19,273	17,829	16,007	9,269	11,578	12,604	**14,178**	**47,629**	Not applicable		
Cancellations																		
Clinical Slots not Utilised	8.70%	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	10.00%	0.32	0.33	0.24	**0.14**	**32.30%**	Not applicable		
Endoscopy Utilisations - Trust level	98.30%	98.03%	98.99%	98.51%	97.88%	98.61%	98.36%	97.20%	99.30%	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=90%	86% - 89%	<=85%
Endoscopy Utilisations - CRH	99.69%	99.30%	100.00%	99.74%	99.56%	99.84%	99.54%	99.65%	99.64%	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=90%	86% - 89%	<=85%
Endoscopy Utilisations - HRI	97.22%	97.01%	98.34%	97.70%	96.73%	97.49%	97.18%	95.39%	98.73%	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=90%	86% - 89%	<=85%
Hospital Cancellations within 6 Weeks	3,431	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	8,273	17,022	7,545	3,822	**4,368**	**4,368**	0		>=1
Theatre Utilisation																		
Theatre Utilisation (TT) - Main Theatre - CRH	83.60%	84.80%	86.00%	85.40%	82.00%	83.80%	81.30%	82.10%	84.00%	79.90%	89.16%	82.80%	80.30%	**86.50%**	**84.80%**	>=90%	86% - 89%	<=85%
Theatre Utilisation (TT) - Main Theatre -HRI	87.80%	87.70%	90.30%	86.70%	88.90%	89.20%	84.60%	88.20%	89.30%	82.70%	63.15%	72.30%	90.90%	**64.60%**	**70.70%**	>=90%	86% - 89%	<=85%
Theatre Utilisation (TT) - HRI DSU	73.80%	72.80%	74.60%	76.00%	74.80%	70.80%	72.80%	72.30%	78.50%	73.30%	57.62%	58.70%	62.50%	**75.40%**	**71.10%**	>=88%	85% - 87%	<=84%
Theatre Utilisation (TT) - Trust	82.40%	82.70%	84.10%	83.50%	82.20%	82.30%	80.20%	81.40%	84.00%	79.40%	78.09%	75.80%	77.30%	**74.80%**	**76.10%**	>=90%	84% - 89%	<=83%
% Theatre Scheduled Late Starts > 15 mins - Trust	37.29%	35.49%	34.07%	37.23%	37.29%	37.35%	39.05%	32.71%	36.50%	44.93%	56.76%	55.10%	45.45%	**50.98%**	**51.69%**	Not applicable		
Total Fallow lists - Trust	705	47	70	39	53	40	84	58	52	30	**No Reallocation due to COVID**					To be confirmed		
Flow																		
No. of Ambulatory patients	12,405	983	1,052	1,042	1,071	1,131	1,011	1,195	1,076	787	434	653	699	**655**	**2,441**	0		>=1
Emergency Hospital Discharges	51483	4443	4135	4130	4500	4551	4449	4729	4,033	3,732	2,620	3,095	3,277	**3,441**	**12,433**	<=4200	YTD <=50400	>=4201
Stranded 7 Days	48.07%	45.19%	46.28%	48.32%	48.90%	46.64%	47.45%	47.88%	48.22%	50.70%	37.50%	37.49%	39.58%	**42.20%**	**39.41%**	<=30%	31% - 99%	>=40%
Super Stranded 21 Days	97	87	82	90	102	100	93	104	106	97	24	22	31	**40**	**29**	<= 95	96 - 97	>=98
Average time to start of reablement (days)	6.94	7.50	9.50	8.20	6.00	5.80	6.10	4.60	4.20	4.20	2.00	2.50	2.80	**3.10**	**2.60**	<=5 days	6 - 8 days	>= 9 days
% Catheter Lab Utilisation	89.00%	90.00%	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	**not available**	**not available**	No target		







Efficiency & Finance Frailty- Key measures

	19/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	YTD	Performance Range
Acute Admissions - Aged 75+ Years																Green / Amber / Red
Acute Admissions aged 75+	9,851	866	763	744	852	822	936	947	784	757	581	635	692	**741**	**2,649**	not applicable
Frail* patients admitted aged 75+	3927	338	261	286	323	316	433	437	307	295	188	203	236	**226**	**853**	
% patients admitted aged 75+ who are frail**	39%	39%	34%	38%	38%	38%	46%	46%	39%	39%	32%	32%	34%	**31%**	**32%**	
Frailty Admissions with LOS < 3 days																
Patients 75+ with a LOS < 3 days	5060	474	389	374	434	451	446	503	408	320	260	327	340	**377**	**1,304**	not applicable
Frail* patients with a LOS < 3 days	1595	144	95	105	141	140	167	184	130	91	81	83	105	**83**	**352**	
% of patients with a LOS < 3 days who are frail**	32%	30%	24%	28%	32%	31%	37%	37%	32%	28%	31%	25%	31%	**22%**	**32%**	
Patients 75+ occupied bed days	69085	6063	4945	5215	5827	5372	6533	6267	4,940	7,011	3,409	3,005	3,781	**4,561**	**14,756**	
Frail* occupied bed days	32362	3058	2278	2433	2254	2405	3414	3536	2,358	2,926	1,074	1,170	1,425	**1,886**	**5,555**	
Average frail* non-elec IP LOS	42.0	9.05	8.73	8.51	6.98	7.61	7.88	8.09	7.68	9.92	5.7	5.8	6.0	**8.4**	**5.7**	
Re-admitted back to the Frailty Team within 30 days	1035	62	**60**	59	87	107	113	124	98	93	not available	not available	not available	**not available**	**not available**	
% Re-admitted back to the Frailty Team within 30 days	20%	11%	**12%**	11%	14%	18%	17%	18%	17%	18%	not available	not available	not available	**not available**	**not available**	

* Data is based on the following Treatment Functions: General Medicine; Endocrinology; Hepatology; Diabetic Medicine; Respiratory; Nephrology; Neurology; Rheumatology; Geriatric Medicine

** The frailty team at Calderdale and Huddersfield Foundation Trust have defined frail patients as being a patient over and including the age of 75 with one of the ICD 10 diagnosis codes described by the Acute Frailty Network (AFN).

Activity - Key measures

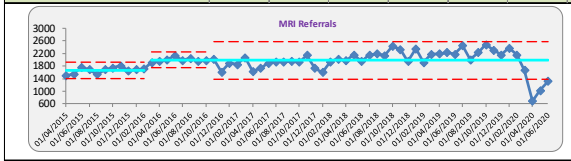
	19/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	35,430	3,396	3,083	3,360	3,606	2,937	2,447	2,993	2,421	1,885	662	1,130	1,800	**1,702**	**5,294**	**-58.29%**
03A - NHS GREATER HUDDERSFIELD CCG	32,540	3,109	2,811	2,999	3,245	2,726	2,199	2,721	2,461	1,873	713	1,190	1,745	**1,777**	**5,425**	**-53.10%**
Other	6724	691	573	657	609	550	426	555	470	325	95	85	76	**81**	**337**	**-89.39%**
Trust	74,694	7,196	6,467	7,016	7,460	6,213	5,072	6,269	5,352	4,083	1,470	2,401	3,573	**3,612**	**11,056**	**-58.69%**
Trust - % Change on Previous year	0.09%	12.78%	0.89%	21.13%	12.61%	7.91%	-6.54%	-4.62%	-2.22%	-37.31%	-77.25%	-65.07%	-42.66%	**-49.81%**	**-58.69%**	
03J - NHS NORTH KIRKLEES CCG	2,533	257	197	274	239	211	155	198	190	119	37	44	68	**90**	**239**	**-74.27%**
02R - NHS BRADFORD DISTRICTS CCG	0	0	0	0	0	0	0	0	0	0	40	28	25	**0**	**93**	**-87.38%**
03R - NHS WAKEFIELD CCG	912	92	65	88	87	64	67	68	58	49	6	10	8	**2**	**26**	**-92.28%**
02W - NHS BRADFORD CITY CCG	0	0	0	0	0	0	0	0	0	0	0	0	7	**7**	**14**	**-93.17%**
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	75	4	8	8	10	6	1	7	7	2	0	0	1	**1**	**2**	**-92.31%**
03C - NHS LEEDS WEST CCG	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	**-100.00%**
02N - NHS AIREDALE, WHARFEDALE AND CRAVEN CCG	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	**0**	**-100.00%**
03G - NHS LEEDS SOUTH AND EAST CCG	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	**-100.00%**
02V - NHS LEEDS NORTH CCG	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	**0.00%**
15F - NHS LEEDS CCG	83	7	12	9	8	5	8	7	3	5	0	0	0	**3**	**3**	**-92.50%**
ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	-284	36	1	49	-123	92	162	-12	121	-760	-2,796	-2,470	-2,578	**-2,353**	**-10,247**	
% Day Case Variance against Contract	-0.74%	0.96%	0.01%	1.40%	-3.20%	2.62%	5.42%	-0.33%	3.62%	-20.68%	-80.27%	-77.63%	-74.20%	**-70.41%**	**-59.61%**	
Elective Variance against Contract	-53	-24	31	14	-21	11	-5	-37	39	-76	-364	-365	-406	**-346**	**-1,483**	
% Elective Variance against Contract	-1.06%	-4.99%	7.25%	3.11%	-4.05%	2.28%	-1.17%	-8.10%	9.18%	-16.08%	-79.12%	-81.36%	-81.09%	**-78.47%**	**-70.75%**	
Non-elective Variance against Contract	-962	2	-131	-166	54	65	-81	367	-94	-823	-1,959	-1,201	-997	**-1,062**	**-5,256**	
% Non-elective Variance against Contract	-1.75%	-3.42%	-3.42%	-3.42%	-3.42%	-3.42%	-3.42%	-3.42%	-3.42%	-3.42%	-38.67%	-31.67%	-28.17%	**-26.35%**	**-20.77%**	
Outpatient Variance against Contract	162	-1,226	-1,819	-289	-296	-347	1,232	-70	-1,066	-6,806	-18,441	-16,695	-15,365	**-13,995**	**-64,646**	
% Outpatient Variance against Contract	0.07%	-3.87%	-7.56%	-0.96%	-1.03%	-1.13%	5.09%	-0.30%	-3.62%	-21.48%	-61.92%	-61.13%	-56.22%	**-52.76%**	**-42.62%**	
Accident and Emergency Variance against Contract	3,199	276	628	256	103	614	346	647	538	-2,310	-6,037	-4,326	-3,153	**-2,512**	**-16,030**	
% Accident and Emergency Variance against Contract	0.58%	2.02%	5.04%	1.99%	0.78%	4.92%	2.66%	5.19%	4.68%	-18.02%	-46.70%	-38.81%	-33.85%	**-29.69%**	**-17.88%**	

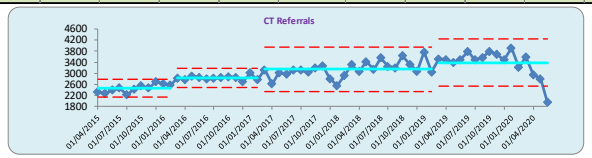
Please note further details on the referral position including commentary is available within the appendix.

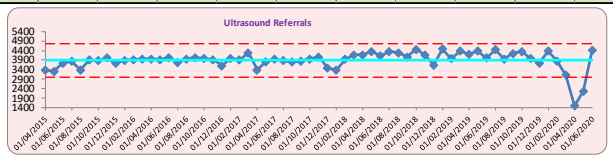
Radiology Summary of Activity of Key Modalities - June 2020

Referrals into Service

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	YTD 20/21	YTD 19/20	Increase	%
MRI	1969	2159	1945	2152	2192	2134	2422	2327	1946	2345	1921	2176	2188	2230	2173	2444	2004	2228	2479	2303	2154	2374	2153	1671	689	1026	1316	3031	6591	-3560	-54%
CT	3058	3426	3131	3553	3244	3199	3632	3325	3077	3763	3051	3519	3497	3380	3498	3785	3481	3572	3790	3683	3482	3911	3212	3599	2949	2807	1944	7700	10375	-2675	-26%
Obstetrics	2288	2437	2369	2486	2417	2270	2452	2329	2087	2468	2131	2294	2288	2481	2247	2581	2400	2329	2480	2276	2287	2394	2175	2301	1909	1951	2172	6032	7016	-984	-14%
General Radiology	17208	18772	17404	17601	16123	16456	17774	16323	15515	18264	15866	17064	16923	17116	16434	18090	16876	16765	17406	16472	15653	18242	15665	12489	6629	8962	15505	31096	50473	-19377	-38%
Ultrasound	4174	4349	4131	4350	4282	4062	4463	4172	3631	4490	3980	4369	4205	4382	4011	4445	3962	4256	4364	3975	3741	4375	3861	3112	1500	2266	4432	8198	12598	-4400	-35%
Total	28697	31143	28980	30142	28258	28121	30743	28476	26256	31330	26949	29422	29101	29589	28363	31345	28723	29150	30519	28709	27317	31296	27066	23172	13676	17012	25369	56057	87053	-30996	-36%





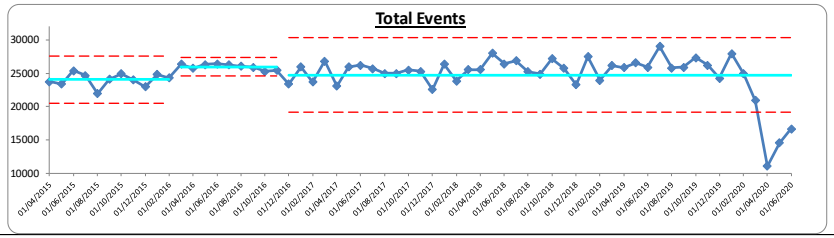


How does this compare to Trust activity Trend?

A&E Activity has decreased by 32%, Outpatients decreased by 28% and Inpatients (excluding Maternity) decreased by 44%

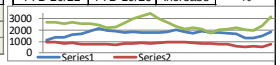
Activity

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	YTD 20/21	YTD 19/20	Increase	%
Total Events	25,525	27,999	26,411	26,860	25,252	24,877	27,165	25,739	23,304	27,467	23,929	26,136	25,856	26,555	25,921	29,002	25,777	25,871	27,344	26,191	24,262	27,950	24,917	20,906	11,080	14,583	16,696	42,359	78,332	-35,973	-46%
MRI	1677	1616	1671	1652	1703	1611	1760	1890	1682	1926	1843	2042	1900	1778	1905	2041	1874	1992	1990	2132	1849	2068	1974	1832	502	698	822	2022	5583	-3561	-64%
HRI -MRI	608	596	625	611	616	575	669	696	601	661	577	699	675	629	647	682	637	658	698	701	677	690	703	643	221	261	266	748	1951	-1203	-62%
CRH - MRI	496	469	456	450	496	479	469	533	492	562	561	539	463	500	498	558	479	492	582	551	446	533	473	455	160	164	197	521	1461	-940	-64%
Mobile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
New Scanner - HRI	567	549	581	584	577	546	616	649	579	691	659	629	626	561	643	703	675	752	606	735	621	744	679	579	118	151	232	501	1830	-1329	-73%
CRVAN	0	0	0	0	0	0	0	0	0	0	36	171	127	76	108	90	78	84	92	134	98	92	112	143	0	0	0	0	311	-311	-
Unknown	6	2	9	7	14	11	6	12	10	12	10	4	9	12	9	8	5	6	12	11	7	9	7	12	3	122	127	252	30	222	740%
CT	2,708	2,989	2,869	3,090	2,888	2,785	3,078	2,906	2,682	3,434	2,743	3,015	3,053	2,925	3,072	3,302	3,009	3,206	3,331	3,132	3,024	3,389	3,187	2,718	1,755	2,576	2,579	6,910	9,050	-2,140	-24%
General Radiology	15,518	17,341	16,076	16,256	14,730	15,030	15,999	14,982	13,998	16,314	14,365	15,609	15,364	15,664	15,003	17,202	15,071	15,031	15,911	15,148	14,361	16,532	14,381	11,438	5,865	7,941	9,284	23,090	46,031	-22,941	-50%
Obstetrics	2,166	2,278	2,249	2,316	2,279	2,112	2,292	2,200	1,937	2,265	1,971	2,116	2,098	2,367	2,131	2,392	2,257	2,196	2,316	2,144	2,112	2,242	2,071	2,123	1,786	1,853	2,110	5,749	6,596	-847	-13%
Ultrasound	3,456	3,775	3,546	3,546	3,652	3,339	4,036	3,761	3,005	3,528	3,007	3,354	3,441	3,821	3,810	4,065	3,566	3,446	3,796	3,635	2,916	3,719	3,304	2,795	1,172	1,515	1,901	4,588	11,072	-6,484	-59%
Total Exams	27,857	30,675	28,928	29,551	27,758	27,176	29,686	28,136	25,455	29,722	26,190	28,570	28,260	29,008	28,480	32,306	28,619	28,405	29,930	28,739	26,521	30,743	27,471	23,073	12,387	16,402	18,715	47,504	85,748	-38,244	-45%
MRI	1748	1710	1753	1739	1784	1683	1848	1978	1757	2025	1924	2120	1964	1845	1985	2134	1956	2069	2058	2215	1934	2151	2046	1908	515	712	839	2066	5794	-3728	-64%
HRI -MRI	633	641	670	652	651	617	714	728	625	717	615	724	698	654	663	707	667	680	711	729	708	700	719	670	223	273	270	766	2015	-1249	-62%
CRH - MRI	516	487	471	461	518	493	486	554	509	574	582	562	471	513	524	575	495	512	598	572	456	556	486	462	168	168	205	541	1508	-967	-64%
Mobile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
New Scanner - HRI	592	578	603	619	600	561	642	684	612	722	680	655	653	587	681	751	706	783	643	766	663	790	721	618	121	149	235	505	1921	-1416	-74%
CRVAN	0	0	0	0	0	0	0	0	0	0	37	175	133	78	108	93	81	87	94	137	99	96	113	145	0	0	0	0	319	-319	-
Unknown	7	4	9	7	15	12	6	12	11	12	10	4	9	13	9	8	7	7	12	11	8	9	7	13	3	122	129	254	31	223	719%
CT	4,006	4,424	4,220	4,673	4,291	4,141	4,477	4,231	3,937	4,629	4,033	4,377	4,439	4,253	4,498	4,979	4,366	4,719	4,826	4,586	4,363	4,999	4,741	4,167	2,825	4,056	4,108	10,989	13,190	-2,201	-17%
General Radiology	16,110	18,095	16,765	16,917	15,350	15,534	16,589	15,597	14,486	16,889	14,924	16,234	15,971	16,342	15,657	18,318	16,062	15,647	16,560	15,785	14,885	17,253	14,974	11,820	5,948	8,068	9,492	23,508	47,970	-24,462	-51%
Obstetrics	2,171	2,283	2,250	2,322	2,283	2,117	2,293	2,208	1,941	2,270	1,974	2,119	2,107	2,372	2,134	2,398	2,264	2,200	2,320	2,153	2,119	2,248	2,079	2,125	1,791	1,856	2,115	5,762	6,613	-851	-13%
Ultrasound	3,822	4,163	3,940	3,900	4,050	3,701	4,479	4,122	3,334	3,909	3,335	3,720	3,779	4,196	4,206	4,477	3,971	3,770	4,166	4,000	3,220	4,092	3,631	3,053	1,308	1,710	2,161	5,179	12,181	-7,002	-57%



Waiting List at Month End

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	YTD 20/21	YTD 19/20	Increase	%
Total number on MRI Waiting List	1131	1384	1405	1602	1693	1894	2129	2006	1897	1797	1864	1803	1774	1803	1878	2044	1845	1761	1913	1779	1780	1755	1671	1295	1335	1527	1867				
Total number on CT Waiting List	945	933	809	889	776	803	792	752	744	851	843	904	856	873	931	945	973	925	855	845	757	770	614	562	581	553	748				
Total number on US Waiting List	2706	2670	2609	2713	2586	2581	2432	2229	2283	2612	3004	3252	3454	3025	2727	2353	2085	2226	2111	1766	2024	2106	2231	2042	2008	2409	3173				



Number of Exams reported

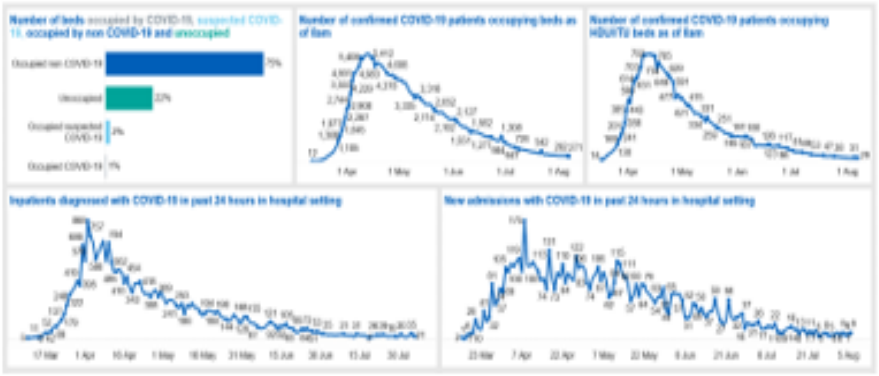
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	YTD 20/21	YTD 19/20	Increase	%
Internal (Planned)	20918	21509	19512	19286	20063	17909	21896	21675	17070	20696	17525	15201	13589	13823	12320	15530	13995	12592	13511	12221	12550	13959	12956	15532	9098	11411	12777	33286	39732	-6446	-16%
Insourced (Extras)	0	0	0	0	0	0	0	1110	0	0	0	419	253	152	102	283	17	0	0	0	0	0	46	23	0	0	0	0	507	-507	-
Locum Radiologist/Sonagropher	45	68	96	110	0	0	0	0	0	0	0	359	288	392	690	1114	217	1161	502	454	512	783	581	479	727	409	579	1715	1370	345	25%
Auto Reported	3657	3407	3505	5066	4505	4702	4337	3217	4425	4773	4559	3192	4216	2861	2476	2372	2126	3042	3266	3128	3458	4694	3355	2869	562	1042	2063	3667	9553	-5886	-62%
Outsourced	3165	3968	4977	3839	2767	3149	3111	2436	3094	2633	3040	2431	3278	7511	7279	8759	7481	7409	8055	8310	10180	11003	10037	5418	707	1059	995	2761	18068	-15307	-85%
Total	27785	28952	28090	28301	27335	25760	29344	28438	24589	28102	25124	21602	21624	24739	22867	28058	23836	24204	25334	24113	26700	30439	26975	24321	11094	13921	16414	41429	69230	-27801	-40%
% Outsourced	11%	14%	18%	14%	10%	12%	11%	9%	13%	9%	12%	11%	15%	30%	32%	31%	31%	31%	32%	34%	38%	36%	37%	22%	6%	8%	6%	7%	26%	-19%	
% Insourced/Outsourced	11%	14%	18%	14%	10%	12%	11%	12%	13%	9%	12%	13%	16%	31%	32%	32%	31%	31%	32%	34%	38%	36%	37%	22%	6%	8%	6%	7%	27%	-20%	

Appendices

COVID-19 IPR APPENDIX

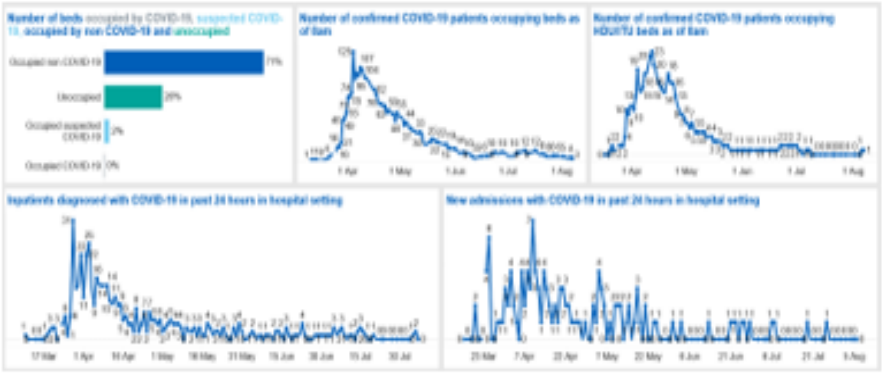
COVID Metrics across the Region:

North East and Yorkshire and North West: Sustained reduction across the regions in occupied beds (including ITU's) since mid-April. Peak of Covid19+ inpatients in early April with overall reduction since this time. New Covid19+ admissions peaked first week in April with daily variability but an overall reduction since. Numbers of diagnosed inpatients and new admissions mostly static since end of June.

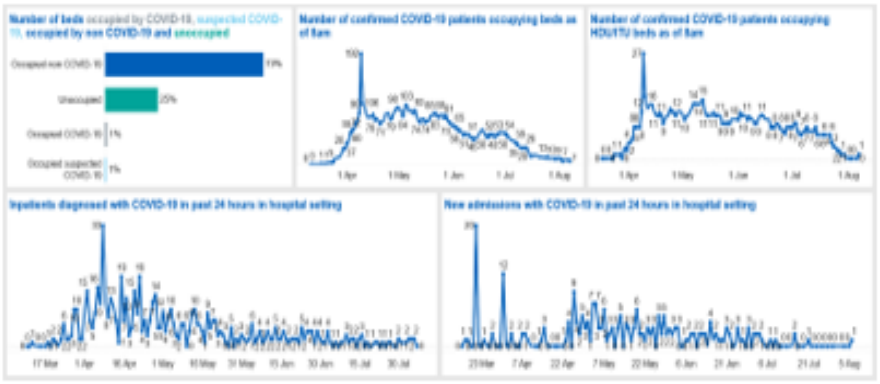


WYAAT: Sustained reduction across the regions in occupied beds (including ITU's) since mid-April. Peak of Covid19+ inpatients in early April with overall reduction since this time despite additional peaks early – mid April. New Covid19+ daily admissions showing significant variability but with a small increase in the first week in August. Otherwise numbers are mostly static since end of June.

CHFT: Continued reduction in Covid19 occupied beds since peak in early April (mid-April for ITU beds). Peak of Covid19+ inpatients in late March to early April with continued reduction since this time. New Covid19+ daily admissions showing variability but with overall lower numbers since end of April.



BTHFT: After an initial reduction following a peak of occupied bed days (including ITU beds) in early - mid April unlike other Trusts Bradford did not see a sustained reduction until mid-July.

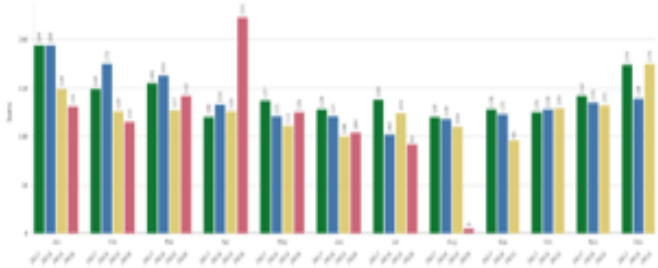


Beds Occupied Position as at 10th August across WYAAT

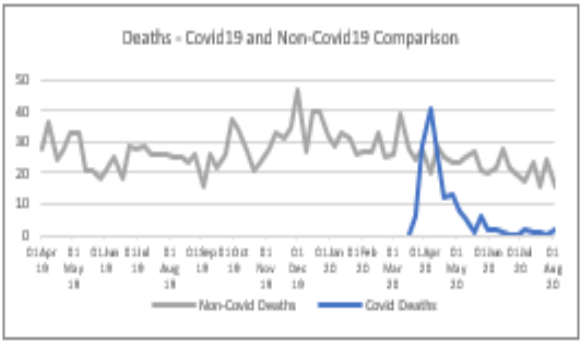
CHFT has the 3rd highest bed occupancy of suspected Covid19 patients at 2% with Leeds having the highest at 7%. All Trusts except for Harrogate had an increase in suspected Covid-19 patients in hospital since last month. CHFT has the 3rd highest % bed occupancy of non-Covid19 patients at 71%

Mortality:

Historical Comparison



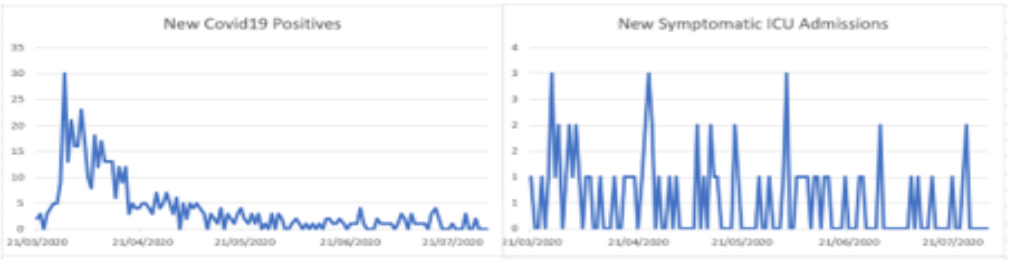
Impact of Covid19 deaths on historical trends seen particularly in April and then less so since May with the lowest number of deaths in July in the last 4 years.



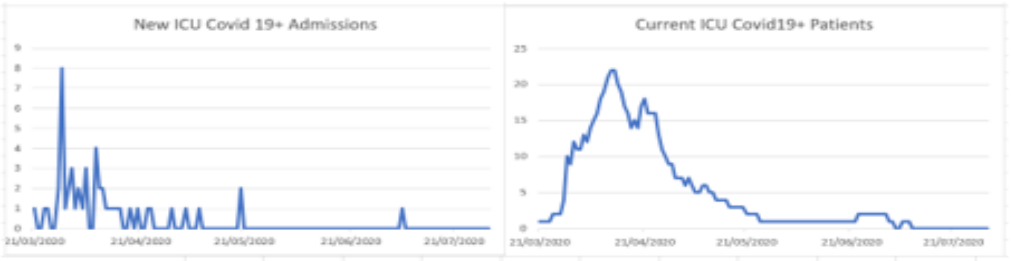
Peak number of Covid19+ deaths in early April with a sustained reduction since then to date. Most recent Covid19 inpatient death 9th August.

Covid19 Hospitalisation in England Surveillance System (CHESS) was developed by Public Health England (PHE) for monitoring hospitalised COVID-19. The scheme is based on the existing UK Severe Influenza Surveillance Scheme (USISS) that was created following the 2009 influenza pandemic. Objectives of CHESS are to monitor and estimate the impact of Covid19 on the population.

Since peak in late March/early April there has been an overall reduction in symptomatic admissions to CHFT. The increase in number of Covid19 results from start of May relates to a change in testing policy to include asymptomatic admissions.



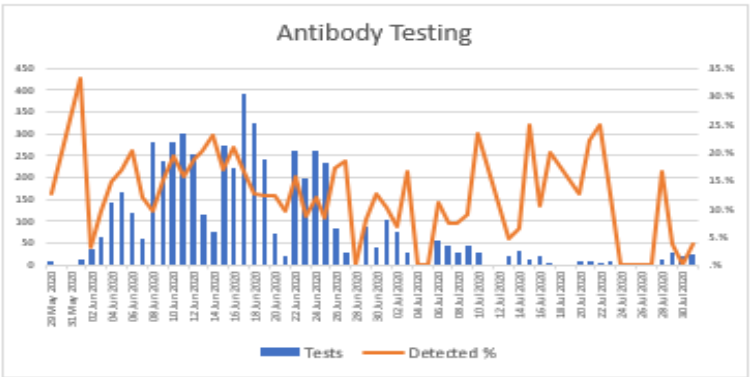
Since 29th March the trend has been a gradual and sustained decrease in new Covid19+ inpatients



There was a peak of Covid19+ patients in ICU's 10th - 12th April and other than a small increase around 22nd April there has been a continual decrease in patients in ICU since the Easter bank holiday weekend.

Antibody Testing:

Graph below shows the number of staff who have had the blood test for presence of Covid19 antibodies and the percentage where presence was detected. On average detection of Covid19 antibodies is 14.3%.



Appendix - Appointment Slot Issues

ASIs

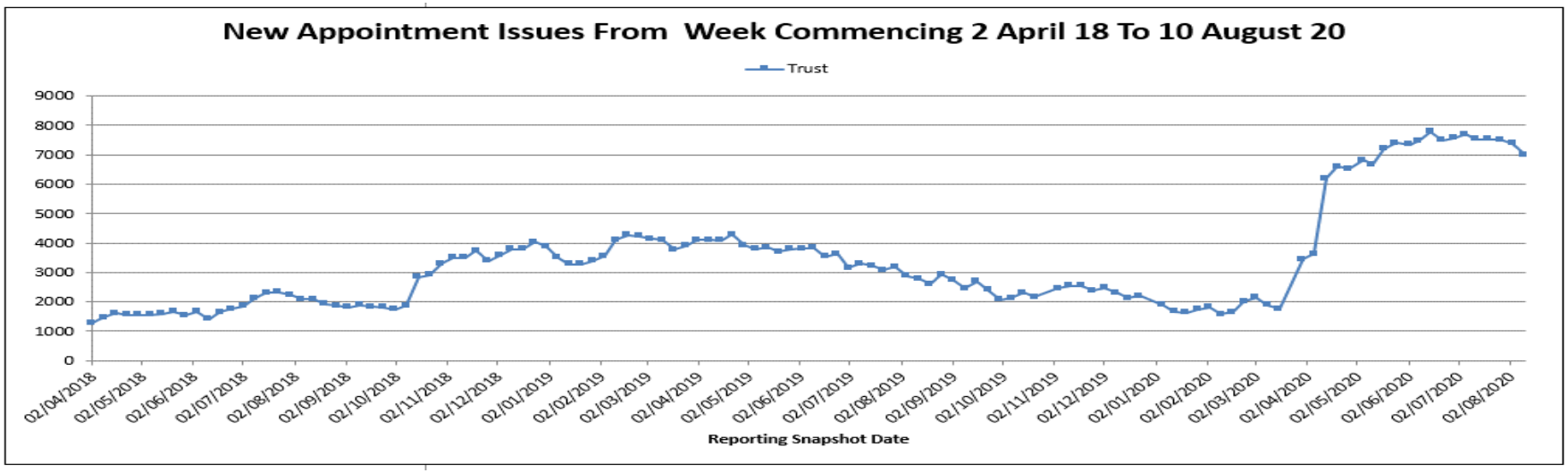
As at 13th August there were 7,004 referrals awaiting appointments.

The top specialties for ASIs backlog are:
ENT (1,141)
Neurology (698)
Trauma and Orthopaedics (687)
Maxillo-Facial Surgery (387)
Paediatric ENT (461)
Ophthalmology (690)
Gynaecology (401)
Cardiology (386)
Paediatrics (200)

with smaller backlogs also in :
General Surgery (175)
Pain Management (174)

1,067 patients have been waiting over 6 months, (this was 819 on the last report)

Divison	Specialty	Weeks Waitng								
		Total	0-6	7-13	14-17	18-21	22-25	26-29	30-51	52+
FSS	Total	678	348	75	30	55	116	26	27	1
	Chemical Pathology	76	14	7	0	12	21	6	16	0
	Paediatric Epilepsy	1	0	0	1	0	0	0	0	0
	Paediatrics	200	80	40	26	19	15	14	5	1
	Gynaecology	401	254	28	3	24	80	6	6	0
Medicine	Total	1575	564	291	72	127	294	155	69	3
	Cardiology	386	151	94	18	9	74	40	0	0
	Endocrinology	80	22	14	6	6	19	8	5	0
	Gastroenterology	131	96	3	7	4	5	8	8	0
	Diabetic Medicine	78	22	17	7	8	22	1	0	1
	General Medicine	12	1	0	0	1	2	5	3	0
	Geriatric Medicine	61	12	11	1	4	12	11	10	0
	Clinical Haematology	3	2	1	0	0	0	0	0	0
	Medical Oncology	0	0	0	0	0	0	0	0	0
	Nephrology	61	30	0	0	10	5	7	9	0
	Rheumatology	10	5	1	1	3	0	0	0	0
	Neurology	698	181	139	32	82	154	75	33	2
	Respiratory Medicine	55	42	11	0	0	1	0	1	0
Surgery	Total	4592	1518	786	83	488	941	568	194	14
	Colorectal Surgery	95	46	8	0	22	6	6	6	1
	Breast Surgery	16	13	1	0	0	1	0	1	0
	General surgery	175	127	36	2	0	1	7	2	0
	Ophthalmology	690	263	75	6	108	156	44	35	3
	Paediatric Ophthalmology	74	26	9	4	11	17	7	0	0
	Orthoptics	183	50	27	2	32	51	13	8	0
	Pain Management	174	40	31	2	19	41	24	16	1
	Urology	36	25	11	0	0	0	0	0	0
	Paediatric Urology	113	28	19	1	7	26	16	14	2
	Audiology	30	12	10	0	6	1	1	0	0
	ENT	1141	297	270	1	59	293	221	0	0
	Paediatric ENT	461	89	76	20	62	118	96	0	0
	Maxillo-Facial Surgery	387	96	15	3	30	122	85	36	0
	Plastic Surgery	43	22	3	0	4	9	3	2	0
	Paediatric Plastic Surgery	1	0	0	0	0	1	0	0	0
	Paediatric Surgery	97	21	12	1	9	15	21	17	1
	Trauma and Orthopaedics	687	263	118	37	115	83	21	46	4
	Paediatric Trauma and Orthopaedics	111	40	51	3	1	0	3	11	2
	Vascular Surgery	78	60	14	1	3	0	0	0	0
Community	Total	132	61	8	0	18	36	7	1	1
	Podiatry	38	4	0	0	13	14	6	1	0
	MSK	94	57	8	0	5	22	1	0	1
Unkown	Total	27	15	7	0	2	2	1	0	0
	Not CHFT	4	1	1	0	0	2	0	0	0
	Other CHFT	0	0	0	0	0	0	0	0	0
	-	23	14	6	0	2	0	1	0	0
Total	Total	7004	2506	1167	185	690	1389	757	291	19



Appendix - Referrals

July 2020 Referrals

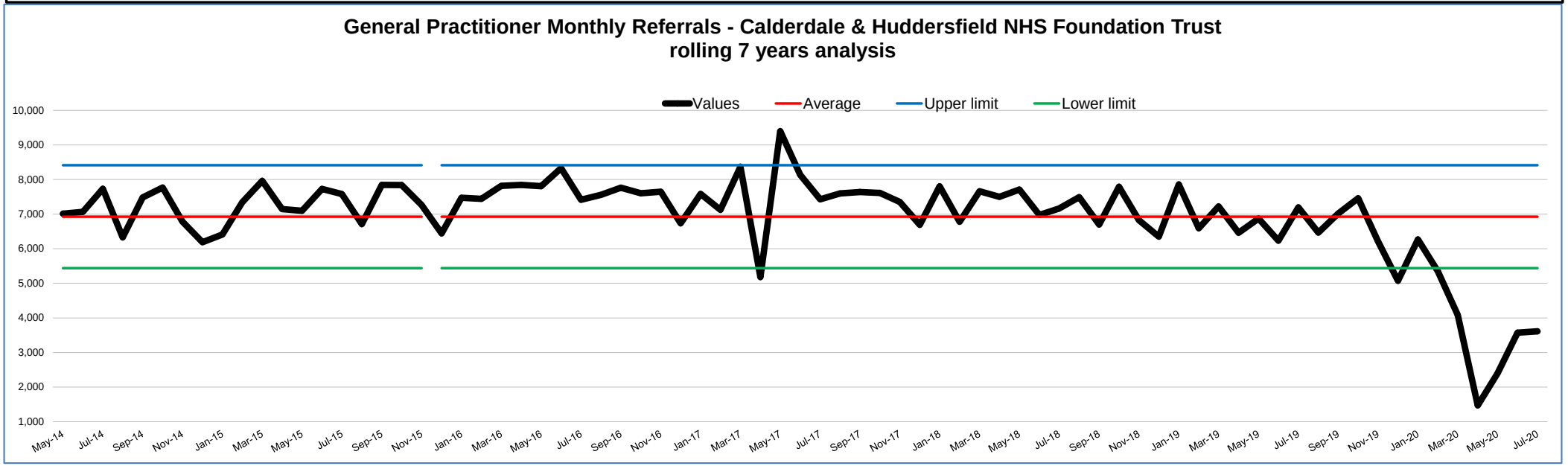
- GP Referrals down 58% financial YTD July 2020 compared with July 2019. This is completely understandable following the ceasing of all routine referrals during the Covid19 pandemic.
- From April to July 2020, there were 84 working days, compared with 62 for the corresponding period 2019.
- These two additional working days could indicate an anticipated 2.4% increase of GP referrals. Clearly the impact of Covid19 on referral demand has been far more dramatic.

- NHS Calderdale GP referrals have seen a decrease of 58% (7,444) for the year to date and NHS Greater Huddersfield has had a very similar decrease overall of 53% (6,177).

Detailed Investigation of movement at specialty level has not been considered as a result of the large overall decrease.

Other CCGs with contracts with CHFT have all had similar marked reduction in referral volumes
A brief summary is as follows

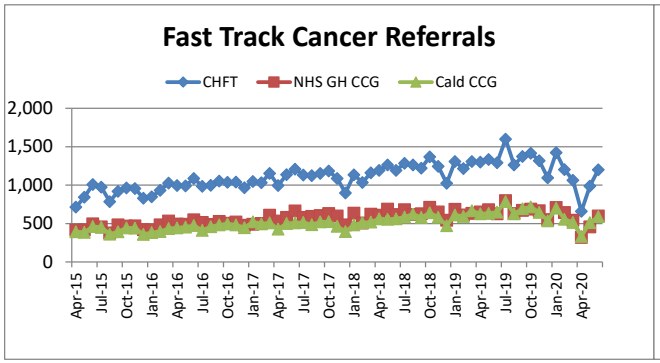
	19/20 YTD	20/21 YTD	Var	% Var
NHS Calderdale	12738	5294	-7444	-58%
NHS Greater Huddersfield	11602	5425	-6177	-53%
NHS North Kirklees	926	239	-687	-74%
NHS Bradford District	712	93	-619	-87%
NHS Bradford City	203	14	-189	-93%
NHS Wakefield	340	26	-314	-92%
NHS Heywood	26	2	-24	-92%

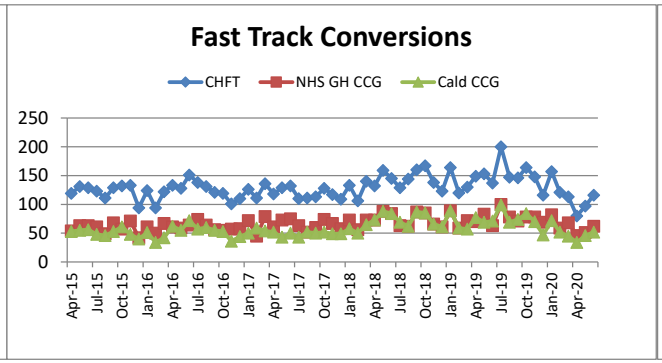


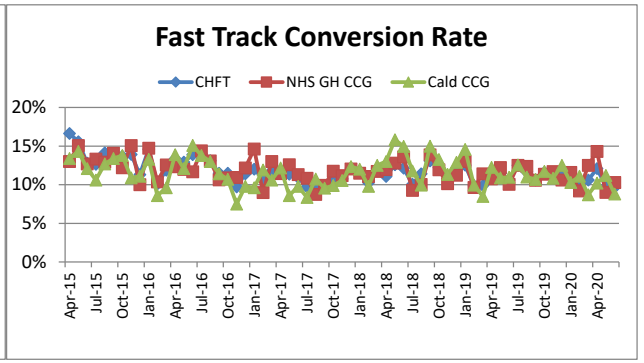
Activity - Key measures

	19/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																
NHS CALDERDALE CCG Referrals	7,664	784	626	691	712	644	531	702	558	515	333	512	590	in arrears	in arrears	
NHS CALDERDALE CCG Conversions	874	100	69	75	85	78	53	82	62	45	38	48	52	in arrears	in arrears	
NHS CALDERDALE CCG Conversion Rate	11.4%	12.8%	11.0%	10.9%	11.9%	12.1%	10.0%	11.7%	11.1%	8.7%	11.4%	9.4%	8.8%	in arrears	in arrears	
NHS GREATER HUDDERSFIELD CCG Referrals	7,836	799	629	666	686	662	551	707	643	543	319	457	600	in arrears	in arrears	
NHS GREATER HUDDERSFIELD CCG Conversions	929	101	77	71	84	81	76	91	59	68	49	54	62	in arrears	in arrears	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	11.9%	12.6%	12.2%	10.7%	12.2%	12.2%	13.8%	12.9%	9.2%	12.5%	15.4%	11.8%	10.3%	in arrears	in arrears	
Other CCG Referrals	159	16	5	14	15	8	8	12	2	6	7	18	9	in arrears	in arrears	
Other CCG Conversions	16	1	0	3	2	1	0	3	0	0	0	1	2	in arrears	in arrears	
Other CCG Conversion Rate	10.1%	6.3%	0.0%	21.4%	13.3%	12.5%	0.0%	25.0%	0.0%	0.0%	0.0%	5.6%	22.2%	in arrears	in arrears	
CHFT Fast Track Referrals	15,659	1,599	1,260	1,371	1,413	1,314	1,090	1,421	1,203	1,064	659	987	1,199	in arrears	in arrears	
CHFT Fast Track Conversions	1,819	202	146	149	171	160	129	176	121	113	87	103	116	in arrears	in arrears	
CHFT Fast Track Conversion Rate	11.6%	12.6%	11.6%	10.9%	12.1%	12.2%	11.8%	12.4%	10.1%	10.6%	13.2%	10.4%	9.7%	in arrears	in arrears	
% Change on Previous year																

Note YTD Change for conversions is a month in arrears as latest month will still have conversions to feed through.

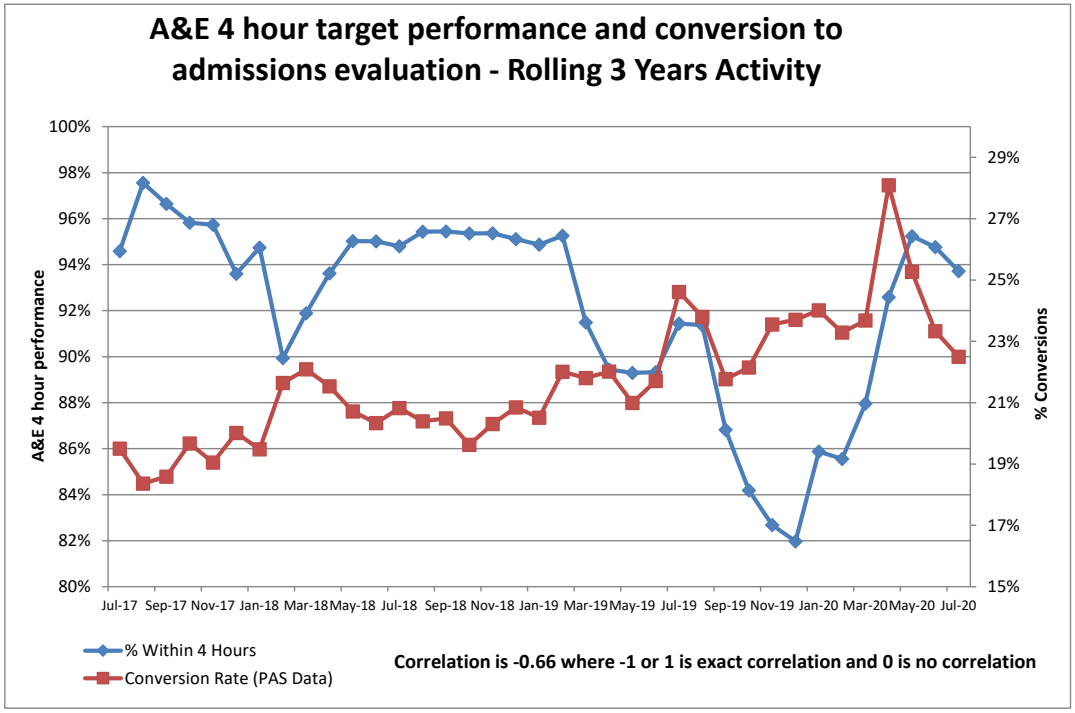






Appendix - A and E Conversion rates and Delayed Transfers

	19/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	154,445	13,898	13,101	13,153	13,311	13,091	13,336	13,105	12,017	10,511	6,895	9,445	10,087	**11,544**	**37,971**	-28.1%
A and E 4 hour Breaches	19,339	1,190	1,130	1,734	2,105	2,267	2,404	1,851	1,736	1,266	511	450	529	**725**	**2,215**	-54.3%
Emergency Care Standard 4 hours	87.48%	91.44%	91.37%	86.82%	84.19%	82.68%	81.97%	85.88%	85.55%	87.96%	92.59%	95.24%	94.76%	**93.72%**	**94.17%**	3.0%
Admissions via Accident and Emergency	34,851	2,999	2,791	2,864	2,949	3,083	3,160	3,146	2,799	2,489	1,937	2,387	2,353	**2,597**	**9,274**	-19.8%
% A and E Attendances that convert to admissions	22.57%	21.58%	21.30%	21.77%	22.15%	23.55%	23.70%	24.01%	23.29%	23.68%	28.09%	25.27%	23.33%	**22.50%**	**24.42%**	-0.8%



Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 14th August 2020	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	33	23	1	57
Awaiting Completion of Assessment	17	10	1	28
Awaiting Care package in own home	9	7		16
Awaiting Residential home placement	4	2		6
Awaiting public funding				0
Awaiting further non-acute NHS Care	1	3		4
Awaiting community equipment and adaptations	1			1
Awaiting nursing home placement				0
Disputes				0
Patient or Family choice	1	1		2
Housing - Patients not covered by Care Act				0

Appendix - Cancer - By Tumour Group

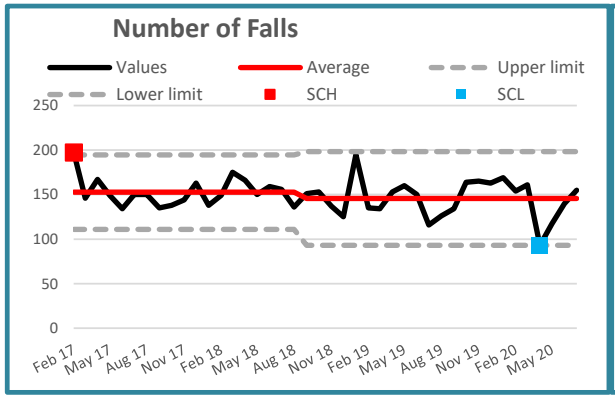
	19/20	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	YTD	Performance Range		
62 Day GP Referral to Treatment																Green	Amber	Red
Breast	99.19%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=85%	81% - 84%	<=80%
Gynaecology	91.67%	83.33%	100.00%	78.95%	100.00%	100.00%	90.00%	80.00%	100.00%	100.00%	90.00%	93.33%	100.00%	**100.00%**	**93.18%**	>=85%	81% - 84%	<=80%
Haematology	87.40%	100.00%	100.00%	100.00%	80.00%	76.92%	60.00%	66.67%	100.00%	90.91%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=85%	81% - 84%	<=80%
Head & Neck	56.72%	70.00%	100.00%	40.00%	57.14%	none to report	33.33%	36.36%	100.00%	60.00%	53.85%	0.00%	45.45%	**60.00%**	**48.39%**	>=85%	81% - 84%	<=80%
Lower GI	83.08%	83.33%	62.50%	80.00%	61.11%	100.00%	91.67%	78.95%	88.89%	100.00%	90.91%	66.67%	46.15%	**50.00%**	**67.74%**	>=85%	81% - 84%	<=80%
Lung	82.26%	86.36%	88.24%	87.50%	78.95%	81.82%	88.00%	91.67%	84.62%	73.08%	100.00%	100.00%	100.00%	**83.33%**	**96.00%**	>=85%	81% - 84%	<=80%
Sarcoma	87.50%	none to report	100.00%	none to report	none to report	100.00%	100.00%	100.00%	none to report	0.00%	none to report	100.00%	none to report	**100.00%**	**100.00%**	>=85%	81% - 84%	<=80%
Skin	99.76%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=85%	81% - 84%	<=80%
Upper GI	84.81%	100.00%	100.00%	100.00%	92.31%	82.61%	66.67%	75.00%	100.00%	100.00%	75.00%	91.67%	33.33%	**100.00%**	**82.50%**	>=85%	81% - 84%	<=80%
Urology	89.96%	76.92%	92.73%	88.89%	82.50%	88.00%	95.74%	91.53%	93.18%	91.11%	96.30%	80.00%	100.00%	**93.33%**	**94.92%**	>=85%	81% - 84%	<=80%
Others	100.00%	100.00%	none to report	100.00%	100.00%	none to report	none to report	100.00%	100.00%	100.00%	100.00%	100.00%	none to report	**100.00%**	**100.00%**	>=85%	81% - 84%	<=80%
Two Week Wait From Referral to Date First Seen																		
Brain	94.70%	73.91%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	100.00%	77.78%	**100.00%**	**90.00%**	>=93%	86% - 92%	<=85%
Breast	98.43%	99.03%	97.21%	98.42%	99.07%	99.04%	98.25%	99.50%	100.00%	99.01%	100.00%	100.00%	96.10%	**97.81%**	**98.08%**	>=93%	86% - 92%	<=85%
Childrens	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=93%	86% - 92%	<=85%
Gynaecology	98.48%	100.00%	97.50%	98.53%	98.40%	98.18%	99.20%	97.30%	100.00%	100.00%	100.00%	97.73%	98.13%	**97.64%**	**98.26%**	>=93%	86% - 92%	<=85%
Haematology	98.59%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	90.48%	95.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=93%	86% - 92%	<=85%
Head & Neck	99.16%	100.00%	96.84%	100.00%	98.29%	99.21%	100.00%	100.00%	99.17%	97.56%	94.34%	95.93%	96.46%	**99.22%**	**96.88%**	>=93%	86% - 92%	<=85%
Lower GI	99.26%	99.42%	98.62%	99.34%	100.00%	100.00%	100.00%	99.60%	99.63%	100.00%	100.00%	100.00%	100.00%	**99.63%**	**99.88%**	>=93%	86% - 92%	<=85%
Lung	98.67%	100.00%	100.00%	97.37%	96.43%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=93%	86% - 92%	<=85%
Sarcoma	96.48%	100.00%	100.00%	90.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**88.89%**	**94.44%**	>=93%	86% - 92%	<=85%
Skin	98.42%	98.38%	98.24%	99.36%	99.69%	99.61%	99.02%	99.62%	99.53%	98.76%	98.18%	99.50%	100.00%	**100.00%**	**99.62%**	>=93%	86% - 92%	<=85%
Testicular	97.47%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=93%	86% - 92%	<=85%
Upper GI	96.87%	97.92%	99.11%	98.37%	97.30%	97.98%	96.84%	96.46%	99.04%	98.18%	89.80%	100.00%	100.00%	**100.00%**	**98.59%**	>=93%	86% - 92%	<=85%
Urology	99.34%	99.30%	99.01%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.39%	100.00%	**96.88%**	**98.61%**	>=93%	86% - 92%	<=85%

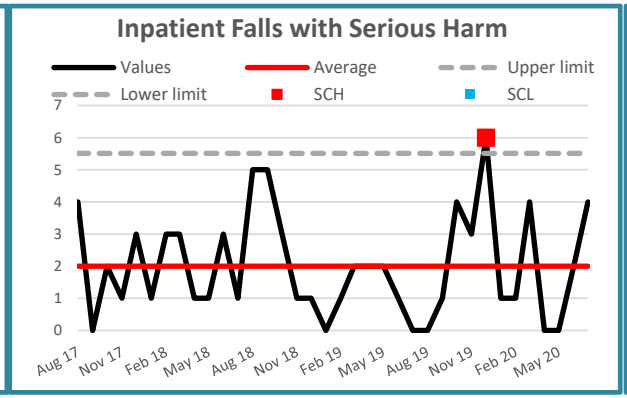
Appendix 1 - ESR Staff Groups - Roles

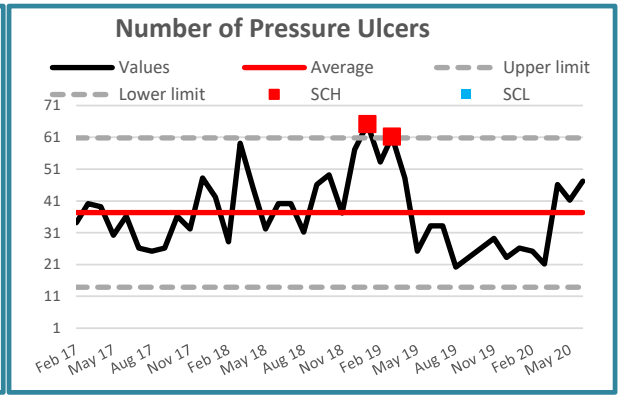
Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals
Chaplain	Assistant	Accountant	Advanced Practitioner
Clinical Director	Assistant Practitioner Nursing	Adviser	Chiropodist/Podiatrist
Manager	Assistant/Associate Practitioner	Analyst	Chiropodist/Podiatrist Manager
Operating Department Practitioner	Counsellor	Architect	Dietitian
Optometrist	Health Care Support Worker	Board Level Director	Dietitian Manager
Pharmacist	Healthcare Assistant	Chair	Dietitian Specialist Practitioner
Physician Associate	Healthcare Science Assistant	Chief Executive	Multi Therapist
Practitioner	Healthcare Science Associate	Clerical Worker	Occupational Therapist
Psychotherapist	Nursery Nurse	Finance Director	Occupational Therapist Manager
Technician	Nursing Associate	Librarian	Orthoptist
	Phlebotomist	Manager	Orthoptist Manager
	Technical Instructor	Medical Secretary	Physiotherapist
	Technician	Non Executive Director	Physiotherapist Manager
	Trainee Healthcare Science Practitioner	Officer	Physiotherapist Specialist Practitioner
	Trainee Healthcare Scientist	Other Executive Director	Radiographer - Diagnostic
	Trainee Nursing Associate	Personal Assistant	Radiographer - Diagnostic, Manager
		Receptionist	Radiographer - Diagnostic, Specialist Practitioner
		Researcher	Speech and Language Therapist
		Secretary	Speech and Language Therapist Manager
		Senior Manager	
		Technician	

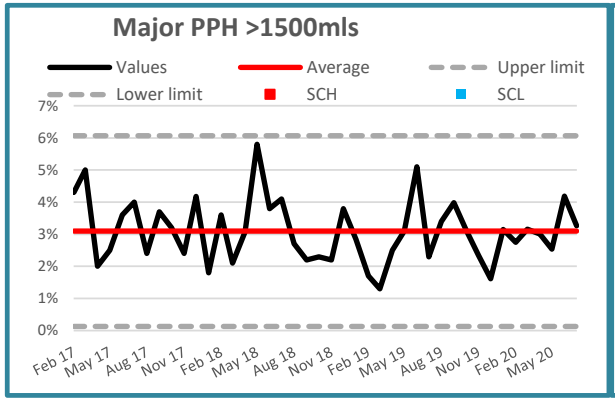
Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Assistant	Healthcare Science Practitioner	Consultant	Advanced Practitioner
Cook	Healthcare Scientist	Foundation Year 1	Community Nurse
Driver	Manager	Foundation Year 2	Community Practitioner
Engineer	Specialist Healthcare Science Practitioner	Specialty Doctor	Director of Nursing
Gardener/Groundsperson	Specialist Healthcare Scientist	Specialty Registrar	Midwife
Housekeeper		Staff Grade	Midwife - Manager
Maintenance Craftsperson		Trust Grade Doctor - Foundation Level	Midwife - Specialist Practitioner
Porter		Trust Grade Doctor - Specialty Registrar	Modern Matron
Supervisor			Nurse Consultant
Support Worker			Nurse Manager
Technician			Sister/Charge Nurse
Telephonist			Specialist Nurse Practitioner
			Staff Nurse

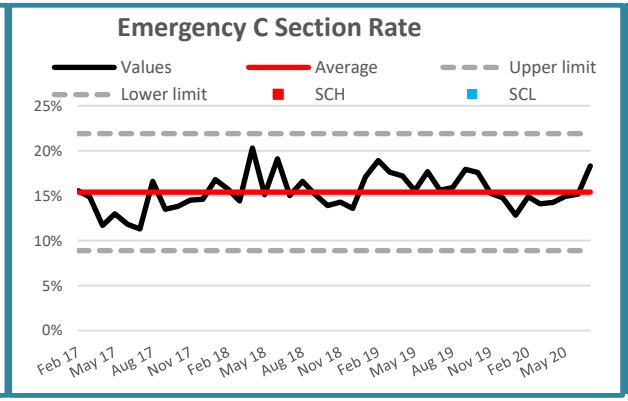
Safe - SPC Charts

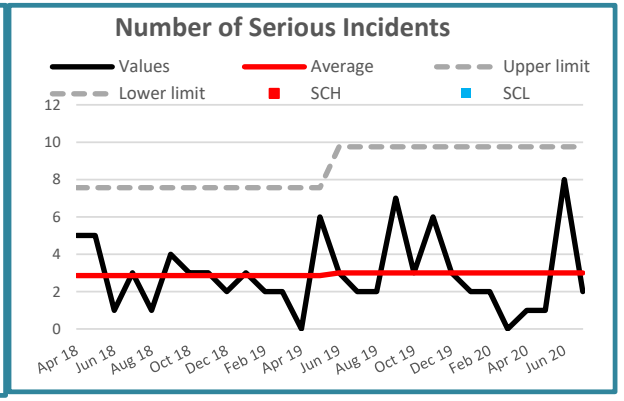




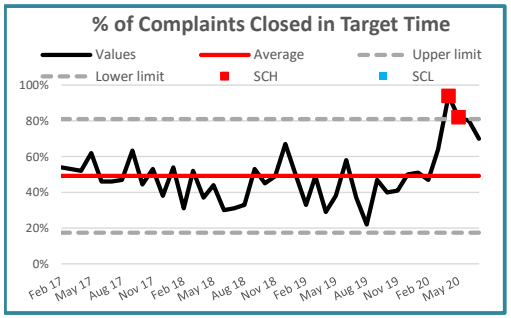


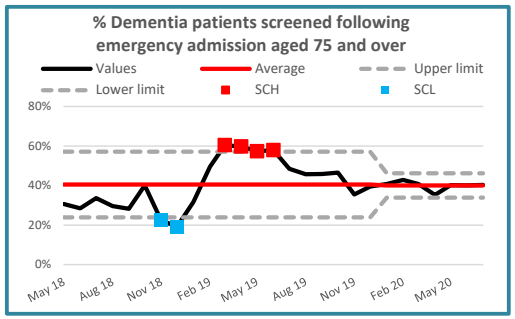




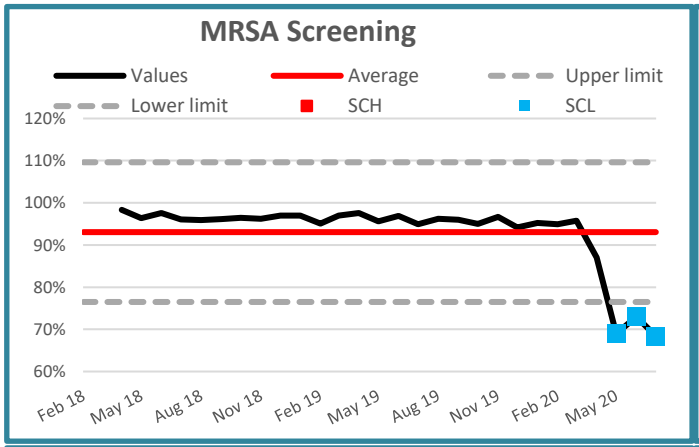


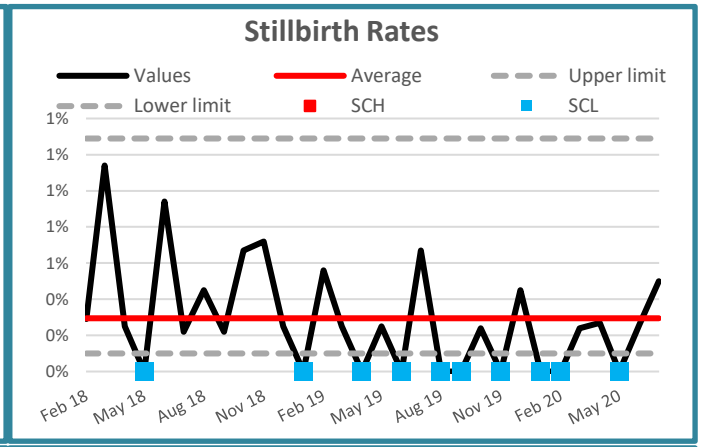
Caring - SPC Charts

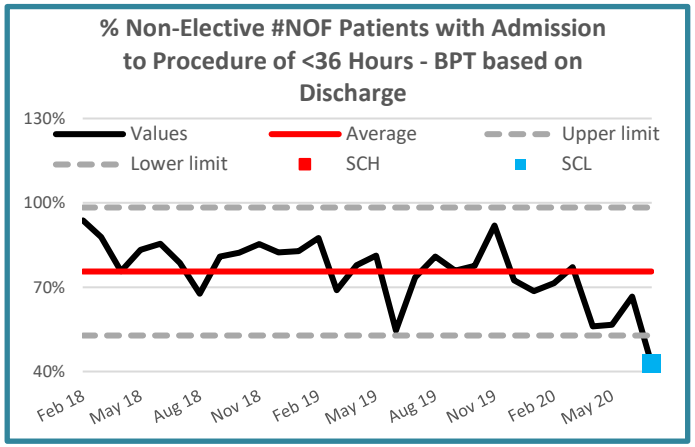


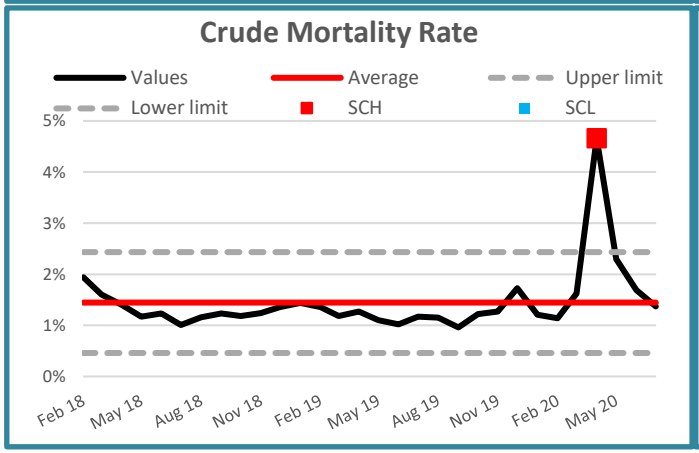


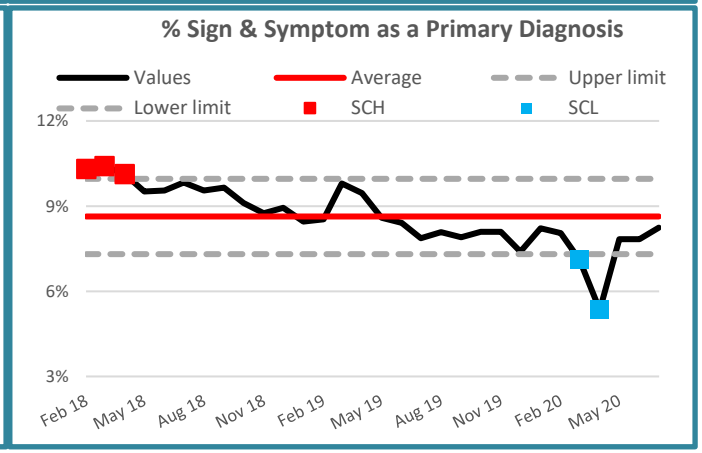
Effective - SPC Charts

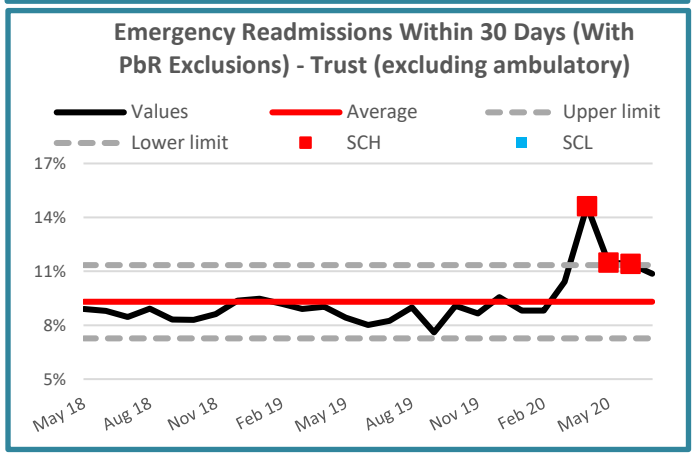




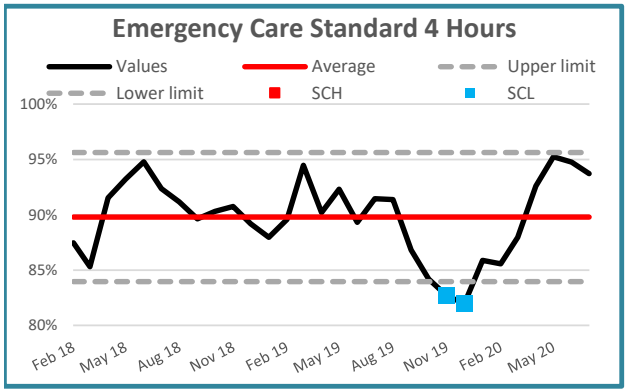


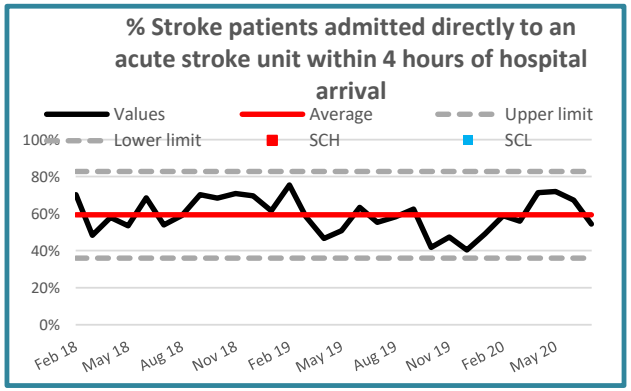


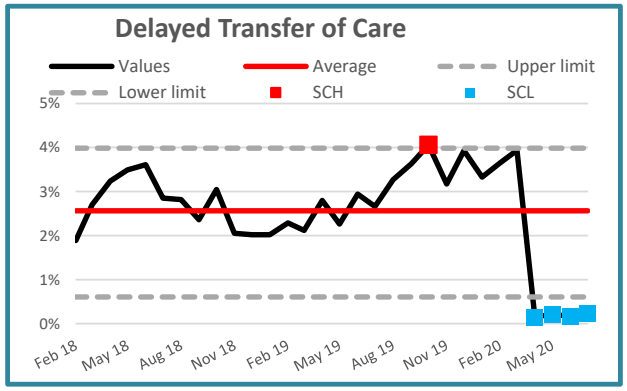


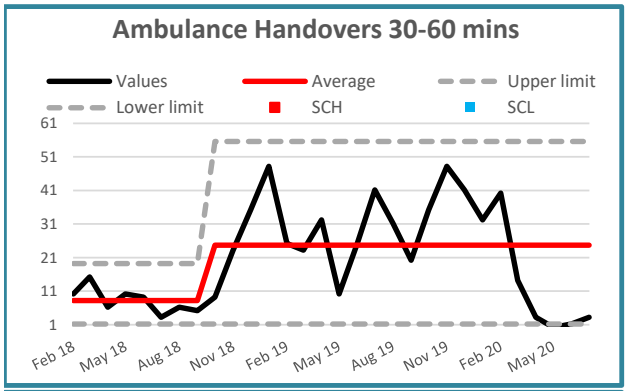


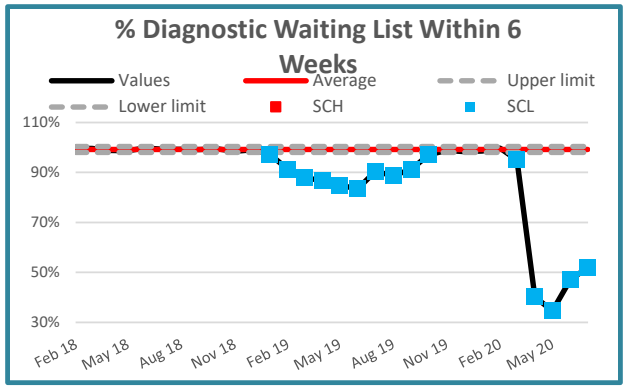
Responsive - SPC Charts

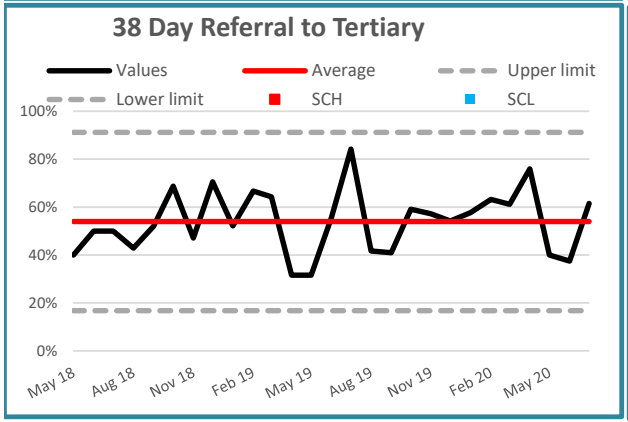


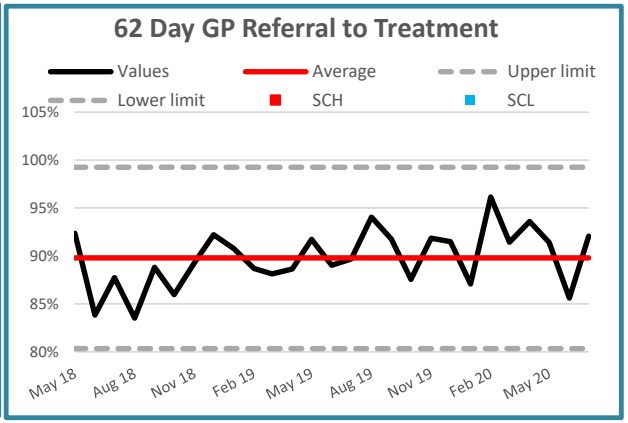












Methodology for calculating the performance score

The "key" targets are all measures included in NHS Improvement's Single Oversight Framework or measures on which the Trust is particularly focussing and are deemed more important.

Standard KPIs and "Key" targets

- Each RAG rating has a score - **red** 0 points; **amber** 2 points; **green** 4 points
- For "Key" targets, scores are weighted more heavily and are multiplied by a factor of 3 - **red** 0 points; **amber** 6 points; **green** 12 points

Calculating Domain Scores

- Add up the scores for each KPI per domain; divide by the maximum total score possible for that domain to get a percentage score.
- Apply the thresholds for the overall domain to get a RAG rating for each domain.
- Thresholds: < 50% is **red**, 50% to < 75% is **amber** and 75% and above is **green.**

Calculating Trust Performance Scores

- Calculate the overall performance score by adding up the scores for all domains; dividing by the maximum total score possible for all domains to get a percentage
- Apply the same thresholds as above to RAG rate the overall score

Glossary of acronyms and abbreviations

- **A&E** - Accident & Emergency
- **ADN** - Associate Director of Nursing
- **AED** - Accident & Emergency Department
- **ASI** - Appointment Slot Issue
- **ASU** - Acute Stroke Unit
- **BPT** - Best Practice Tariff
- **CCG** - Clinical Commissioning Group
- **CCU** - Critical Care Unit
- **CD** - Clinical Director
- **CDiff** - Clostridium Difficile
- **CDS** - Commissioning Data Set
- **CDU** - Clinical Decision Unit
- **CEPOD** - National Confidential Enquiry into Patient Outcome and Death
- **CHPPD** - Care hours per patient day
- **CIP** - Cost Improvement Programme
- **CQC** - Care Quality Commission
- **CQUIN** - Commissioning for Quality and Innovation
- **CRH** - Calderdale Royal Hospital
- **CT** – Computerised tomography
- **DH** - Department of Health
- **DNA** - did not attend
- **DSU** - Decision Support Unit
- **DTOC** - Delayed Transfer of Care
- **EBITDA** - Earnings before interest, tax, depreciation and amortisation
- **ECS** - Emergency Care Standard
- **EEA** - European Economic Area
- **EPR** - Electronic Patient Record
- **ESR** - Electronic Staff Record
- **FFT** - Friends and Family Test
- **FSRR** - Financial Sustainability Risk Rating
- **FSS** - Families and Specialist Services
- **GM** - General Manager
- **GP** - General Practitioner
- **GH** - Greater Huddersfield
- **HAI** - Hospital Acquired Infection
- **HCA** - Healthcare Assistant
- **HDU** - High Dependency Unit
- **HOM** - Head of Maternity
- **HRG** - Healthcare Resource Group
- **HR** - Human Resources
- **HRI** - Huddersfield Royal Infirmary
- **HSMR** - Hospital Standardised Mortality Rate
- **I&E** - Income and Expenditure
- **ICU** - Intensive care unit
- **IT** - Information Technology
- **KPI** - Key Performance Indicator
- **LOS** - Length of Stay
- **LTC** - Long Term Condition
- **MAU** - medical admission unit
- **MRI** - Magnetic resonance imaging
- **MRSA** - Methicillin-Resistant Staphylococcus Aureus
- **MSK** - Musculo-Skeletal
- **MSSA** - Methicillin Susceptible Staphylococcus Aureus
- **NHSE** - NHS England
- **NHSI** - NHS Improvement
- **NICU** - Neonatal Intensive Care Unit
- **NoF** - Neck of Femur
- **OD** - Organisational Development
- **PAS** - Patient Administration System
- **PbR** - Payment by Results
- **PHE** - Public Health England
- **PHSO** - Parliamentary and Health Service Ombudsman
- **PPH** - Postpartum Haemorrhage
- **PRM** - Performance Review Meeting
- **PTL** - Patient Tracking List
- **PU** – Pressure Ulcer
- **QIPP** - Quality, Innovation, Productivity and Prevention
- **RAG** - Red Amber Green
- **RCA** - Root Cause Analysis
- **RN** - Registered Nurse
- **RTT** - Referral to Treatment
- **SACT** - Systemic Anti-Cancer Treatment
- **SAU** - Surgical Admission Unit
- **SH** - Safety Huddle
- **SHMI** - Summary Hospital-level Mortality Indicator
- **SI** - Serious Incident
- **SITREPs** - Situation reports
- **SSNAP** - Sentinel Stroke National Audit Programme
- **SOP** - Standard Operating Protocol
- **SRG** - Systems Resilience Group
- **SUS** - Secondary Uses Service
- **UCLAN** - University of Central Lancashire
- **UTI** - Urinary Tract Infection
- **UoR** – Use of Resources
- **Var** - Variance
- **VTE** - Venous Thromboembolism
- **WLI** - Waiting List Initiative
- **WTE** - Whole Time Equivalent
- **YAS** - Yorkshire Ambulance Service

19. Annual / Bi-Annual Reports:

a) Nursing and Midwifery Safer Staffing / Hard Truths (bi-annual)

b) Director of Infection Prevention Control Annual Report (DIPC)

c) Safeguarding Update Annual Report Adults & children

d) Hospital Pharmacy Service Annual Report

e) Audit and Risk Committee Annual Report

f) Finance & Performance Committee annual Report

g) Quality Committee Annual Report

For Assurance

20. Governance Report

a) Committee Terms of Reference (Audit and Risk Committee, Finance and Performance Committee, Quality Committee,)

b) Annual Review of Non-Executive Director roles

c) Governance Better Than Usual

Calderdale and Huddersfield NHS Foundation Trust

COVER SHEET

Date of Meeting:	Thursday 3 September 2020
Meeting:	Board of Directors
Title:	Governance Report
Author:	Andrea McCourt, Company Secretary
Previous Forums:	Audit and Risk Committee 22 July 2020 (Terms of Reference) Quality Committee – 29 June 2020(Terms of Reference) Finance & Performance Committee 29 June 2020 (Terms of Reference) Council of Governors 9 July 2020 (Non-Executive Tenures)

Actions Requested:

- approve the revised Audit and Risk Committee terms of reference
- approve the revised Quality Committee terms of reference
  approve the Finance and Performance Committee terms of reference
- note the upcoming tenures of two Non-Executive Directors for 2020 and the process for review of these.
- note progress to date and plans for monitoring progress with governance better than usual

Purpose of the Report

The Trust has a cycle of governance and this report sets out:

- Review and approval of terms of reference of Board Committees
- Update on Non-Executive Director tenures
- Update and plans for measuring progress on governance better than usual as agreed at the Board on 2 July 2020

Key Points to Note

a) Terms of Reference Audit and Risk Committee

The Audit and Risk Committee terms of reference are attached following an annual review at its meeting on 22 July 2020 and are recommended to the Board for approval. The main changes relate to membership, with the Senior Risk Manager replacing the Head of Governance and Risk and clarification on the purpose of an additional meeting to review the annual accounts. A further point has been added regarding Internal Auditors meeting with the Audit and Risk committee without Trust staff present.

b) Terms of Reference Quality Committee

The Quality Committee terms of reference are attached following approval at the Quality Committee on 29 June 2020 and are recommended to the Board for approval. Minor changes were made relating to membership.

c) Terms of Reference Finance and Performance Committee

The Finance and Performance committee terms of reference are attached following approval at the Finance and Performance Committee meeting on 26 June 2020 and are recommended to the Board for approval. Minor changes were made to wording and job titles and a bullet point added relating to strategic risks requested by the Company Secretary.

d) Non-Executive Director (NED) Tenures

The process for NEDs is that initial appointments shall normally be for a period of three years, with a potential for two tenure periods.

At the end of a three-year term the Nominations and Remunerations Committee of the Council of Governors shall meet and consider:

i. The incumbent being minded to apply for a further term;
ii. Satisfactory appraisal; and
iii. other contra-indications.

The current tenure of NEDs is given below.,

There are two Non-Executive Directors whose tenures expire in 2020 highlighted in yellow below. These are Andy Nelson whose tenure expires on 30 September 2020 and Alastair Graham whose tenure expires on 30 November 2020.

For 2021there is one tenure ending, with the Chair's first tenure due to end on 31 March 2021.

Name	Role	Start of Tenure	Term	End of Tenure
Philip Lewer	Chair	01.04.2018	First term	31.03.21
Richard Hopkin	Non-Executive Director Senior Independent Non-Executive Director *	01.03.2016	Second term	27.02.22
Andy Nelson	Non-Executive Director Chair of Audit & Risk Committee	01.10.2017	First term	30.09.20
Alastair Graham	Non-Executive Director Chair of Calderdale & Huddersfield Solutions Limited	01.12.2017	First term	30.11.20
Karen Heaton	Non-Executive Director Chair of Workforce Committee	01.03.2016	Second term	27.02.22
Denise Sterling	Non-Executive Director Chair of Quality Committee	01.10.2019	First term	01.10.22
Peter Wilkinson	Non-Executive Director Chair of Transformation Project Board	01.10.2019	First term	01.10.22

A meeting of the Nominations and Remuneration Committee will be held on 8 September 2020. On the basis of its considerations, the Nominations and Remuneration Committee will consider whether the Trust is best served by ongoing continuity and the re-appointment of the present incumbent or whether the Trust requires a new/refreshed skill set.

e) Governance - Business Better Than Usual – August 2020 Update

On 2 July 2020 the Board discussed and supported ways that it could improve and streamline governance arrangements, grouping these into 9 themes, building on the experience of revised working arrangements during Covid-19.

To measure progress in implementing these streamlined arrangements a governance survey, with feedback on progress against each of the 9 themes, will take place. It is recognized that a shift in culture is a key part of working differently therefore the survey will be undertaken with Board members twice a year and reported into the Board in January and July.

It is recognized that each Board Committee will, on an annual basis, continue to undertake its own self-effectiveness review. Within this the Committee should consider how it has progressed the streamlined governance arrangements and identify any learning or development needs.

The bi-annual survey will be digital, using MS forms, with co-design of the survey by both a Director from the Executive team and a Non-Executive Director. The first survey will take place in early December 2020 and the second in June 2021. The survey findings will be reported to Board with any areas requiring further discussion being built into the Board development sessions.

The Board is asked to note the following assurances regarding Trust governance arrangements since discussions on 2 July 2020:

- Board visibility – Board members guest editor of staff updates
- Covid 19 governance - positive assurance that the Trust's Covid-19 governance arrangements were robust following a review by internal audit (July 2020 Audit and Risk Committee
- Assurance - use of "green" assurance items on Board agendas since July 2020 with discussion on items for approval
- Accountability – Board of Directors meeting on 3 September 2020 to be recorded, and the recording to be made available after the meeting to members of the public via the Trust Internet. The corporate governance team are currently looking at best practice in the West Yorkshire &and Harrogate Integrated Care System on the use of Live Events/Streaming for public board meetings.
- Equality, Diversity and Inclusion - focus on health inequalities and diversity at Board development session held 6 August 2020, identified Board leads for health
- Meeting groundrules shared with Committee members via Committee Chairs
- Board meetings – explicit recommendations and more thorough evidence of equality in Board papers and reviewed by Chair
- Strategic risk – BAF updated and deep dive of risks to take place in Committees, identification of risk exposure
- Board development – 3 sessions held to date

The 9 themes are summarised below for completeness:

THEME	GOVERNANCE BETTER THAN USUAL
Culture and Behaviours	Board visibility with staff and visible leadership to our patients and external stakeholders. More rapid pace of decision-making, with authority for Executives who are empowered to make decisions without reference to the Board unless they want a second opinion or colleagues to act as a sounding board or formal approval. Managing workload more effectively - enabling Executives to focus on the delivery of specific objectives, rather than all Executives contributing to all objectives,

	Ownership of outcomes by the unitary Board, rather than individuals
Governance	Balancing immediate priorities with the future. Lean and streamlined governance arrangements Digital meetings of shorter length (1 – 2 hours) Agendas with a focus on key decision items Concise Board and Committee papers Greater use of presentations to include up to date information. Revised performance monitoring arrangements Time limited Committees – eg Oversight Committee
Assurance	Board strategy discussion 70% of the time and assurance 30% of the time. Executive focus on delivery Board discussion key items with other items taken as "assurance" Seek assurance digitally (a "pull" approach to information rather than a "push" approach) /reliance on triangulation from multiple data sources (eg incidents, surveys, complaints).
Accountability	Holding meetings in public – live Board event planned 3.9.20.
Equality, Diversity and Inclusion	Commitment and leadership to address structural inequality by the Board, health inequalities in our communities, workforce diversity and risk assessment to protect our workforce
Committees / Meetings	Committee agendas streamlined with a focus on key decisions. Meeting groundrules
Board meetings	Acceleration of the use of digital / virtual meetings and supporting IT systems for papers. Board papers with explicit recommendations and evidence of equality considerations. within papers now routine led by Chair. Prior discussion of items with NEDS as appropriate
Strategic Risk	Risk appetite wording and BAF refresh for Covid-19 impact High level risk register to be presented 3 times rather than 6 times to Board Audit and Risk Committee and Board papers identify risk exposure and aim for discussion to focus on the effectiveness of managing risk, with Board Committees to review risks and assurances regarding these in detail as agreed by Committee Chairs. Present trend reporting on risk.
Board Development	Board development sessions held, revised 2020/21 Board development plan Focus on horizon scanning to identify key topics, extending Board members knowledge to enable constructive challenge as a unitary Board. Ongoing discussions on succession planning and the future skills required for the Trust, for both Executive and Non-Executive Directors. Use of external facilitators to challenge group think.

EQIA – Equality Impact Assessment

Senior leaders in the Trust, including Board members, should aim to represent the composition of the BAME workforce in the Trust and / or local community over the next five years.

Recommendation
The Board is asked to: • approve the revised Audit and Risk Committee terms of reference • approve the revised Quality Committee terms of reference approve the Finance and Performance Committee terms of reference • note the upcoming tenures of two Non-Executive Directors for 2020 and the process for review of these. • note progress to date and plans for monitoring progress with governance better than usual

Calderdale and Huddersfield
NHS Foundation Trust

AUDIT AND RISK COMMITTEE

TERMS OF REFERENCE

Version:	4
Approved by:	Board of Directors
Date approved:	Audit and Risk Committee – 11 July 2018 Board of Directors – 1 November 2018 Audit and Risk Committee – 17 July 2019, 22 July 2020 Board of Directors – 5 September 2019, 3 September 2020
Date issued:	
Review date:	July 2020

AUDIT and RISK COMMITTEE TERMS OF REFERENCE

1. Authority

1.1 The Audit and Risk Committee is constituted as a standing sub-committee of the Foundation Trust's Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future board of directors meetings. The Audit and Risk Committee shall not have executive powers in addition to those delegated in these terms of reference.

1.2 The Audit and Risk Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Audit and Risk Committee.

1.3 The Audit and Risk Committee is authorised by the Board of Directors to obtain outside legal or other specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board. The Committee is authorised by the Board of Directors to request the attendance of individuals and authorities from outside the foundation trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.

2. Purpose

2.1 The Audit and Risk Committee will have primary responsibility for monitoring and reviewing financial and other risks and associated controls corporate governance and assurance frameworks of the Trust and its subsidiary(ies).

2.2 The Audit and Risk Committee will have close working relationships with Quality Committee which has responsibility for oversight and monitoring of clinical risks and clinical audit.

2.3 The Board of Directors is responsible for ensuring effective internal control including:

- Management of the foundation trust's activities in accordance with statute and regulations;
- The establishment and maintenance of a system of internal control to give reasonable assurance that assets are safeguarded, waste or inefficiency avoided and reliable financial information produced, and that value for money is continuously sought.

2.4 The Audit and Risk Committee shall provide the Board of Directors with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the Foundation Trust's activities both generally and in support of the statement of internal control. In addition, the Audit and Risk Committee shall:

- Ensure independence of External and Internal audit;
- Ensure that appropriate standards are set and compliance with them is monitored, in all areas that fall within the remit of the Audit and Risk Committee; and
- Monitor corporate governance (e.g. Compliance with terms of licence, constitution, codes of conduct, standing orders, standing financial instructions, maintenance of registers of interests).

3. Membership

3.1 The Committee shall be composed of not less than three Non-Executive Directors, at least one of whom should have recent and relevant financial experience. The Trust Chair will not be a member of the Audit and Risk Committee.

3.2 A quorum shall be two members.

4. Attendance

4.1 Only members of the Committee have the right to attend. The Director of Finance, Deputy Finance Director, Company Secretary, Senior Risk Manager, Head of Internal Audit and the Managing Director for Digital Health of the Foundation Trust shall generally be invited to routinely attend meetings of the Audit and Risk Committee.

4.2 A representative of the External Auditors may normally also be invited to attend meetings of the Audit and Risk Committee.

4.3 The Chief Executive should be invited to attend at least annually to discuss the assurance supporting the Annual Governance Statement and when considering the Internal Audit plan. Other Directors are expected to attend as required by the Audit and Risk Committee and where items relating to their areas of risk or responsibility are being considered.

4.4 The Foundation Trust Chair may be invited to attend meetings of the Audit and Risk Committee as required.

4.5 A representative of the Local Counter Fraud Service is invited to attend all meetings of the Audit and Risk Committee.

4.6 The Chair of the Board of Directors will appoint a Governor to attend the public meetings of the Audit and Risk Committee. The appointment will be reviewed each year.

4.7 Attendance is required by members at 75% of meetings. Members unable to attend should inform the Corporate Governance Manager as soon as possible in advance of the meeting except in extenuating circumstances.

4.8 A register of attendance will be maintained and the Chair of the Committee will follow up any issues related to the unexplained non-attendance of members. Should continuing non-attendance of a member jeopardise the functioning of the Committee, the Chair will discuss the matter with the member and, if necessary, seek a substitute or replacement.

5. Administration

5.1 The Corporate Governance Manager shall be the secretary to the Audit and Risk Committee and will provide administrative support and advice. Their duties include but are not limited to:

- Agreement of the agenda with the chair of the Audit and Risk Committee and attendees together with the collation of connected papers;

- Taking the minutes and keeping a record of matters arising and issues to be carried forward;
- Agreeing the action schedule with the Chair and ensuring circulation within 48 hours of each meeting; and
- Maintaining a record of attendance.

6. Frequency of meetings

6.1 Meetings shall be held quarterly, with an additional meeting to review the annual accounts, with other meeting arranged where necessary. The Committee must consider the frequency and timing of meetings required to discharge all of its responsibilities on a regular basis.

6.2 The External Auditor shall be afforded the opportunity at least once per year to meet with the Audit and Risk Committee without Trust staff present.

6.3 The Internal Auditor shall be afforded the opportunity at least once per year to meet with the Audit and Risk Committee without Trust staff present.

7. Duties

7.1 Governance, internal control and risk management

7.1.1 To ensure the provision and maintenance of an effective system of integrated governance, risk identification and associated controls, reporting and governance of the Trust and its subsidiary(ies), unless otherwise identified in the governance reporting structure.

7.1.2 To maintain an oversight of the Foundation Trust's general risk management structures, processes and responsibilities, including the production and issue of any risk and control-related disclosure statements.

7.1.3 To review processes to ensure appropriate information flows to the Audit and Risk Committee from executive management and other board committees in relation to the Trust's overall internal control and risk management position

7.1.4 To review the adequacy of the policies and procedures in respect of all counter-fraud work.

7.1.5 To review the adequacy of the Foundation Trust's arrangements by which foundation trust staff may, in confidence, raise concerns about possible improprieties in matters of financial reporting and control and related matters or any other matters of concern.

7.1.6 To review the adequacy of underlying assurance processes that indicate the degree of achievement of corporate objectives and the effectiveness of the management of principal risks.

7.1.7 The adequacy of policies and procedures for ensuring compliance with relevant regulatory, legal and conduct requirements.Policies for approval by the Committee are identified in the Audit and Risk Committee annual workplan.

7.2 Internal audit

7.2.1 To review and approve the internal audit strategy and programme, ensuring

that it is consistent with the needs of the organisation.

7.2.2 To oversee on an ongoing basis the effective operation of Internal Audit including:

- Adequate resourcing;
- Its co-ordination with External Audit;

Complying with the public sector Internal Audit Standards

- Providing adequate independence assurances;
- Having appropriate standing within the Foundation Trust; and
- Meeting the internal audit needs of the Foundation Trust.

7.2.3 To consider the major findings of Internal Audit investigations and management's response and their implications and monitor progress on the implementation of recommendations.

7.2.4 To consider the provision of the Internal Audit Serviceannually, the cost of the audit and any questions of resignation and dismissal. The appointment/dismissal of Internal Audit remains the responsibility of the Director of Finance.

~~7.2.5 To conduct an annual review of the Internal Audit function.~~

7.3 External audit

7.3.1 To make a recommendation to the Council of Governors in respect of the appointment, re-appointment and removal of an External Auditor. To the extent that that recommendation is not adopted by the Membership Council, this shall be included in the annual report, along with the reasons that the recommendation was not adopted.

7.3.2 To discuss with the External Auditor, before the audit commences, the nature and scope of the audit, and ensure co-ordination, as appropriate, with other external auditors in the local health economy. This should include discussion regarding the local evaluation of audit risks and assessment of the foundation trust associated impact on the audit fee.

7.3.3 To assess the External Auditor's work and fees on an annual basis and, based on this assessment, make a recommendation to the Membership Council with respect to the re-appointment or removal of the auditor. This assessment should include the review and monitoring of the External Auditor's independence and objectivity and effectiveness of the audit process in light of relevant professional and regulatory standards.

7.3.4 To oversee the conduct of a market testing exercise for the appointment of an Auditor at least once every five years and, based on the outcome, make a recommendation to the Council of Governors with respect to the appointment of the Auditor.

7.3.5 To review external audit reports, including the annual audit letter, together with the management response, and to monitor progress on the implementation of recommendations.

7.3.6 To develop and implement a policy on the engagement of the External Auditor to supply non-audit services.

7.3.7 To consider the provision of the External Audit Service, the cost of the audit and any questions of resignation and dismissal.

7.4 Annual accounts review

7.4.1 To review the annual statutory accounts, before they are presented to the Board of Directors, to determine their completeness, objectivity, integrity and accuracy. This review will cover but is not limited to:

- The meaning and significance of the figures, notes and significant changes;
- Areas where judgment has been exercised;
- Adherence to accounting policies and practices;
- Explanation of estimates or provisions having material effect;
- The schedule of losses and special payments;
- Any unadjusted statements; and
- Any reservations and disagreements between the external auditors and management which have not been satisfactorily resolved.

7.4.2 To review the annual report and annual governance statement before they are submitted to the Board of Directors to determine completeness, objectivity, integrity and accuracy.

7.4.3 To seek assurance from the Quality Committee that the Trust's Quality Account and opinions of External Audit have been scrutinised in detail.

7.4.4 To review all accounting and reporting policies and systems for reporting to the Board of Directors.

7.5 Standing orders, standing financial instructions and standards of business conduct

7.5.1 To review on behalf of the Board of Directors the operation of, and proposed changes to, the Standing Orders and Standing Financial Instructions, the Constitution, Codes of Conduct. Standards of Business Conduct and Declarations of Interest; including maintenance of Registers.

7.5.2 To examine the circumstances of any significant departure from the requirements of any of the foregoing, whether those departures relate to a failing, an overruling or a suspension.

7.5.3 To review the Scheme of Delegation.

7.6 Other

7.6.1 To review performance indicators relevant to the remit of the Audit and Risk Committee.

7.6.2 To examine any other matter referred to the Audit and Risk Committee by the Board of Directors and to initiate investigation as determined by the Audit & Risk Committee.

7.6.3 To ensure that the Quality Committee performs at least an Annual Review of the clinical audit plan and considers the findings and recommendations of in-year reports, ensuring the plan and extras are consistent with the strategic direction of the Trust.

7.6.4 To develop and use an effective assurance framework to guide the Audit and Risk Committee's work. This will include utilising and reviewing the work of the Internal Audit, External Audit and other assurance functions as well as reports and assurances sought from Directors and Managers and other investigatory outcomes so as fulfil its functions in connection with these terms of reference.

7.6.5 To consider the outcomes of significant reviews carried out by other bodies which include but are not limited to regulators and inspectors within the health and social care sector and professional bodies with responsibilities that relate to staff performance and functions.

7.6.6 To review the work of all other Board sub-committees as part of the Audit and Risk Committee assurance role. The Audit and Risk Committee will receive a self-assessment and annual report from each of the committees for approval.

8. Reporting

8.1 The minutes of all meetings of the Audit and Risk Committee shall be formally recorded and submitted, together with recommendations where appropriate, to the Board of Directors. The submission to the Board of Directors shall include details of any matters in respect of which actions or improvements are needed. This will include details of any evidence of potentially *ultra vires*, otherwise unlawful or improper transactions, acts, omissions or practices or any other important matters. To the extent that such matters arise, the Chair of the Audit & Risk Committee shall present details to a meeting of the Board of Directors in addition to submission of the minutes.

8.2 The Audit and Risk Committee will report annually to the Board of Directors in respect of the fulfilment of its functions in connection with these terms of reference. Such report shall include but not be limited to functions undertaken in connection with the governance statement; the assurance framework; the effectiveness of risk management within the foundation trust; the integration of and adherence to governance arrangements; its view as to whether the self-assessment against standards for better health is appropriate; and any pertinent matters in respect of which the Audit and Risk Committee has been engaged.

8.3 The Foundation Trust's Annual Report shall include a section describing the work of the Audit and Risk Committee in discharging its responsibilities.

9. Review

9.1 The Terms of Reference of the Audit and Risk Committee shall be reviewed by the Board of Directors at least annually.

QUALITY COMMITTEE TERMS OF REFERENCE

1. Constitution

1.1. The Trust Board hereby resolves to establish a Committee to be known as the Quality Committee. The Quality Committee has no executive powers, other than those specifically delegated in these Terms of Reference.

2. Authority

2.1. The Quality Committee is constituted as a Standing Committee of the Trust Board. Its constitution and terms of reference are subject to amendment by the Trust Board

2.2. The Committee derives its power from the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference.

2.3. The Committee is authorised by the Trust Board to investigate any activity within its terms of reference – it is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

2.4. The Committee is authorised by the Trust Board to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

3. Purpose

3.1. The purpose of the Quality Committee is:

- To provide assurance to the Trust Board that there is continuous and measurable improvement in the quality of the services provided through review of governance, performance and internal control systems supporting the delivery of safe, high quality patient care
- To ensure that the risks associated with the quality of the delivery of patient care are managed appropriately.

3.2. The Quality Committee is responsible for:

- Reviewing proposed quality improvement priorities and monitoring performance and improvement against the Trust's quality priorities and the implementation of the Quality Account.
- Seeking assurance in the implementation of action plans to address shortcomings in the quality of services should they be identified.
- The ongoing monitoring of compliance with national quality standards and local requirements.

4. Duties

The duties of the Committee, given below, cover quality improvement, governance and risk, quality and safety reporting and audit and assurance.

Quality improvement

4.1. To review proposed quality improvement priorities and monitor progress and compliance against defined quality priorities.

4.2. To maintain a focus on patient experience through a number of data sources including stories; friends and family test; national surveys and seek assurance that the Trust is learning from experience.

4.3. To oversee the development of the Quality Accounts to ensure accuracy of data and compliance with timescales for publication and review progress against these.

4.4. To review the Trust's compliance with the Care Quality Commission essential standards of quality and safety and seek assurance regarding progress with action plans in response to quality concerns identified from inspection findings, warning notices and compliance actions.

4.5. To receive, through the reporting schedule, assurance of high quality care provision and compliance with national and local guidelines, standards and requirements.

4.6. To establish, develop and maintain systems and processes for the regular evaluation and monitoring of compliance against any relevant internal and external assessments, standards or criteria.

Governance and risk

4.7. Ensure all quality risks are appropriately managed across the Trust and that appropriate review and assurance mechanisms are in place, receiving and reviewing quality risks on the high level risk register and Board Assurance Framework

4.8. Promote a just and open culture in which incident and risk reporting is encouraged and supported as part of the delivery of safe and effective healthcare.

4.9. Seek assurance on the process for reviewing and reporting incidents and serious incidents and sharing the learning from these.

4.10. Seek assurance against compliance with NICE guidelines / guidance and any rationale for non or partial compliance

4.11. Seek assurance that there are effective systems of governance, performance and internal control in relation to clinical services, research and development through an annual governance review.

4.12. Review performance against the quality and safety aspects of the Integrated Performance Report

4.13. Undertake an annual review of the quality impact assessment process to gain assurance that the risks to any impact on quality arising from proposed cost improvements have been managed and mitigated.

4.14. Ensure any procedural , policy or strategy documents which fall within the remit of the Committee are appropriately written, ratified and monitored for compliance in accordance with the Policy for Development and Management of Procedural Documents (Policy for Policies) and any key national standards and best practice

4.15. Receive a quarterly report from each of the sub-groups to the Committee.

4.16. Establish an annual work plan which the Committee will review quarterly

4.17. Produce an annual report against delivery of the terms of reference of the Quality Committee.

Quality and safety reporting

4.18. In accordance with the Committee reporting schedule, receive assurance from the Committee's sub-groups, review reports and any associated recommendations, including actions to gain assurance of compliance and quality improvement.

Audit and assurance

4.19. To approve and oversee delivery of the clinical audit plan and a review of its findings.

4.20. To receive all reports regarding the Trust produced by the Care Quality Commission and other external bodies, e.g. Royal Colleges, and seek assurance on the delivery of actions to address recommendations

4.21. Receive reports from invited service reviews and external visits (as appropriate) and seek assurance regarding delivery of actions

4.22. To receive reports on significant concerns or adverse findings highlighted by external bodies in relation to quality and safety and the actions being taken to address these.

4.23. Gain assurance from divisions that they implement the activity required to achieve compliance with service quality and governance standards.

4.24. To receive internal audit reports (with a quality element) and seek assurance on recommendations

5. Membership and attendance

5.1. The Committee shall consist of the following members:

- Two Non-Executive Directors, one of whom will Chair the Committee and one of whom will be the Deputy Chair of the Committee.
- Executive Director of Nursing
- Medical Director
- Deputy Director of Workforce and Organisational Development

5.2. The following shall be required to attend all meetings of the Committee:

- Assistant Director of Quality and Safety
- Deputy Director of Nursing
- Clinical Director of Pharmacy / Trust Controlled Drug Accountable Officer
- Head of Risk
- Governance administrator (notes)

5.3. The Chair of the Board of Directors will appoint a representative of the Council of Governors to attend each meeting as an observer. The appointment will be reviewed each year.

5.4. The following shall be required to attend the meetings focused on divisional performance (one meeting per quarter):

- Divisional Director **OR** Director of Operations **OR** Associate Director of Nursing - Surgery & Anaesthetics

- Divisional Director **OR** Director of Operations **OR** Associate Director of Nursing - Medicine Division

- Divisional Director **OR** Director of Operations **OR** Associate Director of Nursing - Families and Specialist Services

- Divisional Director **OR** Director of Operations **OR** Associate Director of Nursing - Community Division

5.5. Other members/attendees may be co-opted or requested to attend as considered appropriate.

5.6. A quorum will be four members of the Committee and must include at least three board members of which one must be a Non-Executive and one an Executive Director.

5.7. Attendance is required at 75% of meetings. Members unable to attend should indicate in writing to the Committee Administrator of the meeting and nominate a deputy except in extenuating circumstances of absence. In normal circumstances any members who are unable to attend must nominate a deputy who is appropriately briefed to participate in the meeting.

5.8. A register of attendance will be maintained and the Chair of the Committee will follow up any issues related to the unexplained non-attendance of members. Should continuing non-attendance of a member jeopardise the functioning of the Committee, the Chair will discuss the matter with the member and, if necessary, select a substitute or replacement.

6. Administration

6.1. The Committee shall be supported by the Administrator, whose duties in this respect will include:

- In consultation with the Chair develop and maintain the reporting schedule to the Committee
- Collation of papers and drafting of the agenda for agreement by the Chair of the Committee
- Taking the minutes and keeping a record of matters arising and issues to be carried forward
- Advising the group of scheduled agenda items
- Agreeing the action schedule with the Chair and ensuring circulation
- Maintaining a record of attendance.

7. Frequency of meetings

7.1. The Committee will meet every month and at least nine times per year.

8. Reporting

8.1. The Committee Administrator will produce and maintain a standard agenda; any

additional agenda items must be sent to the Secretary no later than 10 working days prior to the meeting, urgent items may be raised under any other business.

8.2. An action schedule will be articulated to members following each meeting and must be duly completed and returned to the Administrator for circulation with the agenda and associated papers.

8.3. The agenda will be sent out to the Committee members 5 working days prior to the meeting date, together with the updated action scheduled and other associated papers.

8.4. Formal minutes shall be taken of all committee meetings. Once approved by the committee, the minutes will go to the next Trust Board of Directors meeting.

8.5. A summary report will be presented to the next Trust Board meeting.

9. Review

9.1. As part of the Trust's annual committee effectiveness review process, the Committee shall review its collective performance.

9.2. The terms of reference of the Committee shall be reviewed by the Trust Board of Directors at least annually.

10. Monitoring effectiveness

10.1. In order that the Committee can be assured that it is operating at maximum effectiveness in discharging its responsibilities as set out in these terms of reference and, if necessary, to recommend any changes to the Senior Management Team, the Chair will ensure that once a year a review of the following is undertaken and reported to the next meeting of the Committee:

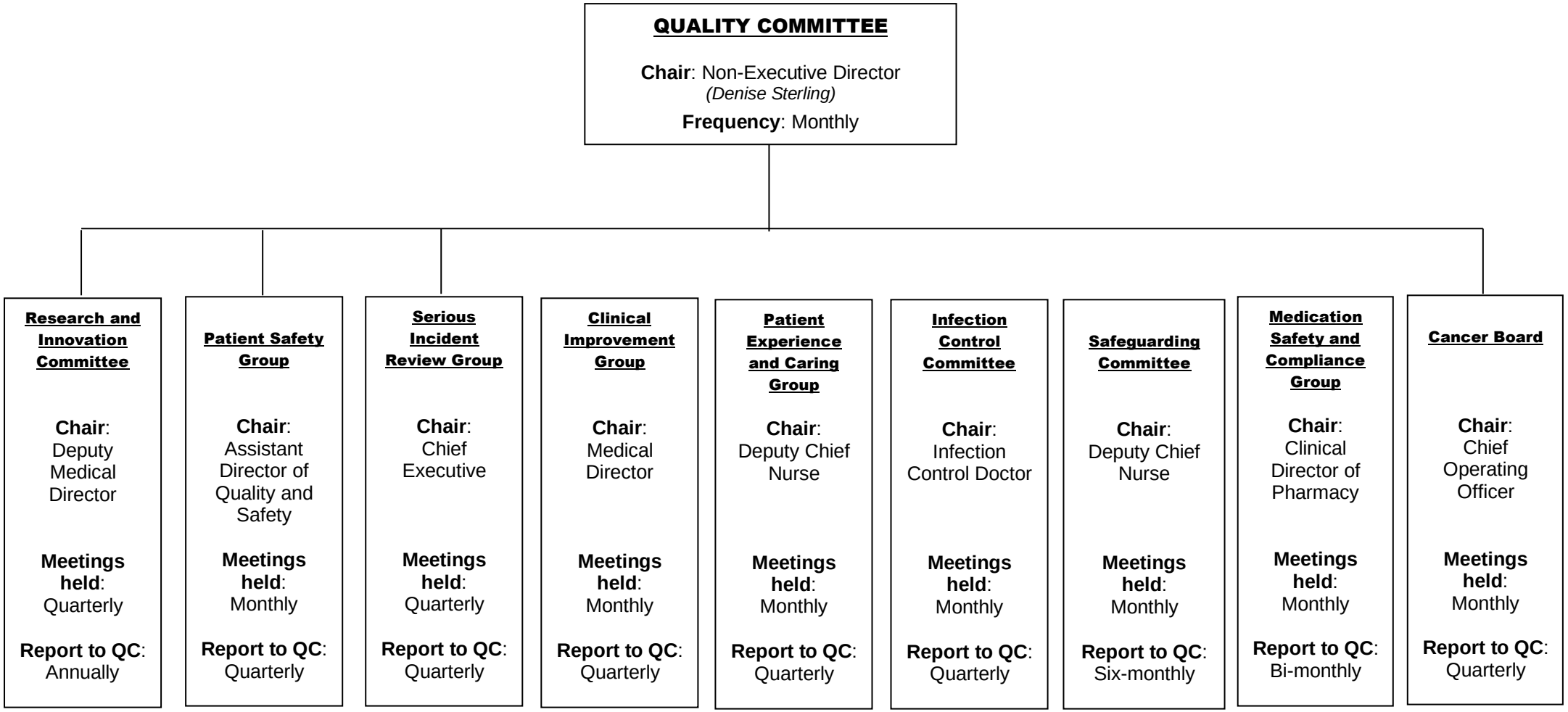
- The objectives set out in section 3 were fulfilled;
- Members attendance was achieved 75% of the time;
- Agenda and associated papers were distributed 5 working days prior to the meetings;
- The action point from each meeting are circulated within two working days, on 80% of occasions

Appendix 1
Members and required attendees of the Committee

Title	Required at
Non-Executive Director ***(Chair)***	All meetings
Non-Executive Director ***(Vice Chair)***	All meetings
Executive Director of Nursing	All meetings
Medical Director	All meetings
Deputy Director of Workforce & Organisational Development	All meetings
Assistant Director of Quality and Safety	All meetings
Deputy Director of Nursing - Corporate	All meetings
Clinical Director of Pharmacy / Trust Controlled Drug Accountable Officer	All meetings
Head of Risk	All meetings
Council of Governors	All meetings
Governance Administrator ***(Minutes)***	All meetings

Quarterly Representation	Required at
Surgical Division Divisional Director / Director of Operations / Associate Director of Nursing	Quarterly meetings
FSS Division Divisional Director / Director of Operations / Associate Director of Nursing	Quarterly meetings
Medical Division Divisional Director / Director of Operations / Associate Director of Nursing	Quarterly meetings
Community Division Director of Operations / Associate Director of Nursing	Quarterly meetings

Appendix 2
Sub-Groups



Appendix 3
Reports aligned to CQC domains

CQC domain	Reporting to Quality Committee via
Safe	▪ Safeguarding (Six monthly and annual reports) ▪ Patient Safety Group (Quarterly) ▪ High Level risk register (Bi-monthly) ▪ Medication Safety and Compliance Group (Bi-monthly) ▪ Serious Incident Report (Monthly) As required: ▪ Prevention of future death reports, ▪ Incident reports / action plans.
Effective	▪ NICE guidance compliance (Annual) ▪ Clinical Improvement Group (Quarterly) ▪ Cancer Board Report (Quarterly) As required: ▪ Service specific reports / invited service reviews as required – detailed in workplan
Experience	▪ Patient Experience and Caring Group (Quarterly)
Responsive	▪ Quarterly report (Quarterly) ▪ Quality Account (Quarterly) ▪ Quality Annual report
Well-Led	▪ CQC report (Six monthly) ▪ Research and Innovation (Annual) ▪ Quality Impact Assessment process (Annual) ▪ Divisional Patient Safety and Quality Board Reports (Quarterly) ▪ Serious Incident Review Group (Quarterly) ▪ Infection Control Committee minutes (Quarterly)
Overall	▪ Quality Performance Report (Monthly)

Versions:	**1.1** first draft circulated for review to Chair / Director of Nursing **1.2** Amendments prior to Trust Board **1.3** Amendments after submission to Quality Committee **1.4** Further amendments **1.5** Further amendments **2** Amendments made: ▪ Director of Workforce and Organisational Development added to section 5.1; ▪ Section 5.2 added ▪ Divisional attendance amended in section 5.4 ▪ Quorum amended at section 5.6 ▪ Medication and Safety Compliance Group and Cancer Board added to sub-groups at appendix 2 ▪ Medication and Safety Compliance Group and Cancer Board added to reports at appendix 3 **3** Amendments made: ▪ Chief Operating Officer removed from membership ▪ Executive Director of Planning, Estates and Facilities removed from membership ▪ Two non-executive directors instead of three ▪ Purpose added in relation to internal audits **3.1** Amendments made (with Chair) (June 2019) ▪ Organ Donation Committee and Cancer Board added to sub-groups at appendix 2 ▪ Frequency of sub-group meetings amended at appendix 2 ▪ Frequency of meetings amended at appendix 3 **4** Amendments made (Jan 2020) ▪ Organ Donation Committee removed from sub-groups at appendix 2 ▪ Addition of named NED at appendix 2 ▪ Frequency of Medication Safety and Compliance Group changed from quarterly to monthly at appendix 2 and 3 **4.1** Amendment made (June 2020) ▪ Clinical Director of Pharmacy added to membership ▪ Executive Director of Workforce and Organisational Development amended to Deputy Director of Workforce and Organisational Development
Appendices	**1.** List of members **2.** Sub groups **3.** Reports aligned to CQC domains
Date issued by Quality Committee:	January 2020 (Amended June 2020)
Date approved by Board of Directors:	
Review date:	January 2021

Calderdale and Huddersfield NHS Foundation Trust

FINANCE & PERFORMANCE COMMITTEE

TERMS OF REFERENCE

Version:	1.1 - first draft circulated for review to Chair / CE / DoF / DDof 1.2 - comments received OW / CB / AH 1.3 - Amendments from the Board of Directors 2.1 – Reviewed and updated for membership and to reflect planning cycle 3.1 – Reviewed and updated to include a Performance Delivery and Assurance Section 4.1 – Reviewed and updated – March 2019 5.1 – Reviewed and updated – June 2020
Approved by:	Board of Directors
Date approved:	
Date issued:	
Review date:	

FINANCE & PERFORMANCE COMMITTEE – TERMS OF REFERENCE

1. Constitution

The Trust Board hereby resolves to establish a Committee to be known as the Finance and Performance Committee. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference.

2. Purpose

The Finance and Performance Committee has delegated authority from the Board to oversee, coordinate, review and assess the financial and performance management arrangements. This includes monitoring the delivery of the 5 Year Plan and supporting Annual Plan decisions on investments and business cases.

The Committee will assist in ensuring that Board members have a sufficiently robust understanding of key performance, financial and investment issues to enable sound decision-making.

3. Authority

The Finance and Performance Committee is authorised by the Board, to which it is accountable, to investigate or approve any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request for such information.

4. Role and duties of the Committee

The Finance and Performance Committee will provide the Board with assurance that finance and performance is being monitored and managed across the organisation and that progress is being made in the implementation of the Annual Plan. The Committee will also make recommendations on investment.

The duties of the Committee can be categorised as follows:

4.1. Finance and Financial Performance

- Provide assurance that the finances and financial performance reporting systems of the organisation are robust through detailed review of the Monthly Financial Report.
- Seek assurance from the executive that any appropriate management action has been taken to return the Trust's financial performance to plan and that any such actions or recovery plans are in place are adequately resourced, implemented and monitored.
- Provide assurance to the Board that cost improvement plans to support organisational changes are being delivered
- Review the Trust's Long Term Financial Model and any NHS Improvement submissions to test assumptions and provide assurance that the returns represent a true and fair view of the financial performance for the period under review.
- Review all significant financial risks on the high level risk register and the Board Assurance Framework.
- Review the finance elements of the Single Oversight Framework and Use of Resources metric.
- Examine any matter referred to the Committee by the Trust Board.

4.2 Performance Delivery and Assurance

- Provide assurance that the performance reporting systems of the organisation are robust through detailed review of the regulatory performance and other KPIs as they relate to resource utilisation and income through Integrated Board Report on a monthly basis.

FINANCE & PERFORMANCE COMMITTEE – TERMS OF REFERENCE

- Keep the content of the Trust's Integrated Board Report under review, ensuring that it includes appropriate performance metrics and detail of exceptions to provide assurance to the Board on all aspects of organisational performance against its Strategic Objectives.
- If and when necessary, seek assurance from the executive that any appropriate management action has been taken to return the trust performance to plan and that any such actions or recovery plans are in place are adequately resourced, implemented and monitored and that appropriate EQIA has been completed..
- Provide assurance to the Board that the performance of Clinical Divisions and corporate teams are in line with agreed annual plans and receive escalation where recovery plans do not resolve any adverse variance
- Review all significant operational and strategic risks as they pertain to financial and regulatory standards on the high level risk register and the Board Assurance Framework.

4.3 Business and commercial development

- Ensure compliance with the Treasury Management guidance.
- Approve and set control limit for capital
- Review the Trust's Annual Business Plan, 5 Year Plan, 5 Year Capital Plan and Financial Model and recommend to the Board for approval.
- Approve capital programme under discrete headings (based on high level business case proposals from divisions):
  - Equipment replacement
  - Unavoidable major schemes
  - IM&T
  - Significant strategic importance
  - Estates (maintenance/ upgrades)
  - Aspirational
- Understand and agree revenue consequences of major schemes (in line with SFIs) and monitor cash flow implications, and also ensure that appropriate EQIA has been completed.
- Receive an update from Commercial Investment Strategy Group on business case approvals ensuring that outcomes and benefits are clearly defined, are measurable and support the delivery of key objectives for the Trust. Ensuring only those below £2.5M are approved by the Group and those above £2.5M are recommended to the Board for approval.
- Periodically review the market share analysis for the Trust.
- Approve the establishment of joint ventures or other commercial partnerships/relationships including the incorporation of start-up companies. Make recommendations to the Trust Board in relation to any due diligence, warranties, assignments, investment agreements, etc. related to joint ventures, commercial partnerships or incorporation of start-up companies.
- Agree investment / dis-investment in services (with full understanding of financial and service implications of these decisions e.g. overheads)

4.4 Treasury Management

- Maintain an oversight of the Trust's Treasury Management activities, ensuring compliance with Trust's policies.
- Review borrowing arrangements and liabilities
- Review and monitor the Trust's Treasury Management Policy *(approval is through the Audit & Risk Committee)*.

FINANCE & PERFORMANCE COMMITTEE – TERMS OF REFERENCE

- Review the activities undertaken at Cash Management Committees

4.5 **Procurement**

- Review the activities undertaken by Procurement and the contributions made along with performance against key national metrics.

5. Membership and Attendees

5.1. The Committee shall consist of the following members:

- Non – Executive Director (Chair)
- Non – Executive Director (Vice Chair)
- Chief Executive
- Executive Director of Finance
- Chief Operating Officer
- Director of Transformation and Partnerships.

5.2. The Deputy Director of Finance and the Company Secretary will regularly attend. All other non-executive and executive directors will be invited to attend along with a Governor representative. Executive Directors and other senior management staff may be required to attend discussions when the Committee is discussing areas of performance or operation that are their responsibility.

6. Attendance

6.1. Attendance is required by members at 75% of meetings. Members unable to attend should indicate in writing to the Committee secretary, at least 7 days in advance of the meeting and nominate a deputy except in extenuating circumstances of absence. In normal circumstances, any members who are unable to attend must nominate a deputy who is appropriately briefed to participate in the meeting.

6.2. A register of attendance will be maintained and the Chair of the Committee will follow up any issues related to the unexplained non-attendance of members. Should continuing non-attendance of a member jeopardies the functioning of the Committee, the Chair will discuss the matter with the member and, if necessary, seek a substitute or replacement.

7. Administration

7.1. The Committee shall be supported by the Secretary to the Executive Director of Finance, whose duties in this respect will include:

- In consultation with the Chair develop and maintain the reporting schedule to the Committee
- Collation of papers and drafting of the agenda for agreement by the Chair of the Committee;
- Taking the minutes and keeping a record of matters arising and issue to be carried forward;
- Advising the group on scheduled agenda items;
- Agreeing the action schedule with the Chair and ensuring circulation within 48 hours of each meeting; and
- Maintaining a record of attendance.

FINANCE & PERFORMANCE COMMITTEE – TERMS OF REFERENCE

8. Meetings

8.1. Meetings will be held on a monthly basis and arranged to meet the requirements of the corporate calendar; Meetings could be held either in person or virtually using digital technology.

8.2. Items for the agenda must be sent to the Committee Secretary a minimum of 8 days prior to the meeting: urgent items may be raised under any other business;

8.3. An action schedule will be circulated to members 48 hours following each meeting and must be duly completed and returned to the Secretary for circulation with the agenda and associated papers; and

8.4. The agenda will be sent out to the Committee members one week prior to the meeting date, together with the updated action schedule and other associated papers.

9. Reporting

9.1. The minutes of the Committee meetings formally recorded by the Committee Secretary will be submitted to the Trust Board when approved.

9.2. The Chair of the Finance and Performance Committee shall, at any time, draw to the attention of the Trust Board any particular issue which requires their attention.

9.3. The Capital Management Group, the Commercial Investment Strategy Group, Cash Committee, Hospital Pharmacy Specials, Joint Liaison Committee, Strategic PFI Partner meeting, THIS Executive Board and A&E Delivery Board will provide minutes of its meetings to the Committee along with reports as agreed.

10. Quorum

A quorum is determined as being four of the members in attendance but must include the Chair or Vice-Chair and one Executive Director.

11. Review

The Terms of Reference shall be reviewed on an annual basis and ratified by the Board.

12. Monitoring Effectiveness

In order that the Committee can be assured that it is operating at maximum effectiveness in discharging its responsibilities as set out in these terms of reference and, if necessary, to recommend any changes to the Board, the Chair will ensure that once a year a review of the following is undertaken and reported to the next meeting of the Committee:

- The objectives set out in section 3 were fulfilled;
- Members attendance was achieved 75% of the time;
- Agenda and associated papers were distributed 7 days prior to the meetings;
- The action schedule was circulated within 3 working days of the meeting, on 80% of occasions

21. Update from sub-committees and receipt of minutes & papers

• Finance and Performance Committee – minutes from meeting held 29.6.20 and 3.8.20
• Audit and Risk Committee – minutes from meeting held 22.7.20
• Quality Committee – minutes from meetings held 29.6.20 and 3.8.20
• Workforce Committee 15.7.20 and 10.8.20
• COVID-19 Oversight Committee – minutes from meeting held 29.6.20, and 20.7.20
• Organ Donation Committee 15.7.20
• Council of Governors 9.7.20

For Assurance

22. Items for Review Room

- CHS MD Update August 2020
- Freedom to Speak Up Annual Report
- Update from the WY&H Partnership's Chief Executive Lead

For Assurance