Public Board of Directors

Schedule	Thursday 14 January 2021, 9:00 — 12:00 GMT
Venue	Microsoft Teams
Organiser	Jacqueline Ryden

Agenda

1. Welcome and Introductions

To Note

2. Apologies for Absence

To Note

3. Declaration of Interests

To Receive

STANDING ITEMS

4. Minutes of the previous meeting held on 5 November 2020

To Approve

Draft Minutes of the Public Board Meeting held on Thursday 5 November 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
Lindsay Rudge	Deputy Director of Nursing
Jackie Ryden	Corporate Governance Manager (minutes)
Stephen Baines	Lead Governor
Christine Mills	Public Governor
Ryan Noone (Item 110/20)	Security Officer
Dr Anu Rajgopal (Item 121/20)	Guardian of Safe Working Hours

OBSERVING

103/20 Welcome and introductions

The Chair welcomed Ryan Noone, a Security Officer from Calderdale Royal Hospital who was attending to give his story on working during the Covid-19 pandemic

104/20 Apologies for absence

Apologies were received from governors Jude Goddard and John Gledhill.

105/20 Declaration of Interests

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

Stephen Baines declared an interest in Item 114/20 Calderdale Collaborative Partnership Agreement as a member of the Calderdale Health and Well-Being Board.

106/20 Minutes of the previous meeting held on 3 September 2020

The minutes of the previous meeting held on 3 September 2020 were approved as a correct record.

OUTCOME: The Board **APPROVED** the minutes from the previous meeting held 3 September 2020.

107/20 Action log and matters arising

There were no outstanding actions on the action log and no matters arising.

108/20 Chair's Report

The Chair reported that papers for the West Yorkshire Association of Acute Trusts Committee in Common meeting held on 27 October 2020 papers had been shared with Non-Executive Director (NED) colleagues.

OUTCOME: The Board **NOTED** the update from the Chair.

109/20 Chief Executive's Report

The Chief Executive noted that the current second lockdown phase should have some impact on arresting the growth rate of the transmission of Covid-19. When transmission gets out of hand, this works through into the hospitals, criticality and loss of life as well as the people left with further issues as a result of the disease.

OUTCOME: The Board **NOTED** the comments from the Chief Executive.

110/20 Patient/Staff Story – Working with Covid

The Chair introduced Ryan Noone, a Security Officer working at Calderdale Royal Hospital (CRH). Ryan described his work, how the Covid pandemic has impacted on his day to day routine in the Trust and how behaviours have changed as a result of the pandemic.

A number of the Non-Executive Directors and the Director of Nursing thanked Ryan and his colleagues on behalf of all colleagues at the Trust, in particular for acting as a 'comfort blanket' for healthcare staff when faced with violent or aggressive situations.

The Chair also thanked Ryan and welcomed the opportunity to spend some time with Ryan and his colleagues as soon as it is safe to do so.

The Chief Executive commented that the Board needs to continue to broaden the scope of patient and colleague stories in order to get insight from a broader range of colleagues.

OUTCOME: The Board **NOTED** the valued work carried out by Ryan and the Security Team to maintain patient and staff safety in the Trust.

111/20 2020-2021 Strategic Plan – Progress Report

The Director of Transformation and Partnerships provided an update on the progress made against the four goals described in the one-year plan for 2020-2021 which supports the delivery of the ten-year strategic plan. The report provided an overview assessment rating of progress against 19 key deliverables together with a summary narrative of the progress and details of the Board assurance route. Of the 19 deliverables 17 are rated green (on track) and two are rated as amber (off track but with a plan).

AG asked how the Trust will continue with the public consultation over the coming period given the second wave of the pandemic and wondered if there was an opportunity to tap into people's desire to help the NHS again. The Director of Transformation and Partnerships explained that previously extensive consultation on the configuration of the service models across the two sites was undertaken. The Trust is now at the pre-application stage in terms of plans for building development. As part of this process, the Trust is committed to involving people in the input and influencing the designs. Once the applications are formally submitted to the Councils, the Councils will undertake formal consultation on the building proposals.

The engagement methods will need to be different and will include the use of digital portals and digital mechanisms. In addition, subject to the restrictions, paper-based circulars and

flyers will be distributed, targeting individual residences near to the two hospital sites. Under the current restrictions, it will not be possible to hold large scale meetings or drop-in sessions. The Trust will continue to communicate with its wider partner organisations on the next steps and asking for their advice on how they can support the communication and ongoing involvement of the public.

AN asked about the goal to use population health data to inform actions to address health inequalities in the communities served. The Chief Executive, as the lead for this goal, explained that the oversight national piece of work he has been involved in has been extended to March 2021. The group meets every two months to monitor progress across England against the eight actions discussed at a recent Board Development session.

Locally the Integrated Care System (ICS) has a workstream as part of its strategy to ensure that it responds to the eight actions identified in August and also addresses areas of focus for West Yorkshire specifically. The System dashboard identified progress being made in tackling health inequalities, particularly in the context of Covid. Alongside that, there is more organisational specific work ongoing with local partners in Kirklees and Calderdale looking at some themes in relation to cancer and learning disabilities to define what the data shows around those groups and any other areas that are being impacted.

The Chief Operating Officer explained that using health inequalities data to influence decision-making is venturing into new territory, with new complexities when considering both the BAME perspective and the index of multiple deprivation(IMD) perspective, particularly when considering the ongoing clinical prioritisation.

The Director of Nursing advised that an internal working group has begun work on this, and a number of early actions have been identified. The group is engaging with staff to gain an understanding of the scale of the problem and is undertaking a set of discovery interviews with staff around their understanding of health inequalities. Views from service users and their carers will also be sought. The group will also look at complaints and serious incidents to explore whether any themes are being identified across to any protected characteristics.

The Chief Executive added that the data sets the Trust has are good, and these compare well to other Trusts in terms of the information available although there are challenges linked to geography as not all of the partners in the Place have the same sets of data, the common thread being the index of multiple deprivation.

OUTCOME: The Board **NOTED** the assessment of progress against the 2020-2021 strategic plan.

112/20 Reconfiguration Update

The Director of Transformation and Partnerships provided an update on the reconfiguration programme of work and timeline and the development of the estate design at both CRH and Huddersfield Royal Infirmary (HRI). The report also outlined the next steps to continue to involve members of the public and colleagues in the development of the plans.

Following approval of the Strategic Outline Case in January 2020, work has continued on planning for the programme of service reconfiguration and estate development. There will be a continuous process of communication and involvement of patients, families, carers, colleagues and stakeholders in the planning process. The planned programme timeline is to submit an Outline Business Case (OBC) for Calderdale Royal Hospital and a Full Business Case (FBC) for Huddersfield Royal Infirmary to NHS England and the Department of Health and Social Care for approval in June 2021. It is hoped to commence building work at HRI towards the end of 2021 with completion in 2023, with completion of the more expansive work at CRH by 2025.

A detailed programme plan and timescale was developed in March 2020 with input from members of the public and colleagues in the design. Further review was undertaken in light of the pandemic to seek the views of the members of the public. It is planned to submit formal planning applications to each Council in January 2021.

PW added that the Transformation Programme Board has been up and running for just over 12 months and he has been impressed with the way the team have continued with the programme despite the challenges of responding to Covid. The second wave will impact on the alignment of the programme but he is confident that overall timescales will be met.

OUTCOME: The Board **NOTED** the update on the reconfiguration programme of work and timeline and the development of the estate design at CRH and HRI and **NOTED** the next steps to continue to involve members of the public and colleagues in the development of the plans.

113/20 West Yorkshire Vascular Services Network – Implementation of Service Changes

The Chief Operating Officer gave an update on the implementation of the change to the number of hospitals in West Yorkshire providing complex vascular arterial surgery and inpatient vascular care.

In March 2020, following formal public consultation, NHS England's Regional Commissioning Committee for North East and Yorkshire approved proposals to have two specialised vascular centres instead of three in West Yorkshire, one at Leeds General Infirmary and the other at Bradford Royal Infirmary.

Operational plans to enable implementation of the change in vascular service provision from 16 November 2020 have been developed. The report went to the West Yorkshire Joint Scrutiny Committee earlier in the week, responses were provided for all outstanding queries and feedback was positive. The Steering Group meeting held on 9 November 2020 confirmed that reconfiguration is still on track for 16 November 2020. The Chief Operating Officer brought to the Board's attention that the financial impact of the recurrent reconfigured service is outside of the financial envelope and an external view from the finance lead of the ICS has been requested.

OUTCOME: The Board **NOTED** the planned implementation of changes to vascular service provision across West Yorkshire from 16 November 2020.

114/20 Calderdale Collaborative Community Partnership Agreement

The Director of Transformation and Partnerships presented a report to request the Board's approval for the Trust to sign up to the Collaborative Community Partnership Agreement.

The Partnership Agreement has been jointly developed and drafted by the partner organisations. The purpose of this approach is to strengthen partnership work and streamline governance, making it effective and simple, enabling timely decisions to be made. The Agreement is based on, and consistent with, the governance arrangements that have been agreed by the West Yorkshire and Harrogate ICS Committee in Common. The partner organisations to this Agreement are confirming a commitment to sign up to the agreement.

AG asked is there is a similar agreement in draft or already completed with Kirklees Council. The Director of Transformation and Partnerships advised that there are partnership arrangements in Kirklees around a leadership executive and an integrated board. Terms of reference are in place but there are no documents that exactly mirror the agreement, it is more an intent of working together.

AG referred to the priorities outlined in the report and queried whether there should be a priority relating to the reduction in health inequalities, and whether there will be more specific actions around what partners will do around prevention and step down. The Director of Transformation and Partnerships advised that the priorities will need to be refreshed in particular to incorporate health inequalities, and she will take back to the group a request to refresh the priorities.

AN asked if the agreement provides extra rigour around partnership working. The Director of Transformation and Partnerships advised that this is a clear formal intent for organisations to move away from working individually towards their own objectives to working together for a common benefit and common gain for the population.

OUTCOME: The Board **SUPPORTED** the collaboration and **APPROVED** the signing up of the Trust as a partner to the Collaborative Community Partnership Agreement and **NOTED** that a request will be taken back to the Partnership Board for priorities to be refreshed to incorporate work on health inequalities.

115/20 CHFT Climate Change Update

The Managing Director Calderdale and Huddersfield Solutions Limited (CHS) gave an update on the report presented to Board on 9 January 2020 on the Climate Change and Sustainability agenda and introduced a plan and a set of initiatives for delivering carbon reduction across the Trust. This document builds upon the existing Sustainable Development Management Plan for the Trust, Andy Nelson and Alastair Graham have collaborated on drafting the plan and it has been approved recently by the CHS Board. The successful implementation of the initiatives will allow the Trust to meet obligations relating to climate change and net zero.

NHS England (NHS E) has recently announced a commitment to achieving carbon neutrality by 2040.

The Trust is well positioned to realise the aligned benefits that can be achieved between public health and carbon reduction. The Trust already has a sustainable development management plan and a sustainable development action plan. These documents which are currently live, need to be reviewed and transposed into a Trust-wide Green Plan by March 2021, which will enable the Trust to monitor progress against the carbon reduction target on an annual basis.

AN commented that this plan needs to be managed alongside the transformation programme and reconfiguration programme and suggested that the Transformation Programme Board would be the logical monitoring route.

RH referred to the figures in the report for recycling of clinical waste which is 10% at CRH and 18% at HRI against a target of 40%. He asked for an explanation of the disparity, whether CRH is an outlier, and if so, what can be done to achieve the target of 40%. The Managing Director CHS agreed that the figures were disappointing, and the low performance is in part due to education although more waste is currently being created due to Covid. The newly appointed Environment Manager is meeting with teams to educate them. A communication plan is being drafted and on-going work is being undertaken by the Sustainable Development Group on re-educating colleagues.

RH asked if any comparisons with other Trusts were available and the Managing Director CHS advised that this shows a mixed picture.
Action: Managing Director CHS to share with the Board benchmarking data on performance of recycling of clinical waste.

AG added that at the CHS Board it was agreed that once national targets are clarified, the aim would be to work towards more specific targets for CHFT which will enable progress to be monitored against the targets.

DS asked what the key messages were in terms of communications to ensure that it can be simplified in a way to engage staff. The Managing Director CHS advised that the communication plan will focus on re-use and re-cycling rather than buying new.

OUTCOME: The Board **AGREED** to adopt the national targets for net zero contained in the report for and **APPROVED** the proposed strategy for its delivery, including the adaptation plan. The Board **AGREED** that the oversight of the strategy will be through the Transformation Programme Board.

116/20 Month 6 Financial Summary

The Director of Finance presented the Month 6 Financial Summary and highlighted the following key points.

- Year to date the position is at breakeven after assumed receipt of £14.04m of retrospective top up funding: £11.66m has been approved for months 1-5, with a further £2.38m required for month 6.
- Year to date the Trust has incurred costs of £16.28m in relation to Covid-19.
- Whilst there is no national expectation of cost improvement (CIP) delivery, the Trust continues to deliver some savings as planned. CIP achieved year to date is £2.01m, £5.38m below plan
- The Trust is required by NHS Improvement (NHS I) to report a balanced position, but this does not include the potential impact of the Elective Incentive Scheme which remains a financial risk. Based on Month 6 activity compared to national targets, the impact of this penalty is estimated to be £0.44m.
- The cash position is holding strong driven by the new financial regime, allowing the Trust to pay 85% of suppliers within 30 days, which is beneficial for the local economy.

For the remainder of the year the Trust will be required to manage within the Integrated Care System (ICS) agreed financial envelope. The ICS has proposed to deliver a plan that exceeds the allocation by £63m. The overall system risk absorbed within Provider plans is £9.2m and a collective decision was taken at the West Yorkshire & Harrogate ICS Finance Forum that this level of risk should be manageable within a system financial envelope of £2.1bn.

The Trust has been allocated Covid and growth funding on a fair shares basis to cover the remainder of the year. Confirmed funding is insufficient to cover all forecast additional costs and the Trust is therefore planning a £24.92m deficit for the second half of the year. This position includes a £23m one off accounting adjustment that will not require cash funding, leaving an underlying unfunded gap of £1.92m.

This financial plan was submitted to NHSI on 22 October 2020 and is an improved position compared to the draft plan sent to the ICS earlier in the month. There is a £2.2m improvement following a review of divisional forecasts and in particular workforce plans. Some posts were not agreed to progress and a level of likely slippage on recruitment has been recognised. The balance of £1.4m is the combined gap across Calderdale and Greater Huddersfield Places and whilst included in the Trust's plan is recognised to be a system risk.

RH added that a lengthy discussion had taken place at Finance and Performance Committee and the Committee was comfortable with the basis of the submission and assume it will be accepted by NHSE/I and that the residual gap for the Trust is manageable.

AN asked what the assumption is in the forecast in relation to the timing of the second wave of the pandemic and the impact on elective work. The Director of Finance advised that the activity profile has already changed with Covid activity higher than assumed and elective activity lower. For the latter six months the plan had been to spend £12m more than the first six months with more planned elective work and some Covid activity, but the Director of Finance believes that spend should be lower than forecast with less elective activity now assumed.

OUTCOME: The Board **NOTED** the information provided in the Month 6 Financial Summary.

117/20 Colleague Health and Well-being

The Director of Workforce and Organisational Development gave a verbal update on the health and well-being of colleagues. The following key points were highlighted:

- Progress is being made on the Trust's specific Well-Being Strategy. A progress report on the Well-Being Hour, which forms part of the Strategy, will be presented to Board at the meeting in January 2021.
- Calls to the 24/7 helpline are becoming more complex and longer. The 24/7 helpline is the key support system that needs to continue, and external help is available should colleagues require this. This service is to be expanded.
- Bespoke support will be put in place for those areas most impacted by Covid.
- The approach to providing support is changing slightly to ensure the right balance is achieved between approaching teams directly or waiting for them to contact the support teams.

The Chair asked if other Trusts have any areas of good practice that can be shared. The Director of Workforce and Organisational Development advised that all good practice is being used and shared with colleagues but it is important to continue with the foundations of rest, regular breaks, facilities eg wobble rooms, sleep, CHFT briefings and physical and mental health. She added that the update report to be presented in January will look at the health inequalities of mental health.

AN referred to the well-being risk assessment and asked why this has not increased more and what could be done to improve uptake of the questionnaire. The Director of Workforce and Organisational Development advised that a discussion had taken place at the Weekly Executive Board (WEB) on whether to make the assessment mandatory. It had been decided to keep it voluntary with more targeted communication. As the second wave of the pandemic continues, consideration is being given to introducing a shorter, sharper mandatory physical assessment. However, uptake of completion of the risk assessment has increased since the discussion at WEB and is currently at around 50% of the workforce. The Director of Workforce and Organisational Development explained that in many cases colleagues who feel fine do not complete the risk assessment. There are also a number of colleagues who do not complete the risk assessment due to concerns that they may be pulled off the front line work. This needs to be taken into account when considering the next steps.

The Chair advised that he had recently met with Nikki Hosty, the Well-Being Lead, and was reassured to hear the same message regarding the continued progress with the activities to ensure the health and well-being of colleagues.

OUTCOME: The Board **NOTED** the verbal update on the Health and Well-being of colleagues.

118/20 Covid and Operational Update

The Chief Operating Officer gave a presentation compiled in conjunction with the Director of Workforce and Organisational Development, the Director of Nursing and the Medical Director to update the Board on Covid and recent operational developments.

Details of the current position on the Covid positive patients were provided for both the Trust and across the Integrated Care System (ICS). The numbers are rapidly changing but the Trust is not quite at the same level as the peak in Wave One. There is some variation across the ICS but in general the numbers are higher now than at the peak of Wave One of the pandemic although lower in the critical care element.

Staff absence remains high at 8.2%, which compares well with other Trusts in West Yorkshire, and there are a number of specific hotspots. The largest area of concern is around colleagues aged 20 and under. A breakdown is being carried out and work is focussing on getting colleagues back to work.

Covid positive numbers continue to increase with critical care demand also increasing.

In terms of nurse staffing, there is a significant difference between Wave One and Wave Two in the bed occupancy, which has increased from 45% in Wave One to over 90% in Wave Two. The Director of Nursing explained that the marked difference in the statistics around staff, together with the staff absence, is proving very challenging and has led to the need to think creatively around clinical models and patient care.

There has been a marked increase in care home outbreaks, particularly in Calderdale, which is posing staffing challenges in Community. Work is being undertaken with System partners and GPs to look at a different staffing model in terms of the care homes.

Demand for emergency services has reduced slightly on October numbers but transfer of care delays and the numbers for 'reason to reside' have increased despite focussed activity in these areas. Cancer pathways in October have been delivered to constitutional standards.

The team have been trying to simplify the messages and provide clarity to colleagues on the areas of focus based on a list of 'Must Dos'. These 'Must Dos' are split into two categories and relate to Covid secure actions which are mainly concerned with personal protective equipment, and Covid Effective relating to patient flow. The Director of Nursing added that it is important to keep the messages for staff simple, with clear and measurable actions. Each of the 'Must Dos' has an Executive lead, and the actions are monitored at Executive Team meetings.

The Chief Operating Officer outlined the priority actions detailed in the presentation. The Daily Incident Management Team (IMT) and associated governance structures have recommenced, as have the recently refocussed System 'Gold' meetings.

The Medical Director advised that an Infection Prevention Control (IPC) external review had been undertaken on 23 October 2020 at his request following a number of outbreaks, in order to ensure that the Trust is doing everything possible to contain any outbreaks amongst both patients and colleagues.

The report has been received and is largely supportive and positive about the approaches taken by the Trust. There is good compliance with PPE, social distancing in clinical areas and signage. The responsiveness of the Pathology Laboratory was also noted as a positive, although there were some challenges related to this in terms of the restriction of some of the reagents for some of the platforms, which did lead to some delays.

A small number of recommendations were made in the report including improving compliance with Day Five testing, ventilation in the HRI estate and the membership of the social distancing workstream.

The Chief Operating Officer gave details of future actions to be taken.

Following a query from AG regarding progress on the flu jabs, the Director of Workforce and Organisational Development explained that overall the Trust was ahead of last year's uptake at this point and is currently at 48% for front-line staff, although take up by the BAME group has reduced from 33% to 28%. A specific piece of work with colleagues is being undertaken to engage and explore the reasons for this. The plan is working well.

A small group has been pulled together to develop a plan to deliver a Covid vaccine, which will have a short shelf life, has complex storage requirements and will have a two-day schedule. Plans for this are to be in place by the end of November for delivery of the vaccine, although as yet no indication has been received as to when the vaccine will be available and in what quantities. It would be helpful to conclude the flu vaccination programme before beginning Covid vaccinations.

Following a query from RH regarding requirements in terms of volunteers, the Director of Workforce and Organisational Development advised that a list is being developed of roles that would be helpful for Clinically Extremely Vulnerable, corporate and non-clinical colleagues. Most of the volunteers wish to return but assessments are currently being undertaken for these. RH added that once the process is completed, the Non-Executive Directors may be able to provide some additional help using their different range of contacts.

DS had a number of queries regarding the flu vaccination and the Director of Workforce and Organisational Development advised that the team feel confident, (with the exception of BAME colleagues) that the target will be reached, noting that there was ongoing work looking at how to increase BAME uptake; colleagues working from home are booking appointments, and details can be added to the system when colleagues are receiving the vaccine from their GPs.

OUTCOME: The Board **NOTED** the update on Covid-19 and Phase 3.

119/20 Board Assurance Framework

The Company Secretary presented the Board Assurance Framework (BAF) for 2020/21, the second update for approval by the Board following the last presentation to Board on 3 September 2020.

Good progress has been made with strengthening the role of Board Committees in reviewing and scrutinising assurances relating to those risks for which Committees are responsible. A report to the Audit and Risk Committee on 21 October 2020 confirmed that each Board Committee has endorsed this approach and is reviewing risks, with confirmation that risk reviews are scheduled into Committee workplans.

Given the significant movement in the BAF in the report to the Board presented on 3 September 2020 there are no new risks and no changes to risk scores to report from this second update.

The Audit and Risk Committee has reviewed the BAF and recommends it to the Board for approval. Since the discussion by the Audit and Risk Committee there has been a change to risk 7/19 relating to compliance with NHS England / Improvement. This risk previously referenced both the Care Quality Commission (CQC) well-led framework and the Use of Resources assessment. Aspects relating to the CQC well-led framework have been

removed from risk 7/19 and added to risk 4/20 relating to the CQC ratings. Risk 7/19 now focuses on finance use of resources.

Risk 9/19 relates to the Trust's current and future estate and had two responsible Committees for risk oversight identified, the Quality Committee and the Joint Liaison Committee, which reports to the Finance and Performance Committee. It is a long standing risk on the BAF. Following discussion at the Joint Liaison Committee on 7 October 2020 and a further meeting with the Director of Nursing, Director of Finance, Managing Director for Calderdale Huddersfield Solutions and Company Secretary, it has been agreed to remove the Quality Committee as one of the two responsible Committees for risk 9/19, and confirm that Finance and Performance Committee is the Board oversight Committee for the risk. Further work is to be led by the Managing Director for CHS Limited to redefine the risk. It is expected that this risk will be removed from the next update of the BAF to the Board and a new risk added.

Action: Managing Director CHS to redefine Risk 9/19 relating to the Trust's current and future estate.

The report highlights known areas of risk exposure where the risk score exceeds the risk appetite. Consideration needs to be given to whether any other actions are required to reduce or mitigate the risk and to confirm if the target score matches the risk appetite.

AN noted the improved process of reviewing the risks. Some further work is required to confirm that target risk scores match the risk appetite and where there are gaps to define actions required.

OUTCOME: The Board **APPROVED** the updated Board Assurance Framework, **NOTED** the further work to be undertaken in relation to identification of the risk relating to the Trust estate, and **SUPPORTED** a focus on identification of gaps in control and actions to mitigate risks towards the target score by risk owners and Board Committees.

120/20 High Level Risk Register

The Director of Nursing presented the high-level risk register (HLRR). The key points to note were:

- The Risk Group met in August, September and October and are actively reviewing all of the high-level risks.
- This Group was formerly the Risk and Compliance Group but the terms of reference have been reviewed to re-focus the group on scrutiny and challenge of high-level risks with the remit for compliance being taken up by the CQC Response Group.
- Risk owners will be subject to a deep dive on one of the long-standing Trust-wide high-level risks to be presented to the Risk Group which will then be reported back through the Quality Committee and Trust Board.
- All divisions have been asked to review all of the risk registers, work on this is underway.
- The high-level risks are detailed in the paper. The Director of Nursing is to request a more formal review of the radiology risk to be presented at the next Risk Group.
- A number of risks have been reduced and these were also detailed in the paper.

The Director of Nursing advised that improvements have been made but there is work still required to ensure the high-level risk register is an active document.

AG commented that it was reassuring to see that the risks are being dealt with proactively and that it is being used as a tool to add value. He noted that there were no risks with an increased score despite being in the second wave of Covid. The Director of Nursing advised that the next update of the HLRR will show a different picture and will probably show increased risk scores for nurse and medical staffing and isolation capacity.

OUTCOME: The Board **CONFIRMED** that potential significant risks within the High-Level Risk Register are being managed appropriately and **APPROVED** the current risks on the High-Level Risk Register and **NOTED** that the next presentation of the High-Level Risk Register will include more up-to-date information.

121/20 Guardian of Safe Working Hours Quarter 2 Report

Dr Anu Rajgopal, Guardian of Safe Working Hours presented the Q2 report from 23 June to 30 September 2020.

Seventeen exception reports have been received in quarter two, an increase of just over 50% from quarter one. The majority of these are from the Medical Division, with three from Ophthalmology due to over-running clinics. There is an even split between the grades of doctors. The exception reports in the Medical Division largely due to delayed ward rounds have been escalated to the clinical leads.

Areas of concern related to the high number of registrar gaps in Paediatrics and Accident and Emergency. Extra registrar cover has been put in place in Medicine and a new rota put in place in Orthopaedics which will be reviewed every six months.

A Junior Doctor Forum was held in September 2020. A new process of payment for compensation has been put in place and a process to access post-shift rest facilities at CHFT has been agreed. The Doctors Mess has now been refurbished and is open and is Covid secure on both sites. A junior doctor forum survey has recently been completed with a number of areas identified for improvement, and extremely positive feedback was received from trainees and supervisors on the junior doctor awards.

The Medical Director thanked the Guardian of Safe Working Hours for her hard work over the last couple of years in this area as well as Infection Prevention and Control and pointed out that it was a remarkable achievement to receive just 17 exception reports.

RH referred to the registrar gaps identified in Paediatrics and Accident and Emergency and asked what actions can be taken to resolve this situation. The Guardian of Safe Working Hours explained that Allied Health Professions (AHPs) and bank locums are being used while continuing with recruitment of new registrars. The Medical Director added that representation has been made to the Deanery who appoint to the posts but there are always gaps in the organisation as the registrars move from speciality to speciality. It is important to use the wider medical workforce to support the junior doctors where there are rota gaps.

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

122/20 Learning From Deaths Quarter 1/ Quarter 2 Report

The Medical Director presented the Learning from Deaths quarterly report for Q1 and Q2 2020/21.

Headline details were provided for the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI). There had been concern that these have been increasing over the last year but they now seem to have stabilised a little. There has been a small reduction, particularly with SHMI, and both remained below 100. Crude mortality has remained relatively constant, which is another important indicator. The reasons why HSMR and SHMI have increased are being carefully considered; this may be linked to coding of palliative care.

Through the Covid pandemic the focus of clinical staff on caring for very complex patients has been impacted and the team have been catching up on some of those over the summer. The Structured Judgement review process has continued as before Covid, and the report detailed some of the results the outcomes of those reviews in high level terms. In comparison with previous reports there are common themes around communication and adequate record keeping. A more focussed piece of work on more consistent use of the Electronic Patient Record system (EPR) is to be undertaken to ensure that colleagues are collecting the right information from the right areas and recording it correctly on EPR. The quality of care scores for the majority of patients reviewed was found to still be very high, with a minority which have significant issues in relation to the care offered.

AN asked if the 50% target for in-patient deaths to be subject to Initial Screening Review by June 2021 is achievable. The Medical Director advised the initial target was for all deaths to be screened. It is felt that 50% is ambitious and that 25% is sufficient to obtain a view of what is happening with the quality of care. It is important to note that it is not just about the numbers of those reviewed, but also the output and what is done with the information it shows.

AN asked how the learning from the reviews is progressing and the Medical Director explained that a constantly moving medical workforce poses challenges but it is important to keep good communication to the broader clinical workforce.

OUTCOME: The Board **NOTED** the Learning from Deaths Report for Q1 and Q2 and the recommendations included in the report.

123/20 Quality Report

The Director of Nursing presented the Quality Report for the period August to September 2020 to provide the Trust with ongoing oversight of the Quality agenda and the emerging issues that need to be considered. The following points were of note:

- It is hoped to close down, by the end of November, the outstanding actions from previous inspections with some assurance around the mitigations in place to manage some of the risks.
- The Focused Support Framework process has been reviewed and now maps more closely across to the CQC. The first panel took place this week and worked really well. It is a much more supportive framework and provides clinical areas with more opportunities to make improvements. Plans are in place to make these more multi-professional.
- Some resource is now in place for the Central Alert System (CAS) process to improve performance within the Trust.
- The Trust is currently non-compliant with the Facing the Future Standards For Children In Emergency Care settings, but a focussed piece of work with the Paediatric and Emergency Department teams has been carried out and the Trust is now in a stronger position in managing the associated risks.
- The first 'CQC First' visit has taken place; this is the CQC's response to the normal programme around Winter and the Emergency Department (ED). It was largely a table-top review and interviews with both corporate and ED staff. The visit is not rated or reported, but the Trust was able to reassure the CQC who described the work in managing the Emergency Department and patient flow as impressive.
- There has been an increase in the number of contacts to the Patient Advice and Liaison Service (PALS), some of which relates to restrictions on visiting patients and some relating to general concerns on standards of care. A comprehensive review of the complaints service is underway.
- Work is to begin on a more detailed review of patient stories at both divisional and corporate level to understand how it feels to be a user of our services, commencing

with a 'patient experience' video on how to be a user in our services/incorporating interviews from complainants discussing their experiences at the Trust.
- Work pressures are impacting on meeting reporting timeframes, and some of the clinically extremely vulnerable colleagues who are working from home will be assisting in reviewing some of the complaints and incidents.
- There has been national talk regarding re-instigating a pause on complaints handling but the Director of Nursing would like to avoid this if possible, but this may change depending on operational pressures.

The Director of Nursing advised that this report should be read in conjunction with the Integrated Performance Report and the two teams are working together to improve the quality indicators and reduce duplication

AN asked if the Trust had any benchmarking data with other Acute Trusts for claims, serious incidents, clinical negligence claims and complaints. The Director of Nursing advised that it is difficult to obtain comparisons with other Trusts, but that CHFT is a high reporter of incidents which is seen as a good indicator of a strong safety culture.

AN asked if the Trust should be concerned about the number of actions from serious incidents that are over six months old. The Director of Nursing advised that the Assistant Director for Patient Safety is currently doing a piece of work to ascertain why they have not been shut down.

OUTCOME: The Board **NOTED** the Quality Report and activities across the Trust to improve the quality and safety of patient care.

124/20 Integrated Performance Report – September 2020

The Chief Operating Officer provided the Board with the performance position for the month of September 2020, which shows a slightly improving position. She pointed out that there will be a lag on the Responsiveness domain due to the second wave of Covid. Work is ongoing to incorporate the quality element into the report with a view to making it more outcome focussed.

AG commented that it was impressive to see that all domains were rated as green or amber and that this was a huge credit to the staff at CHFT.

OUTCOME: The Board **NOTED** the Integrated Performance Report and current level of performance and **NOTED** the ongoing activity across the Trust.

125/20 Governance Report

The Company Secretary presented a report to inform the Board on the use of the Trust Seal since 6 July 2020 and to inform the Board of the reappointment of two Non-Executive Directors and the involvement of Non-Executive Directors in Trust meetings with staff.

The Trust Seal has been used twice since the last report to the Board on 6 July 2020 for the following items:
- 08/20 Lease agreement for Ainleys Industrial Estate, Elland
- 09/20 Sale of freehold land Acre House

The Nominations and Remuneration Committee of the Council of Governors at its meeting on 8 September 2020 agreed that Andy Nelson and Alastair Graham would be re-appointed as Non-Executive Directors for a further term of three years until 30 September 2023 and 30 November 2023 respectively. This decision was ratified at the Council of Governors meeting on 22 October 2020.

With remote working by Non-Executive Directors (NEDs) in response to Covid-19 there has been previous discussion with Board members about how NEDs can engage with a range of Trust staff whilst unable to visit staff on site. A programme of visits of NEDs to existing Trust meetings has been agreed which include virtual visits to the following meetings during October, November and December: weekly leadership meetings with managers, weekly meetings with Directors of Operations, Nursing Huddle, Business Better than Usual, bi-weekly meetings with doctors and Friday nursing briefings.

The Chair remarked that both he and the Non-Executive Directors welcomed the opportunity to attend the existing Trust meetings which they found very informative, and the Chief Operating Officer thanked the Non-Executive Directors on behalf of the Executive Directors for their interest and attendance at the meetings.

OUTCOME: The Board **NOTED** the use of the Trust Seal detailed in the paper, **NOTED** the reappointment of two Non-Executive Directors and **NOTED** the actions of Non-Executive Directors to increase their engagement with staff.

126/20 Annual/Bi-annual Reports

The Winter Plan was provided by the Chief Operating Officer for assurance.

OUTCOME: The Board **RECEIVED** the Winter Plan

The Emergency Preparedness and Security Annual Report was provided by the Chief Operating Officer for assurance.

OUTCOME: The Board **RECEIVED** the Emergency Preparedness and Security Annual Report

The Medical Revalidation and Appraisal Annual Report was provided by the Medical Director for Assurance.

OUTCOME: The Board **RECEIVED** the Medical Revalidation and Appraisal Annual Report

The Annual Self Assessment Report for Health Education England was provided by the Medical Director for Assurance.

OUTCOME: The Board **RECEIVED** the Annual Self Assessment Report for Health Education England.

127/20 Receipt of Minutes of Meetings

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

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

No questions were raised.

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

128/20 Items for Board Assurance in the Review Room

- Calderdale and Huddersfield Solutions Ltd – Managing Director Update October 2020

OUTCOME: The Board **RECEIVED** the Calderdale and Huddersfield Solutions Limited Managing Director Update.

- WYAAT(West Yorkshire Association of Acute Trusts) Collaborative Programme Report September 2020
- West Yorkshire & Harrogate (WY&H) Healthcare Partnership Report September 2020
- WY&H Healthcare Partnership Monthly Update

OUTCOME: The Board **RECEIVED** the WYAAT Collaborative Programme Report for September 2020, the WY&H Healthcare Partnership Report for September 2020 and the WY&H Healthcare Partnership Monthly Update.

129/20 Any Other Business
There was no other business.

Date and time of next meeting
Date: Thursday 14 January 2021
Time: 9:00 – 12:30 pm
Venue: Microsoft Teams
The Chair closed the meeting at 11.40am

5. Action Log and Matters Arising

For Review

ACTION LOG FOR BOARD OF DIRECTORS (PUBLIC)

Position as at: 7 December 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
05.11.20 115/20	**CHFT Climate Change Update** Managing Director to share with the Board benchmarking data on performance of recycling of clinical waste	SS	Data for CHFT Recycling % (HRI/CRH) CHFT / BDC* April 2020: 26 / 35 May 2020: 34 / 39 June 2020: 25 / 42 July 2020: 27 / 39 August 2020: 22 / 38 September 2020: 27 / 40 Data from WYAAT is still awaited *Bradford District Care	January 2021		
05.11.20 119/20	**Board Assurance Framework** Managing Director CHS to redefine Risk 9/19 relating to the Trust's current and future estate	SS	Risk reviewed by Gary Boothby, Stuart Sugarman and Chris Davies. Agreed that the risk does not require amending. GB subsequently confirmed decision to Alastair Graham.	January 2021		

6. Chair's Report

To Note

7. Chief Executive’s Report

- Covid Vaccine Update

To Note

TRANSFORMING AND IMPROVING PATIENT CARE

8. Patient Story – Learning from a Complaint in the Emergency Department - Judy Jackson, Phlebotomist

To Note

FINANCIAL SUSTAINABILITY

9. Month 8 Financial Summary

To Receive

Calderdale and Huddersfield NHS Foundation Trust

COVER SHEET

Date of Meeting:	Thursday 14th January 2021
Meeting:	Board of Directors
Title:	Month 8 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 receive

Purpose of the Report

To provide a summary of the financial position and forecast as reported at the end of Month 8 (November 2020)

Key Points to Note

Year to Date Summary

For the second half of the financial year, the Trust has submitted a revised plan to NHS Improvement (NHSI) that reflects the Phase 3 activity plan. Income flows remain largely on a block basis and system funding has been allocated to cover the majority of Covid-19 costs. Year to date the position is a surplus of £0.82m, a favourable variance of £1.11m compared to plan. The M1-6 plan has now been reset to actual expenditure, so the YTD variance represents only 2 months.

- Retrospective funding to cover M1-6 Covid costs has been approved and received for M1-5. M6 funding of £2.38m has been partially approved and is due to be received in December, but £0.26m of this total remains pending approval. £1.81m of Covid funding has been allocated for M8, with a further £0.71m requested to cover costs outside of the system envelope.
- Year to date the Trust has incurred costs relating to Covid-19 of £20.84m. M8 costs incurred were £3.00m driven by: Covid-19 virus testing, staff working additional shifts, the segregation of patient pathways and backfill for increased sickness absence.
- The underlying position excluding Covid-19 costs is a year to date favourable variance of £3.29m, driven by the impact of lower levels of other activity on non-pay costs and staffing vacancies.
- The reported position does not include the potential impact of the Elective Incentive Scheme which remains a financial risk. Based on Month 6 & 7 activity compared to National targets, the year to date impact of this penalty is estimated to be £1.46m which if imposed would wipe out the reported year to date surplus.

- The Trust continues to deliver some efficiency savings. CIP achieved year to date is £3.25m, £6.60m below the original Trust plan. Compared to the Phase 3 Plan, the Trust has delivered £1.28m of savings in 2 months, slightly below the £1.46m described in the revised plan.
- Agency expenditure year to date is £2.76m, £0.14m below the revised planned level.

Key Variances (compared to Phase 3 plan submission)

- Clinical Contract income is largely in line with the Phase 3 plan due to fixed block and top up arrangements, which now includes a fixed monthly allocation to cover Covid-19 expenditure. Most Covid expenditure will have to be managed within that fixed allocation, although there remains an element of Retrospective Covid funding available for Testing, Vaccinations and NHS Nightingale. Income of £0.66m has been assumed to cover testing costs, with a further £0.04m for the R&D SIREN (SARS-COV2 Immunity & Reinfection Evaluation) project.
- Pay costs are £1.68m below the planned level year to date due to some slippage on recruitment to the additional approved posts required to deliver Phase 3 activity plans and the timing of implementation of new Medical rotas.
- Non-pay operating expenditure is higher than planned by £2.18m. This is due to increased costs in the Trust's commercial operations (offset by additional income), an increase in provisions and some non-recurrent legal costs.

Forecast

The current Block and Top Up arrangements with access to retrospective funding to cover Covid costs have now ended. For Month 7-12 (Phase 3), the Trust will be required to manage within the Integrated Care System (ICS) agreed financial envelope. The Trust has been allocated Covid funding on a fair shares basis to cover the remainder of the year. The plan submitted to the ICS and NHSI originally included a £23m non-cash accounting adjustment and it has since been agreed that this transaction will now be delayed until 21/22, with both the plan and forecast adjusted accordingly. This leaves an underlying unfunded gap (deficit) of £1.92m. The Trust forecast assumes that this plan is achievable. The in-month improvement and some ongoing slippage on recruitment should offset the unidentified place-based gap of £1.4m that was assumed to be delivered in the Trust's plan.
The forecast excludes the potential impact of the Elective Incentive Scheme, which based on the current activity forecast could drive a penalty of circa £4.25m. Full details of how this scheme will operate are yet to be confirmed.

Attachment: Month 8 Finance Report

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

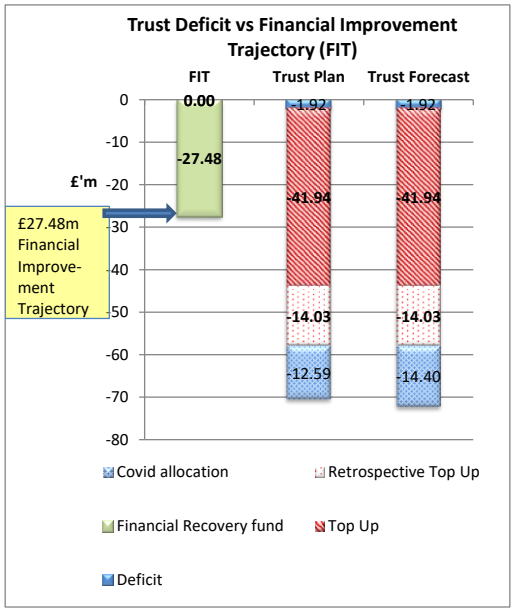
The Board is asked receive the Month 8 Finance Report and note the financial position for the Trust as at 30 November 2020.

…

EXECUTIVE SUMMARY: Total Group Financial Overview as at 30th Nov 2020 - Month 8

KEY METRICS

	M8				YTD (NOV 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)	(£0.09)	£0.07	£0.16		(£0.29)	£0.82	£1.11		(£1.92)	(£1.92)	£0.00	
Agency Expenditure	(£0.47)	(£0.44)	£0.03		(£2.90)	(£2.76)	£0.14		(£4.78)	(£4.43)	£0.36	
Capital	£2.15	£3.20	(£1.05)		£11.88	£8.64	£3.24		£20.85	£24.38	(£3.54)	
Cash	£54.42	£60.33	£5.91		£54.42	£60.33	£5.91		£28.04	£32.38	£4.34	
Invoices paid within 30 days (%) (Better Payment Practice Code)	95%	94%	-1%		95%	86%	-9%					
CIP	£1.23	£0.58	(£0.65)		£9.85	£3.25	(£6.60)		£14.77	£5.87	(£8.91)	
Use of Resource Metric	3	3			3	2			2	2		



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- The forecast excludes the potential impact of the Elective Incentive Scheme, which based on the current activity forecast could drive a penalty of circa £4.25m. Full details of how this scheme will operate are yet to be confirmed.

Total Group Financial Overview as at 30th Nov 2020 - Month 8

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M8

CLINICAL ACTIVITY

	M8 Plan	M8 Actual	Var
Elective	1,218	1,127	(91)
Non-Elective	34,054	31,024	(3,030)
Daycase	16,225	16,146	(79)
Outpatient	189,083	194,311	5,227
A&E	86,740	83,326	(3,414)
Other NHS Non-Tariff	583,479	726,577	143,097
Other NHS Tariff	33,484	42,110	8,627
Total	**944,283**	**1,094,620**	**150,337**

TOTAL GROUP: INCOME AND EXPENDITURE

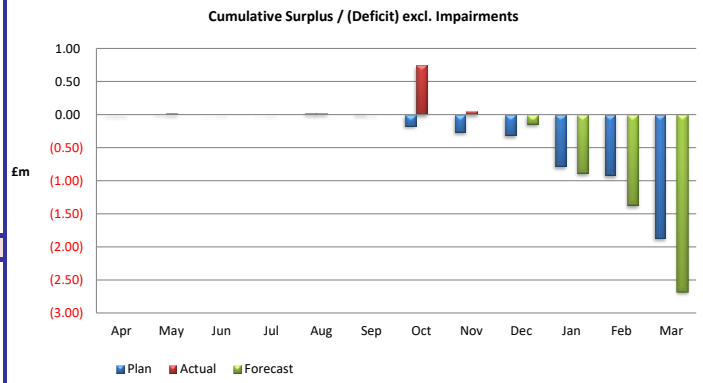
	M8 Plan	M8 Actual	Var
	£m	£m	£m
Elective	£11.83	£11.83	(£0.00)
Non Elective	£75.81	£75.81	£0.00
Daycase	£20.68	£20.68	£0.00
Outpatients	£31.09	£31.09	(£0.00)
A & E	£15.65	£15.65	(£0.00)
Other-NHS Clinical	£70.41	£70.92	£0.51
CQUIN	£2.54	£2.54	£0.00
Other Income	£30.81	£31.73	£0.92
Total Income	**£258.83**	**£260.26**	**£1.43**
Pay	(£187.46)	(£185.78)	£1.68
Drug Costs	(£27.84)	(£27.48)	£0.36
Clinical Support	(£19.20)	(£19.25)	(£0.05)
Other Costs	(£45.12)	(£47.62)	(£2.49)
PFI Costs	(£8.96)	(£8.96)	£0.00
Total Expenditure	**(£288.59)**	**(£289.09)**	**(£0.50)**
EBITDA	**(£29.75)**	**(£28.83)**	**£0.93**
Non Operating Expenditure	(£16.02)	(£16.02)	£0.01
Surplus / (Deficit) Adjusted*	**(£45.78)**	**(£44.84)**	**£0.93**
Conditional Funding (MRET/FRF/Top Up)	£45.49	£45.66	£0.18
Surplus / Deficit*	**(£0.29)**	**£0.82**	**£1.11**

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

DIVISIONS: INCOME AND EXPENDITURE

	M8 Plan	M8 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	£14.07	£15.35	£1.28
Medical	£22.01	£22.61	£0.60
Families & Specialist Services	(£4.01)	(£3.14)	£0.87
Community	(£1.99)	(£1.45)	£0.55
Estates & Facilities	£0.00	£0.00	(£0.00)
Corporate	(£30.74)	(£31.46)	(£0.72)
THIS	£1.01	£1.36	£0.34
PMU	£2.06	£2.40	£0.34
CHS LTD	£0.48	£0.25	(£0.22)
Central Inc/Technical Accounts	(£3.34)	(£4.14)	(£0.79)
Reserves	£0.16	(£0.97)	(£1.13)
Unallocated CIP	£0.00	£0.00	£0.00
Surplus / (Deficit)	**(£0.29)**	**£0.82**	**£1.11**

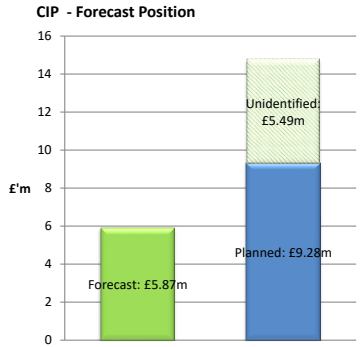
TOTAL GROUP SURPLUS / (DEFICIT)

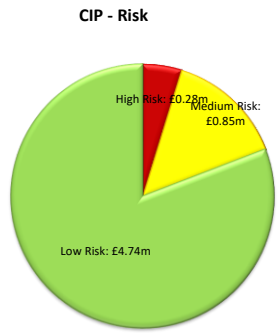


KEY METRICS

	Year To Date			Year End: Forecast			
	M8 Plan	M8 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£0.29)	£0.82	£1.11	(£1.92)	(£1.92)	£0.00	
Capital	£11.88	£8.64	£3.24	£20.85	£24.38	(£3.54)	
Cash	£54.42	£60.33	£5.91	£28.04	£32.38	£4.34	
Invoices Paid within 30 days (BPPC)	95%	86%	-9%				
CIP	£9.85	£3.25	(£6.60)	£14.77	£5.87	(£8.91)	
	Plan	Actual		Plan	Forecast		
Use of Resource Metric	3	2		2	2		

COST IMPROVEMENT PROGRAMME (CIP)





Total Planned: **£14.77m**

Total Forecast **£5.87m**

YEAR END 20/21

CLINICAL ACTIVITY

	Plan	Actual	Var
Elective	2,245	1,812	(433)
Non-Elective	53,875	50,904	(2,971)
Daycase	28,176	26,515	(1,661)
Outpatient	298,401	296,833	(1,568)
A&E	133,952	123,276	(10,676)
Other NHS Non- Tariff	876,782	1,086,639	209,857
Other NHS Tariff	49,737	62,471	12,735
Total	**1,443,168**	**1,648,451**	**205,282**

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	£105.17	£106.19	£1.02
CQUIN	£3.79	£3.79	£0.00
Other Income	£47.57	£48.70	£1.13
Total Income	**£389.43**	**£391.59**	**£2.15**
Pay	(£286.54)	(£285.70)	£0.84
Drug Costs	(£41.90)	(£41.96)	(£0.07)
Clinical Support	(£31.01)	(£30.82)	£0.19
Other Costs	(£64.57)	(£67.90)	(£3.33)
PFI Costs	(£13.44)	(£13.46)	(£0.03)
Total Expenditure	**(£437.46)**	**(£439.84)**	**(£2.39)**
EBITDA	**(£48.03)**	**(£48.26)**	**(£0.23)**
Non Operating Expenditure	(£24.06)	(£24.04)	£0.02
Surplus / (Deficit) Adjusted*	**(£72.08)**	**(£72.30)**	**(£0.21)**
Conditional Funding (MRET/FRF/Top Up)	£70.17	£70.38	£0.21
Surplus / Deficit*	**(£1.92)**	**(£1.92)**	**£0.00**

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

DIVISIONS: INCOME AND EXPENDITURE

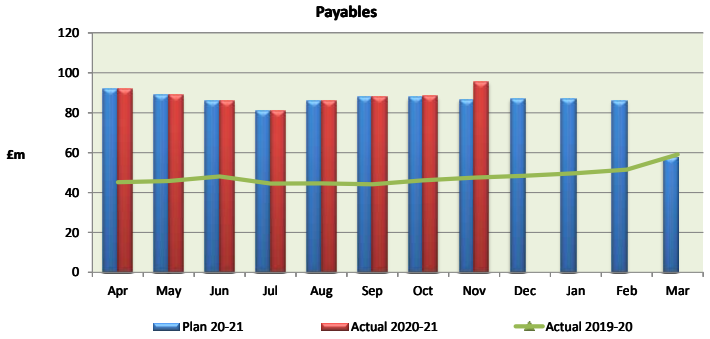
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	£17.51	£18.99	£1.48
Medical	£31.43	£31.65	£0.21
Families & Specialist Services	(£7.45)	(£6.65)	£0.80
Community	(£3.90)	(£2.72)	£1.17
Estates & Facilities	£0.00	£0.00	(£0.00)
Corporate	(£46.03)	(£47.17)	(£1.14)
THIS	£1.49	£1.48	(£0.00)
PMU	£3.00	£3.35	£0.35
CHS LTD	£0.71	£0.45	(£0.25)
Central Inc/Technical Accounts	£0.38	(£0.25)	(£0.63)
Reserves	£0.94	(£1.04)	(£1.98)
Unallocated CIP	£0.00	£0.00	£0.00
Surplus / (Deficit)	**(£1.92)**	**(£1.92)**	**£0.00**

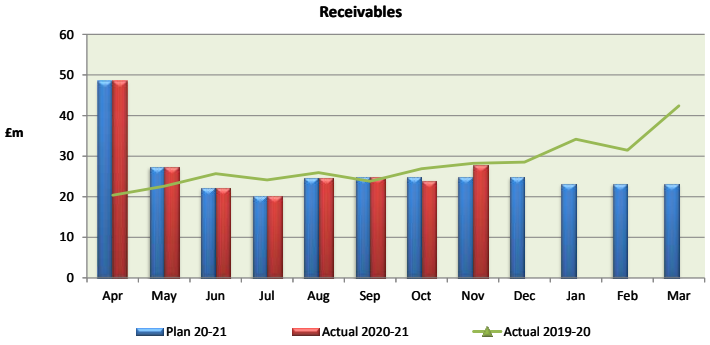
Total Group Financial Overview as at 30th Nov 2020 - Month 8

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

WORKING CAPITAL

	M8 Plan £m	M8 Actual £m	Var £m	M8
Payables (excl. Current Loans)	(£86.63)	(£95.39)	£8.76	
Receivables	£24.87	£27.74	(£2.87)	





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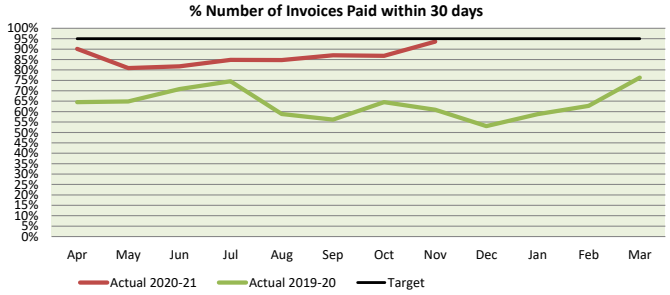
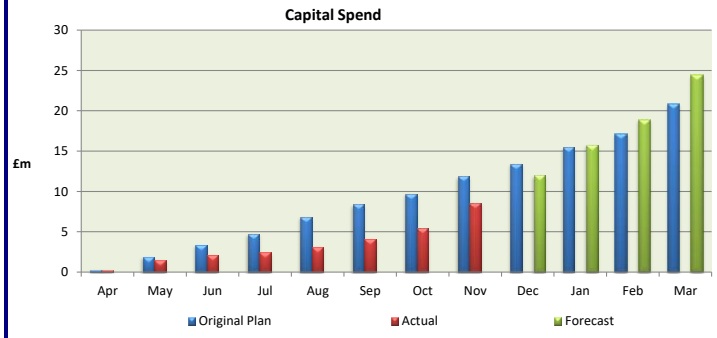


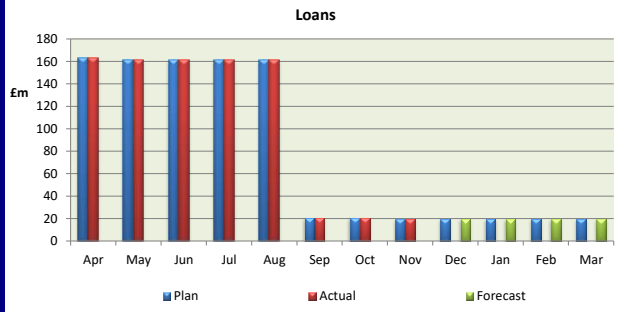
CAPITAL

	M8 Plan £m	M8 Actual £m	Var £m	M8
Capital	£11.88	£8.64	£3.24	

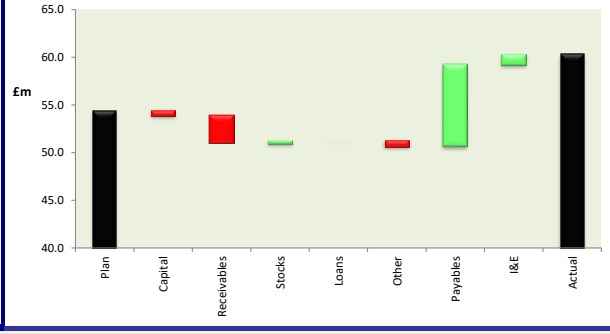


CASH

	M8 Plan £m	M8 Actual £m	Var £m	M8
Cash	£54.42	£60.33	£5.91	
Loans (Cumulative)	£19.88	£19.88	£0.00	



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The Trust is now working to a revised plan for Phase 3 of 2020/21 (M7-12) that was submitted in October. Income flows remain largely on a block basis and system funding has been allocated to cover the majority of Covid-19 costs. Year to date the position is a surplus of £0.82m, a favourable variance of £1.11m compared to plan. The M1-6 plan has now been reset to actual expenditure, so the variance only represents M7-8.
- Clinical Contract income is largely in line with the Phase 3 plan due to fixed block and top up arrangements, which now includes a fixed monthly allocation to cover Covid-19 expenditure. However, the reported position does not include the potential impact of the Elective Incentive Scheme. Based on Month 6 - 8 activity compared to National targets, the year to date impact of this penalty is estimated to be £1.45m.
- Whilst Outpatient activity remained above the Phase 3 plan in Month 8, all other areas of activity were below plan in month due to increased Covid-19 admissions.
- Year to date the Trust has incurred costs relating to Covid-19 of £20.84m. M8 costs incurred were £3.00m.
- Year to date Capital expenditure is lower than planned at £5.44m against a planned £9.72m.
- Cash balance is £60.33m, £5.91m above the Phase 3 plan: the Trust continues to receive Block and Top Up income one month in advance.
- No interim Revenue loans or revenue support PDC were required in month.
- Year to date CIP schemes have delivered £3.25m of savings, £6.60m lower than the Trust's original 20/21 Target.
- NHS Improvement performance metric Use of Resources (UOR) stands at 2 against a planned level of 2. This excludes the exceptional adverse impact on the Capital Service Cover Metric of the repayment of Interim revenue and capital support loans, due to changes in the NHS cash regime.

NOTES

- For Month 7-12 (Phase 3), the Trust will be required to manage within the ICS agreed financial envelope. The Trust has been allocated Covid funding on a fair shares basis to cover the remainder of the year. The plan submitted to the ICS and NHSI included a £23m non cash accounting adjustment and it has since been agreed that this transaction will now be delayed until 21/22, with the plan and forecast adjusted accordingly. November to reflect this change. This leaves an underlying unfunded gap (deficit) of £1.92m. The Trust forecast assumes that this plan is achievable. The in-month improvement and ongoing slippage on recruitment should offset the unidentified place-based gap of £1.4m assumed delivered in the Trust's plan.
- The Trust is forecasting Agency expenditure of £4.43m, slightly below the planned level of £4.78m.
- The Trust is forecasting delivery of £5.87m savings against a Trust CIP Target for 20/21 of £14.77m.
- The Forecast excludes the potential adverse impact of the Elective Incentive Scheme, currently estimated to be in the region of £4.25m. Details of how this will be calculated are still being finalised nationally.
- The total loan balance at year end is forecast to be £19.88m as planned. All Revenue and Interim Capital Loans (totalling £140.72m) were repaid and replaced by PDC funding during September.
- Capital expenditure is forecast at £24.38m, £3.54m more than the resubmitted 20/21 Capital Plan and £0.86m more than that reported in Month 7 due to confirmation of further additional external funding for: Adopt & Adapt, Cyber Security Yorkshire & Humber Care Records and Medical E-Rostering / Job Planning.

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

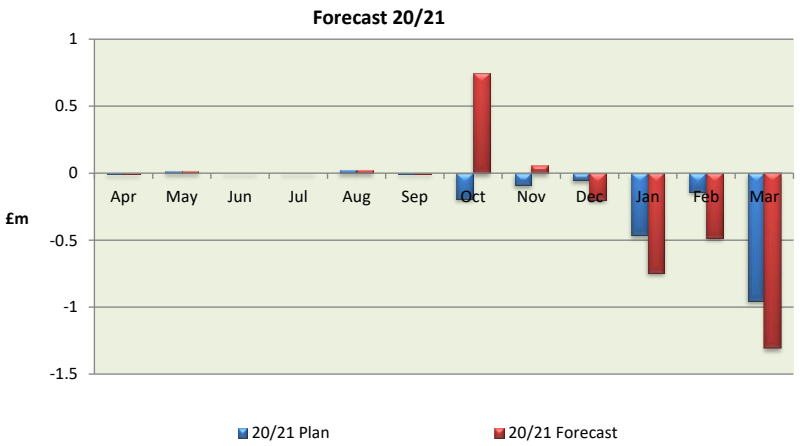
FORECAST

YEAR END 20/21

	Plan £m	Forecast £m	Var £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	£105.17	£106.19	£1.02	
CQUIN	£3.79	£3.79	£0.00	
Other Income	£47.57	£48.70	£1.13	
Total Income	**£389.43**	**£391.59**	**£2.15**	
Pay	(£286.54)	(£285.70)	£0.84	
Drug Costs	(£41.90)	(£41.96)	(£0.07)	
Clinical Support	(£31.01)	(£30.82)	£0.19	
Other Costs	(£64.57)	(£67.90)	(£3.33)	
PFI Costs	(£13.44)	(£13.46)	(£0.03)	
Total Expenditure	**(£437.46)**	**(£439.84)**	**(£2.39)**	
EBITDA	**(£48.03)**	**(£48.26)**	**(£0.23)**	
Non Operating Expenditure	(£24.06)	(£24.04)	£0.02	
Surplus / (Deficit) Control Total basis*	**(£72.08)**	**(£72.30)**	**(£0.21)**	
Conditional Funding (MRET/PSF/FRF)	£70.17	£70.38	£0.21	
Surplus / Deficit*	**(£1.92)**	**(£1.92)**	**£0.00**	

*Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

Forecast



Month 7-12 (Phase 3) Financial Plan

The current Block and Top Up arrangements with access to retrospective funding to cover Covid costs have now ended. For Month 7-12 (Phase 3), the Trust will be required to manage within the ICS agreed financial envelope. The Trust has been allocated Covid funding on a fair shares basis to cover the remainder of the year. The plan submitted to the ICS and NHSI included a £23m non cash accounting adjustment and it has since been agreed that this transaction will now be delayed until 21/22, with the plan and forecast adjusted accordingly. The Trust resubmitted the M7-12 plan in November to reflect this change. This leaves an underlying unfunded gap (deficit) of £1.92m as described below:

	£'m	
Technical Accounting Adjustment:	£0.00	*Removed from Plan and Forecast*
Loss of 'Other' Income:	£1.61	
Annual Leave Accrual:	£0.50	
Residual difference between funding and planned expenditure:	-£0.19	
Total Planned Deficit	**£1.92**	

This financial plan was submitted to NHSI on the 18th Nov 20 and is an improved position compared to the draft plan sent to the ICS earlier in the month:

- £2.2m improvement following a review of Divisional forecasts and in particular workforce plans. Some posts were not agreed to progress and a level of likely slippage on recruitment has been recognised.
- The balance of £1.4m is the combined gap across Calderdale and Greater Huddersfield places and whilst included in the Trust's plan is recognised to be a system risk.
- The overall system risk absorbed within Provider plans is £9.2m and a collective decision was taken at the WY&H ICS Finance Forum that this level of risk should be manageable within a system financial envelope of £2.1bn.
- £23m technical adjustment removed - NHSI have advised that the project will have to be slipped into 21/22

Based on the year to date position and an ongoing review of forecast expenditure the likely case is that this plan is achievable. The year to date improvement and some ongoing slippage on recruitment should offset the unidentified place-based gap of £1.4m described above. However, it is important to note that this forecast excludes the potential impact of the Elective Incentive Scheme, which based on the current activity forecast could drive a penalty of circa £4.25m. Full details of how this scheme will operate are yet to be confirmed.

Key Assumptions:

- Assumes that slippage on recruitment seen in M7 & 8 continues to some extent and is sufficient to offset the £1.4m place based planning gap.
- The forecast does not include any potential financial impact as a result of the Elective Incentive Scheme.
- Assumes that all future PPE requirements are provided through National Procurement.
- Does not include any additional costs that might be incurred as a result of supplying staff to NHS Nightingale.
- Assumes there will be no additional costs incurred as a result of introducing the Wellbeing Hour.
- Assumes that forecast efficiencies (CIP) are delivered as planned or offset by further slippage on recruitment.
- Assumes that the incremental costs incurred as a result of the Covid-10 vaccination programme are recovered in full.
- Excludes the potential impact of Brexit on prices / costs.

Risks and Opportunities:

- National funding for Covid Testing has been identified, but the mechanism for recovering costs remains unclear.
- The Trust has retained a small contingency of £0.79m to cover any unidentified winter or general pressures that emerge.
- CCG and some NHS England commissioned High Cost Drugs remain within block contracts which could drive either an over or underspend depending on activity levels.
- Current operational pressures due to Covid-19 may increase the required Annual Leave accrual compared to the planned level.

Impact on 21/22 Planning

It should be noted that the pay commitment for Phase 3 reset activity drives additional unfunded recurrent cost of c.£6.4m that will impact on the 21/22 Business Plan.

COVID-19

Revenue Impact of Covid-19 - YTD NOV 2020					
Division	**Annual Leave Accrual**	**Covid-19 Direct Costs**	**Impact on activity**	**Loss of Income**	**Total**
	£	£	£	£	£
Central & Technical	0	8,653,560	42,208	0	8,695,768
Medicine	0	7,252,063	(418,892)	0	6,833,171
Families & Specialist Services	0	1,038,428	(567)	612,894	1,650,755
Calderdale & Huddersfield Solutions Ltd	0	1,031,557	(99,501)	83,000	1,015,056
Corporate Services	0	458,224	(32,311)	1,659,302	2,085,215
Community	0	808,985	0	30,346	839,331
Health Informatics	0	101,111	0	0	101,111
Surgery & Anaesthetics	0	1,488,676	(2,538,610)	0	(1,049,934)
NHS Nightingale (Hosted Costs)		3,264			3,264
Total costs identified	**-**	**20,835,868**	**- 3,047,673**	**2,385,542**	**20,173,738**
Retrospective Top Up requested (M1-6)					**14,031,213**
Covid System Top Up (M7-12)					**3,620,000**
Covid funding 'outside of envelope'					**711,000**
Total funding					**18,362,213**

Capital Impact of Covid-19 - NOV 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 £20.84m year to date as shown in the table and these have been reported to NHSI in support of the requested 'Retrospective Top Up' (M1-6) and Covid system funding provided from M7.

Key areas of spend are as follows:

Pay - £9.80m

Year to date Pay costs relating to the Covid-19 response are primarily linked to the requirement for existing staff to work additional shifts, over the Easter Bank Holiday weekend and again over the last 4 weeks as the number of Covid-19 cases have peaked across the two hospitals. The Trust has also incurred significant additional costs as a result of increased shifts in community services with most staff working the bank holidays and other additional shifts to support 7 day working which still continues to some extent. Almost 150 students (nursing, therapies and medical) were added to the payroll up until mid August, many of whom were working in a supernumerary capacity. Changes to medical rotas have 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, particularly in the early part of the year when bed occupancy was lower than usual.

The Trust also continues to incur additional costs linked to: the requirement to release bed capacity with the extension of winter initiatives including the Discharge Lounge and Home First team; the facilitation of patient flow and segregation of pathways, particularly in the Emergency Department; and the requirement to backfill substantive staff who are sick or self-isolating and pay bank staff who are shielding. These costs increased significantly in November as the Covid second wave has impacted the Trust from the end of October and continues into early December, with significant additional capacity requirements, a large increase in the number of clinical staff off sick and the identification of a number of Clinically Extremely Vulnerable staff who are unable to work in patient facing roles.

Non Pay - £11.04m

Clinical Supplies costs linked to Covid-19 are £3.59m, including costs related to increased ICU capacity of £0.53m, £1.76m on Covid testing and £0.6m on CT scanner hire.

Other non-pay costs attributable to Covid-19 total £7.45m includes the full cost incurred for the purchase of gowns (PPE) on behalf of the whole region (£3.39m) and other costs attributable to Covid-19 of £4.06m including other PPE costs of £1.79m (masks, gloves, eye protection, respirators etc), decontamination, additional equipment, minor works for social distancing / segregation and patient transport.

The year to date position also includes £0.26m relating to additional costs incurred back in Month 3 due to the requirement to write off Drugs stock that had been manufactured by HPS (Pharmacy Manufacturing Unit). The Unit was commissioned back in March to produce large quantities of Noradrenaline (used in ICU patient Care) for use across the NHS. Demand was not as high as expected and subsequently the unit was asked to cease production, leaving a large quantity of unused drugs and raw materials to be written off. This element of the M-6 Retrospective Top Up has been withheld despite previous approval from the NHSI regional team.

Nightingale Hospital - £0.003m

The Trust has not accounted for any costs relating to the Nightingale hospital in Month 8.

Income Losses

In addition, the Trust has lost income totalling £2.39m including: loss of Car Parking Income, (£1.56m which is a combination of income from staff permits and income from patients and visitors), loss of catering income (£0.07m), 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.

10. Capital Plan

To Approve

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	**14 January 2021**
Meeting:	**Trust Board**
Title of report:	**2021-22 Capital Plan Overview**
Author:	**Stuart Baron (Associate Director of Finance)**
Sponsor:	**Gary Boothby (Executive Director of Finance)**
Previous Forums:	**Commercial and Investment Committee** **Finance and Performance Committee**

Actions Requested:

- To approve the Capital Plan for 2021/22

Purpose of the Report

The purpose of this paper is to provide an overview of the planned expenditure on capital for 2021/22 following the Capital Panel held on 16th November 2020.

Key Points to Note

The Trust has limited capital resource. The Capital Planning Day has prioritised the available resource through presentation of the requirement to the Capital Panel. The Panel propose a capital programme that is within the available resource, has a contingency in place to manage any emerging risks in 2021/22 and proposes utilisation of some of the remaining contingency from 2020/21. Furthermore, £615k of the capital plan has been brought forward into 2020/21 to allow for the demolition of the former nurses' accommodation and the learning centre in 2021/22.

EQIA – Equality Impact Assessment

The proposals set out within the capital plan address the needs of the whole population, including those who currently experience disadvantage and the plans are intended to help improve access, experience and outcomes for all. The proposed plan does not generate differential discriminatory equality impacts.

Recommendation

Trust Board are asked to:

- Approve the 2021/22 Capital Plan.

Calderdale and Huddersfield NHS Foundation Trust

Planned capital expenditure 2021/22

14 January 2021

1. Purpose

The purpose of this paper is to provide an overview of the capital planning and draft capital plan for 2021/22. This paper has previously been presented at Commercial and Investment Committee and Finance and Performance Committee. The paper however has been updated since presentation at these committees to reflect the change of timing of elements of the Estate plan, predominantly moving £615k forward from the 2021/22 plan to in 2020/21 to allow the demolition of the former Nursing Residential and the Learning Centre at HRI. This update is outlined in section 5 of this paper.

2. Background

The Trust annually sets a capital plan that is required to manage and mitigate a number of significant risks from an Estate, IM&T and medical equipment perspective. The financial demand each year is greater than the available resource for the Trust and this is required to be managed through investing in areas of greatest need. This prioritisation requires input from specialists in each area to inform the risk associated with not investing.

3. Capital process overview

Following the success of the Capital Planning Day for 2020/21 the process has been followed to prioritise the investment decisions for 2021/22. The panel met on 16th November 2020 to consider capital bids. The panel consisted of:

- Gary Boothby (Chair) – Director of Finance;
- Andrea McCourt – Company Secretary
- Jonathan Cowley – Consultant General Surgery
- Karen Spencer – Assistant Director of Nursing;
- Kathryn Hirst – Capital Accountant;
- Lyn Walsh – Financial Accountant;
- Nikhil Bhuskute Consultant Clinical Radiology;
- Rob Ross – Head of Medical Engineering; and
- Stuart Baron – Associate Director of Finance

Mini business cases were provided in advance to the panel and presented bid sponsors alongside the opportunity to 'pitch' the capital requirement. Risks were articulated clearly by sponsors for the panel to understand.

4. Capital Resource

The Capital Planning Panel sought to prioritise the available resource against the applications made. The overall capital resource for 2021/22 is £5.5m. The Trust Board had made previous commitments to Estate investment through the Strategic Development Plan of £1.5m and £1.1m through the Digital Strategy for IM&T. Note, the investment below excludes external funding sources of capital e.g. Digital Aspirant, Reconfiguration, Scan for Safety etc.

The table below sets out the summary by division of the bids received and the values approved

Area of spend	2021/22 Capital bids (£k)	Proposed 2021/22 Investment	Capital	Revenue	Total
IM&T	£2,257	£1,507	£1,507	£0	**£1,507**
CHS – Estates	£1,500	£1,500	£1,500	£0	**£1,500**

Community	£118	£68	£50	£18	**£68**
Corporate	£180	£0	£0	£0	**£0**
Families and Specialist Services	£1,837	£357	£317	£40	**£357***
HPS	£880	£540	£460	£80	**£540**
Medicine	£568	£180	£144	£36	**£180**
Surgery and Anaesthetics	£1,522	£801	£757	£44	**£801****
Total	**£8,862**	**£4,953**	**£4,735**	**£218**	**£4,935**

Notes:
* FSS: The capital bid value above included two schemes, these being; electronic medicine cabinets (£408k) and a pharmacy robot (£540k) that are investment areas where the Scan for Safety funding could be utilised. These were therefore not approved from the Trust available capital resource. Should these not be supported through Scan for Safety they will be considered through capital contingency.
** S&A: The capital bid value included £706k for Theatre Monitor Replacement. The Trust has received theatre monitors through the National Equipment Loan and therefore until certainty is obtained through this route, the panel deferred a capital investment decision on this equipment.

A detailed listing is provided within Appendix 1.

Residual risk and management
The description of the associated risk for the bid was a key focus of the capital planning panels questions. The table within the appendix outlines the current and residual risk post investment.

The investment from capital prioritised was £4,953k with an available resource of £5,500k. Of the £4,953k, £239k of this will be funded from revenue expenditure in 2020/21 and utilisation of £400k of residual contingency from 2020/21. This will leave a contingency of £1,186k to manage 2021/22 risk. This will be reviewed again once clarity is received relating to the Theatre Monitoring devices.

5. Update on the former Nursing Accommodation and Learning Centre at HRI
CHS on behalf of the Trust have been working through the planning application process for the demolition of the former Nursing Accommodation and Learning Centre at HRI. Initial expectations was that a bat survey wouldn't be required for this planning permission however an initial exploratory survey by an Ecologist was required. Against expectations the ecologist has requested that a full bat survey is carried out which is required to be completed during nesting season which runs from April to September. This has delayed the planning application and decision requiring re-prioritisation of the capital plan.

To accommodate this requirement, CHS have flexed the timing of the capital plan to bring forward £615k of schemes approved in 2021/22 capital plan, creating the capital resource to deliver the demolition in the 2021/22 financial year. This will meet the requirements of the Critical Infrastructure Risk capital award and allow the scheme to progress and meet the requirements of the planners.

6. Recommendation
The Board is asked to approve the 2021/22 capital plan.

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Appendix 1

Scheme	2021-22 PLAN £000	Trust Risk Register Score	Approved (Yes/No)	Capital	Brought forward to allow demolition	Revenue	Revised Total	2020/21 Contingency	Residual Risk Post Investment
IT INFRASTRUCTURE									
Wireless Network Refresh	£1,057	16	Yes	£1,057			£1,057		12
PC's / Laptops	£1,000	16	Yes	£250			£250		12
Legacy Corporate and Clinical Systems	£200	16	Yes	£200			£200		6
TOTAL - IT INFRASTRUCTURE	**£2,257**			**£1,507**		**£0**	**£1,507**		
BUILT ENVIRONMENT									
Building Management System	£50	12	Yes	£50	£50		£0		12
Chillers (Chilled Water)	£120	12	Yes	£120			£120	£120	0
CQC Environmental	£200	12	Yes	£200			£200		12
Emergency Lighting	£100	12	Yes	£100			£100		12
HTM 04-01 Pipework & Compliance	£150	12	Yes	£150	£70		£80		12
HTM 06-01 Electrical (Generator)	£400	12	Yes	£400	£300		£100		12
Medical Gases	£70	12	Yes	£70	£30		£40		0
Roofs inc Edge Protection	£50	12	Yes	£50	£50		£0		12
Ventilation Systems	£120	12	Yes	£120			£120		12
Asbestos Removal	£65		Yes	£65	£65		£0		12
Lifts	£140		Yes	£140			£140		12
Nursing Accommodation and Learning Centre Demolition							£615		
Socamel Re-Gen trolley senior x 5 (3 year programme)	£35	12	Yes	£35			£35		9
TOTAL - BUILT ENVIRONMENT	**£1,500**			**£1,500**	**£615**	**£0**	**£1,500**	**£120**	

FSS Equipment								
Cellular Pathology Cassette printer	£20	9	No			£0		9
Cellular Pathology Embedding station	£20	12	Yes	£20		£20		12
Cellular Pathology Laboratory microscope	£5	9	Yes		£5	£5		6
Computed Radiography cassettes (CR)	£10	12	Yes		£10	£10		12
Conversion of office to scan room plus ultrasound machine and couch	£95	15	No			£0		8
MRI Compatible Patient Trolley	£7	12	Yes		£7	£7		0
Ultrasound machine	£87	12	Yes	£87		£87		0
Portable Ultrasound machine for Community setting	£40	12	Yes	£40		£40		0
Mobile X-Ray machines x 2	£162	12	Yes	£81		£81		0
Point of Care Testing Full Blood Count Analyser x 2	£50	12	Yes	£38		£38		3
Biological Safety Cabinet	£10	9	Yes		£10	£10		3
Image Intensifiers x 3	£276	12	No			£0		12
Digital Radiography detector	£51	12	Yes	£51		£51		12
Patient Hoist for Radiology Dept	£7	12	Yes		£7	£7		12
Electronic Medicine cabinets	£408		S4S			£0		
Myosure Hysteroscopic Tissue Removal System	£48	12	No			£0		12
Pharmacy robot	£540		S4S			£0		
TOTAL FSS Equipment	**£1,837**			**£317**	**£40**	**£357**		
Medicine Equipment								
Ultra Sound Machine x 1	£27		No			£0		
ED Defibulators -segrigation x 4	£70	16	Yes	£41		£41	£41	1
SLIT LAMP 900BP x 2	£68	10	No			£0		2
IVUS & FFR (Philips and Abbott) for Cath Lab	£134	12	No			£0		2
ECG Machine x 1	£12	12	Yes		£12	£12		1
Pacenet (Database for devices links to EPR) Link in with IT	£108	12	S4S			£0		1
Treadmill Stress Machine x 1	£33	12	Yes	£33		£33		4

Cardiology Ambulatory Monitoring (10 Life cards + Flashcards + 4 OnTrack's)	£32	12	Yes		£32	£32		4
MAU Telemetry Devices	£13	12	Yes		£13	£13		1
Bladder Scanner for the Division x 10	£70	12	Yes	£70		£70	£70	3
Total Medicine Equipment	**£568**			**£144**	**£58**	**£201**	**£111**	
Surgical Equipment								
NIDEK ECHOSCAN Ultrasound US-500A -Ultrasound contact biometry with probe - x 3	£26	16	Yes	£26		£26		12
Cystoscopes x 2 (Endoscopy) both sites	£57	12	Yes	£57		£57		6
Colonoscopes x 4 (endoscopy) both sites	£185	12	Yes	£185		£185		6
slitlamps - Haag Streit Digital slitlamp including wheelchair friendly table x 3	£88	12	Yes	£88		£88		12
Duodenal Scopes x 2 (ERCP)	£91	12	Yes	£91		£91		1
Quantel medical AVISO B scan machine with probe for ACM	£24	12	Yes	£24		£24		1
Stand Alone Diathermy Machines - Planned Replacement DSU x 2	£30	9	Yes	£15		£15		1
Audiology Otoport Flexi x 1	£5	12	Yes		£5	£5		1
Theatre Monitor Replacement	£706	9	No			£0		1
Optos Camera	£211	12	Yes	£211		£211		1
Long Nehproscope	£9	TBC	Yes		£9	£9		6
2nd Treatment room at CRH incl Zeiss OPMI microscope	£60	12	Yes	£60		£60		1
Ophthalmic patient Operating/transfer trolley - CRH x 3	£30	10	Yes		£30	£30		1
Total Surgical Equipment	**£1,522**			**£757**	**£44**	**£801**		
Community Equipment								
Arjo Hoist	£6	6	Yes		£6	£6		0
New laptops to support Agile working	£100		Yes	£50		£50		

Amputee Mobility Equipment	£11	8	Yes			£11	£11		0
Total Community Equipment	**£118**			**£50**		**£18**	**£68**		
Corporate Capital Costs									
Laerdal SIM MAN 3G	£105	9	No				£0		9
Medical Workforce Deployment Systems	£75	16	No				£0		16
Total Corporate Capital Costs	**£180**			**£0**		**£0**	**£0**		
HPS Equipment									
Autoclave (incl. controls)	£600	12	Yes	£360			£360		9
Autoclave testing equipment	£50	12	Yes			£50	£50		0
Laminar Flow Cabinets X4	£200	12	Yes	£100			£100		9
Leaflet Folder	£30	12	Yes			£30	£30		0
Total PMU Equipment	**£880**			**£460**		**£80**	**£540**		
Total 2021-22 Plan	**£8,861**			**£4,734**	**£615**	**£239**	**£4,973**	**£231**	

A WORKFORCE FOR THE FUTURE

11. Freedom to Speak Up (Themes) - Freedom to Speak Up Guardian

To Receive

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	**14 January 2021**
Meeting:	**Board of Directors**
Title:	**Freedom To Speak Up (FTSU) – Overview of Freedom to Speak Up Activity in 2020**
Author:	**Nikki Hosty, FTSU Guardian/ED&I Manager**
Presented By:	**Suzanne Dunkley, Executive Director of Workforce and Organisational Development/Nikki Hosty FTSU Guardian/ED&I Manager**
Previous Forums:	**Workforce Committee 10 August 2020**

Actions Requested:

- To note
- To support the recommended next steps as set out in the paper

Purpose of the Report

The paper updates the Board on the position regarding Freedom to Speak up (FTSU) activity in 2020.

Key Points to Note

- Breakdown of key themes identified in 2018/19 and 2020. In 2018/19 'Policies, Practices & Procedures' reported as the highest number of concerns, this has significantly reduced in 2020. 'Attitude & Behaviours' has accounted for the largest number of concerns in 2020.

- FTSU team activity and how FTSU has played a vital role as we work through the pandemic.

EQIA – Equality Impact Assessment

FTSU provides an inclusive service available for all 365, 24/7. FTSU Ambassadors are a diverse range of colleagues and job roles covering the whole CHFT footprint. The process is fair and robust and does not discriminate.

Recommendation

The Board of Directors is asked to note the content of this report and support the recommended next steps as identified in Section 5 of the report.

BOARD OF DIRECTORS

14 JANUARY 2021

FREEDOM TO SPEAK UP – OVERVIEW OF FREEDOM TO SPEAK UP ACTIVITY IN 2020

1. PURPOSE

This paper provides an update regarding the Trusts 'Freedom to Speak Up' (FTSU) activity since the last Board paper in September 2020.

The report provides an overview of 'speaking up' activity in 2020 highlighting themes, sharing how the Freedom to Speak up Team have increased their visibility and how this approach has played a vital part in our Covid plans and practices

2. INTRODUCTION

The FTSU team has been focussing on promoting a 'speaking up' culture within the organisation that is inclusive for all, respected as a channel that will listen, is sensitive to the issues raised and acknowledged that anything raised will be fairly investigated. The aim of this report is to provide assurance to the Board of Directors (BoD), that the Trust's FTSU channel is well governed, well led, robust, fair and responsive.

In 2020 the FTSU team was required to work differently (not unlike many others) while we work within the pandemic. The original plan focussed on walking around the Trust footprint, promoting why 'speaking up' is vital to delivering compassionate care and embedding one culture of care (where we care for each other the same way we care for our patients). The pandemic has meant we have increased the way we correspond digitally, held all our quarterly meetings via Microsoft teams and promoted the Freedom to Speak up portal.

3. CONCERNS REPORTED 2018 - 2020

Section 1 - The Assessment of Issues

The table below states the number and types of cases being dealt with by the Guardian and the FTSU ambassador volunteers since the first concern being raised:

Date Period	No. of Concerns	No. raised anonymously	No. linked to element of patient safety / quality	No. linked to bullying / harassment
2018 Total	9	3	4	5

Albeit a very small sample of data, in 2018, colleagues in roles such as Nurses and Allied Healthcare Professionals were more likely to speak up than others.

Date Period	No. of Concerns	No. raised anonymously	No. linked to element of patient safety / quality	No. linked to bullying / harassment
Jan – Mar 2019	9	7	2	0
Apr – Jun 2019	18	5	4	4
July – Sept 2019	22	6	6	1
Oct – Dec 2019	18	10	6	1
2019 Total	67	28	18	6

The above table highlights in 2019 there was a significant increase in colleagues raising their concerns, with an increase in the range of job roles using the service ie clerical assistants, porters, nurses, doctors and apprentices.

Date Period	No. of Concerns	No. raised anonymously	No. linked to element of patient safety / quality	No. linked to bullying / harassment
Jan – Mar 2020	26	15	11	3
Apr – Jun 2020	28	11	7	5
July – Sept 2020	22	16	5	3
Oct – Dec 2020	14	6	8	2
2020 Total	90	48	31	13

The above table highlights that the number of concerns are rising year on year.

Again, a range of colleagues from different job roles raised concerns ranging from junior doctors, ACPs, cleaners, clerical officers, managers, health care assistants, however the most concerns came from nurses.

It was clear from the information coming from the wellbeing advice line that redeployment was a major theme for colleagues raising concerns. This could be why nurses raised more concerns than any other job role.

9% of concerns were from Black and Minority Ethnic colleagues. The majority of colleagues raising concerns preferred not to state their ethnicity.

It was also pleasing to see feedback from the 2020 employee survey highlighted colleagues felt confident to raise concerns about clinical practice and had confidence that concerns raised will be acted upon.

Section 2 – Potential patient safety or workers experience issues

Each concern raised has been treated with respect and care, with regular confidential communication with the colleague who has raised their concern and confidential discussions with the leaders responsible for the particular department where the concern has been highlighted. Some investigations have found that there are necessary actions that need to be undertaken to improve

patient, care, quality or safety. The Guardian will ensure these concerns are followed up to ensure those lessons learned are implemented and embedded.

Some concerns have taken a long time to reach a conclusion due to the complexity of the concern being raised.

Some concerns led to a group face to face (social distancing rules applied) or hosted digitally with the senior leaders and this was very well received.

2018/9 Themes:

Department	**Number of concerns**
Surgery & Anesthetics	17
Medical	17
Corporate	11
FSS	10
Estates & Facilities	2
Community	1

Theme	**Number of concerns**
Policies, Practices & Procedures	30 (including 8 for rostering)
Medical	19 (including concerns relating to banter, inappropriate behaviour, communication)

2020 Themes:

Department	**Number of concerns**
Surgery & Anesthetics	11
Medical	31
Corporate	1
FSS	13
Estates & Facilities	7
Community	11
Other	7

Theme	**Number of concerns**
Policies, Practices & Procedures	20
Attitudes & Behaviours	36
Quality & Safety	7

A large section of concerns linked to the way we worked through the Covid pandemic, from lack of PPE, to colleagues being redeployed, lack of training and equipment to provide the best patient experience, social distancing and also how managers decided who should work from home and who came into the office.

The organisation has never worked through this kind of pandemic previously and colleagues felt in some areas the Trust was ill prepared. Hence the increase in themes Attitudes and Behaviours and Quality & Safety. There were concerns being highlighted around lack of preparation, colleagues feeling unsafe to come into work due to lack of PPE, hand gel, masks, cleaning materials and colleagues feeling that managers were being inconsistent with their guidance.

Section 3 - Action taken to improve FTSU culture

Our volunteer ambassadors hold a number of different roles in the organisation as well as being spread across the Trust footprint/geography.

Promotional posters not only emphasise the role of the FTSU ambassador team, but the role and responsibility of everyone in the organisation, which is consistent with NHSI recommendations published in May 2018.

FTSU is discussed at corporate induction, the portal has supported the 24/7, 365 accessible model, once the concern has been logged the Guardian will either colleague the colleague within 48 hours or if anonymous, activate an appropriate investigation.

While working through the pandemic the Workforce and Organisational Development Directorate significantly increased colleague wellbeing support which has meant that over 2000 colleagues have been able to speak to someone regarding their health and wellbeing. Some of the root causes of the stress and anxiety has been work related, some were worried regarding their own safety and the safety of the patients and the wellbeing advisors could signpost colleagues to the Freedom to Speak up portal which has delivered some good results particularly when colleague believed the 'must do's' were not being adhered to.

Section 4 - Learning and Improvement

The Freedom to Speak up channel was well utilised during the pandemic and the approach led to colleagues and managers talking to one another and sharing what was on their mind and commitments to improvement were made and delivered.

Front line concerns were quickly raised to the Incident Management Team and leaders were aware of certain practices being applied in certain areas. Leaders were quick to act, were responsive to the Guardian throughout 2020 and this collaboration led to authentic discussions being held and improvements being acted upon across the Trust.

The majority of concerns were linked to the way we worked through the pandemic and this insight helped the Trust to understand the thoughts of the redeployed colleagues and which areas / job roles, colleagues felt we could improve our Covid safe practices.

Section 5 – Recommendations

In 2021 the plan is to utilise the equality groups and the 130 Wellbeing Ambassadors to support the importance of speaking up.

We aim to produce an e-learning module for leaders and colleagues which will be accessible via the Leadership Development platform by Summer 2021.

A digital Freedom to Speak booklet will be produced and will be available via The Cupboard. The aim of the booklet is to provide the reader with an insight into what types of concern have been raised and the outcomes of the investigation. This will be produced in a sensitive way taking into account the confidentiality of the process with the aim of increasing trust in the approach.

4. RECOMMENDATION

The Board of Directors is asked to note the content of this report and support the recommended next steps as identified in Section 5 of the report.

Nikki Hosty
FTSU Guardian

12. Workforce Committee Terms of Reference

To Approve

WORKFORCE COMMITTEE

TERMS OF REFERENCE

Version:	2.4 Amendments following review by Committee Chair and Director of Workforce and Organisational Development 2.5 Amendments following November 2020 review by Committee.
Approved by:	Board of Directors
Date approved:	5 July 2018,
Date issued:	5 July 2018, January 2021
Review date:	~~May 2019~~, May 2021

WORKFORCE COMMITTEE TERMS OF REFERENCE

1. Constitution

1.1 The Trust hereby resolves to establish a Committee to be known as the Workforce Committee ("the Committee").

2. Authority

2.1 The Committee is constituted as a Standing Committee of the Board of Directors ("the Board"). Its constitution and terms of reference are subject to amendment by the Board.

2.2 The Committee derives its power from the Board and has no executive powers, other than those specifically delegated in these terms of reference.

2.3 The Committee is authorised by the 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 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 Committee is to provide assurance to the Board on the quality and impact of workforce and organisational development strategies and the effectiveness of workforce management in the Trust. This includes but is not limited to recruitment and retention, colleague health and wellbeing, learning and development, colleague engagement, organisational development, leadership, workforce spend and workforce planning.

3.2 The Committee will assure the Board of the achievement of the objectives set out in the 'A workforce fit for the future' section of the Trust's 10-year strategy.

3.3 The Committee may set up subgroups aligned to key areas of its activity as it deems appropriate.

4. Duties

4.1 The Committee is required to:-

4.1.1 Consider and recommend to the Board, the Trust's overarching Workforce Strategy and associated activity/implementation plan.
4.1.2 To obtain assurance of the delivery of the strategy through the associated activity/implementation plan.
4.1.3 To obtain assurance of the delivery of strategies and associated activity/implementation plans in relation to Equality, Diversity and Inclusion, Freedom to Speak Up, Staff Survey, education and training, leadership development, one culture of care
4.1.4 Provide advice and support on the development of significant workforce related policies .
4.1.5 Consider and approve strategies associated to the delivery of the Workforce Strategy
4.1.6 Consider and recommend to the Board the key workforce performance

targets for the Trust and

4.1.7 To receive regular reports to assure itself that key workforce performance targets are achieved and to request and receive exception reports where this is not the case.

4.1.8 Review the workforce risks of the high level risk register and the Board Assurance Framework.

4.1.9 Hold the Executive Director of Workforce and Organisational Development to account in relation to risk, risk mitigation and future activity/plans.

4.1.10 Receive reports in relation to internal and external quality and performance targets relating to workforce.

4.1.11 To conduct reviews and analysis of strategic workforce issues and to agree an operational response.

5. Membership and attendance

5.1 The Chair of the Committee is a Non-Executive Director and at least one other Committee member will be a Non-Executive Director. In the absence of the Chair, the other Non-Executive Director shall be nominated and appointed as Chair for the meeting.

5.2 The Chair of the Board of Directors shall not be a member of the Committee but may be in attendance.

5.3 Formal Committee meetings will be supported by at least four strategic sessions known as Hot Houses. Arrangements for the strategic sessions are set out in Appendix 1.

5.4 The core membership of the Committee is as follows:-

Two Non-Executive Directors, Director of Workforce and Organisational Development, Chief Operating Officer, Director of Nursing, Medical Director, Director of Finance, Company Secretary, Deputy Director of Workforce and Organisational Development, Workforce Business Intelligence Lead, Public Governor.

<u>The following may be requested to attend as required for specific agenda items:-</u>

Workforce and Organisational Development Assistant Directors and Human Resources Business Partners.
Staff side representatives.
Divisional Directors and Directors of Operations from each Division.
5 ‘free’ places to any member of staff, with a minimum of 3 apprentices.

5.5 A quorum will be four members and must include at least one Non-Executive Director and one Executive Director.

5.6 Attendance is required 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.

5.7 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 Secretary, 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 within 48 hours of each meeting
- Maintaining a record of attendance

7. Frequency of meetings

7.1 The Committee will meet quarterly as a minimum to carry out a deep dive review of workforce performance and metrics and quarterly to discuss strategic issues (Appendix 1).

8. Reporting

8.1 The Committee Secretary 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 48 hours following each meeting and must be duly completed and returned to the Secretary 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 Board meeting.

8.5 In accordance with the Committee reporting schedule, receive assurance from the Committee's sub-groups, currently the Education Committee. It should review reports and any associated recommendations, including actions to gain assurance of compliance and quality improvement.

8.6 A summary report will be presented to the next Board meeting.

9. Review

1.1 As part of the Trust's annual committee effectiveness review process, the Committee shall review its collective performance.

1.2 The terms of reference of the Committee shall be reviewed by the Board at least annually.

Appendix 1

The following is the proposed list of invitees to the quarterly strategic, Hot House sessions:-

Group one: Chief Operating Officer, Director of Nursing, Medical Director, Director of Finance and their Deputies plus any member of the Executive group with a special interest in the subject.

Group two: A maximum of 3 x Non-Executive Directors, 2 x Governors as invited by the Chair of the Workforce Committee.

Group three: Workforce and Organisational Development team members who lead on the 'hot house' topic plus Deputy Director of Workforce and Organisational Development, Workforce and Organisational Development Assistant Directors and Human Resource Business Partners.

Group four: Staff side representatives.

Group five: Network colleagues from colleague engagement network and BAME network.

Group six: a minimum of 3 apprentices.

Group seven: 5 'free' places to any member of staff who has a particular interest in the subject.

Group eight: national leaders in the subject field and/or representatives from best practice organisations.

Hot House topics will be determined at the end of the calendar year and can be subject to change as service need dictates.

KEEPING THE BASE SAFE

13. Covid-19, Phase 3 Update - Presentation

Presented by Helen Barker, David Birkenhead and Ellen Armistead

14. Health and Safety Annual Report and Update - Richard Hill, Head of Health and Safety

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	14th January 2021
Meeting:	Board of Directors
Title:	Annual Health and Safety Report
Author:	Richard Hill, Head of Health and Safety
Sponsoring Director:	Suzanne Dunkley, Executive Director of Workforce and Organisational Development
Previous Forums:	Health and Safety Committees 2019/20 Board of Directors 3 September 2020

Actions Requested:
To note the progress made against the Trust's Health and Safety Action Plan following the external audit conducted by Quadriga in 2019

To receive and discuss in depth the achievements and actions identified in the Trust's Annual Health and Safety Report to March 2020.

Purpose of the Report

To provide the Board with an overview of the health and safety activities during 2019/2020 and the progress against the Health and Safety action plan

Key Points to Note

A summary of the main activities and updates for the 12 month reporting period to 31st March 2020, and progress against the action plan monitored at the Health and Safety Committee to date.

EQIA – Equality Impact Assessment

The Health and Safety Committee meets bi monthly to review RIDDOR reportable accidents, DATIX and Freedom to Speak up concerns relating to Health and Safety. Improvement needs to be made in the analysis of these reports based on protected characteristic, and this has been included as an agenda item at the Health and Safety Committee in February 2021 and will be featured as a key priority for the actions in 2021/2022.
A review of Health and Safety Training is currently underway. All training will be reviewed to ensure that it is in plain English and is applicable to those colleagues who are neuro diverse.

Recommendation

The Board of Directors is asked to note the progress made against the action plan and receive the Health and Safety Annual Report for 2019/2020.

BOARD OF DIRECTORS

14 JANUARY 2021

HEALTH AND SAFETY ANNUAL REPORT – 1 APRIL 2019 – 31 MARCH 2020

1. PURPOSE

This report provides an insight into the efforts taken to ensure the Trust colleagues and patients are provided with a safe environment. The reporting period is from 1 April 2019 to 31 March 2020, with extended information reported in this document to the end of December 2020 that accounts for the work carried out to be COVID-secure. During the 12 months a strong focus has been placed on securing a COVID-Secure environment. Another important and significant piece of work is the progress made to achieve the outcomes from an independent audit by Quadriga Ltd, who were commissioned to give an impartial view of the Trust compliance position.

The Trust has taken action to strengthen its compliance position by recruiting a Head of Health and Safety Manager, appointed to give a strategic lens of the organisation with partners, including Calderdale Health Solutions, Huddersfield Pharmacy Specials, ISS and ENGIE.

2. KEY PROGRESS AND ACTIONS

- The Trust employed a temporary Health and Safety Consultant and employs a full time Head of Health and Safety to help strengthen compliance.
- Reviewed Health and Safety Policy and Health and Safety Committee terms of reference.
- Produced a slip, trip, fall policy for staff, visitors and others and terms of reference for a slip, trip, fall sub-group.
- Reviewed the sharps terms of reference group to be reconvened.
- Developed the risk assessment process as a stand-alone document and to introduce a new risk assessment template.
- Reviewed the staff incident report and changed this to a quarterly report to include the top 3 staff causes of incidents - slip, trip, falls, sharps and manual handling and risk reduction plans.
- Supported the PPE and Social Distancing Groups including producing relevant risk assessments and carrying out assurance audits.
- Provided COVID-secure walkarounds and audit assurance.
- DSE support work and taken ownership of the DSE process.
- Monitoring of DATIX incidents and RIDDOR reportable incidents.
- Collaborative working relationships with partner organisations, ISS, ENGIE, CHS and HPS.

3. HEALTH AND SAFETY MANAGEMENT

The Health and Safety Committee met on the following dates during the reporting period 1 April 2019 and 31 March 2020:-

April 2019
June 2019
October 2019
December 2019
February 2019

Meetings from 1 April 2020 were held in April, June, August, October and December 2020

4. HEALTH AND SAFETY PERFORMANCE

Accident Reporting

Under the Health and Safety at Work Act 1974, there is a requirement to report to the Health and Safety Executive certain accidents that result in more than 7 days of work and or are serious enough, to warrant reporting which are referred to as RIDDOR's. NHS Trusts do not share accident data that would otherwise provide benchmarking performance, however the table below, provides an insight into reported incidents to the Health and Safety Executive.

The data within the Table below, does not show any unusually high or repeating patterns.

NON-RIDDOR Incidents

Sub category	Jul 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	March 2020	Total
Accident Injury	0	0	0	1	0	0	0	0	0	**1**
Falls from height/chair - staff	0	1	0	0	0	0	0	0	0	**1**
Injured during moving/handling patient or other person	0	1	0	0	1	0	0	0	0	**2**
Road traffic accident in the course of employment or care	1	0	0	0	0	0	1	0	0	**2**
Slips, trips, falls outdoors (hospital grounds)	0	0	0	0	0	0	0	0	1	**1**
Stretching or bending injury other than lifting	0	0	0	0	0	0	1	0	0	**1**
Tripped over object – staff	1	0	0	0	0	0	0	0	0	**1**
Total	2	2	0	1	1	0	2	0	1	**9**

Source: DATIX

RIDDOR Incidents

	Moving Handling	Slips and Trips	Contact/ Exposure	Vehicle Incidents	2018/19	2019/20	Total
Ambulatory Assessment Unit	0	0	1	0	1	0	**1**
Corridor/Lift/Elevator	1	0	0	0	0	1	**1**
CT Scan Unit	0	0	1	0	0	1	**1**
CWD7A Stroke Rehab	1	0	0	0	0	1	**1**
Endoscopy Unit	0	0	1	0	1	0	**1**
HRI 21 (Orthopaedic)	1	0	0	0	0	1	**1**
HWD17 Gastroenterology	1	0	0	0	1	0	**1**
Laboratory	0	1	0	0	1	0	**1**
Labour Delivery Recovery Post-natal Unit	0	1	0	0	1	0	**1**
Laundry/Linen Room	0	0	0	1	0	1	**1**
Learning Centre	0	1	0	0	0	1	**1**
Neo-Natal care unit	0	1	0	0	0	1	**1**
Office	0	1	0	0	1	0	**1**
Total	4	5	2	1	6	7	**13**

Source: DATIX

5. CLAIMS MANAGEMENT

This information will be circulated once the Head of Legal Services has commenced in post. It will include the nature and type of claims settlements received by the Trust for injury against individuals, resulting from work activities and or the use of Trust premises.

6. QUADRIGA AUDIT PROGRESS UPDATE

A decision was taken by the Trust to seek an independent view of health and safety compliance and steps were taken to use the services of a dependant health and safety consultancy to carry out an audit. Quadriga Ltd were appointed to carry out an audit and their findings were shared with the Trust. Since that audit, the Trust has been working hard to carry out work. The progress made, is reflected in the summary below. The full progress report is at Appendix 1. The work will be fully achieved by March 2021.

The number of actions completed in full by the Trust	8
The number of actions in progress by the Trust	6
Total	14

7. INITIATIVES 2019-2020

COVID-19 Secure Measures

The Trust took action to ensure it colleagues and patients were provided with a safe environment and this was a team effort, which included colleagues from the Infection Control Department and the set-up of a PPE Group and Social Distancing Group. Meetings and action plans have been developed throughout 2020 which has resulted in positive measures put into place that include the construction of COVID-secure policies, website intranet COVID pages, distribution of PPE and the display of COVID-secure social distancing notices and risk assessments. COVID-secure compliance audits continue to be carried out every month across all parts of the Trust and community centres. The policies and other measures have been shared with the Health and Safety Executive, which have been endorsed.

Key Features

- A COVID-Secure risk assessment has been written and shared across all clinical and non-clinical areas.
- An audit programme has been set-up and started across all clinical and non-clinical areas.
- Standard operating procedures have been written for the correct use of eye-protection.
- COVID-secure awareness notices and posters have been displayed across the clinical and non-clinical areas.
- All community sites have been audited and a programme of scheduled audits are planned for the rest of the year.

Display Screen Equipment Home Working

During the precautions taken by the Trust to protect colleagues, a decision was taken to allow those colleagues who spend part of their working day using a laptop to work from home, it was important to ensure their personal needs were met so that the risk of aches and pains from incorrect posture was eliminated. A DSE Group was set-up and action taken to produce the best options to provide the right support and guidance. This led to the Trust using the guidance provided by the Health and Safety Executive, which was a learning and education tool that showed laptop users how to find the best ergonomically safe position. That tool is being shared across the workforce, homeworking group.

Key Features

- The guidance provided by the Health and Safety Executive for home workers has been used to help colleagues find the correct posture in front of the screen which will help reduce the risk of eye strain and muscle tension.
- Background work has also been carried out in advance for providing support to office workers which include an IT platform solution to help deliver, capture and analyse DSE checklist completed e-forms by individuals. The DSE checklist has been redesigned so it is compatible to the IT platform.

Policy Development

Attention has been given to the development and improvement of the Trust Health and Safety Policy, other work has been done on the developing of the Risk Assessment Process procedure to help it align to the needs of the Trust and legislation.

Key Features

- A review and revision of the Trust Health and Safety Policy.
- A review and revision of the Terms of Reference for the Health and Safety Committee.
- A review and revision of the Risk Assessment Process Procedure.

Huddersfield Pharmacy Specials

An audit of the business has been carried out by the Head of Health and Safety and this process is now at consultation stage with the senior leadership team, based on site. The audit findings have revealed some opportunities for improving compliance for the business and this is helping lead the conversations and action plans for 2021. A full report of the audit is available on request from the Head of Health and Safety.

8. CONCLUSION

There has been a determined effort by the PPE Group, and Social Distancing Group members to ensure the Trust is COVID 19 - secure for staff members and patient users. The Board can be assured that all reasonable and expected measures have been taken to comply with the requirements of the Health and Safety Executive, who have endorsed the work carried out.

Another feature of this annual report is the findings of Quadriga Ltd audit which the Trust has made significant progress.

One of the fundamentals of demonstrating compliance, is to have a health and safety management framework which as the ability to give assurance and oversight to the Board. The answer is the introduction of the NHS Workplace Safety Standards which is carefully being introduced and implemented during 2021. It is a highly valued set of standards and endorsed by the Health and Safety Executive so Calderdale and Huddersfield NHS Foundation Trust should have confidence in its future outcomes.

9. RECOMMENDATION

The Board of Directors is asked to note the progress made against the action plan presented, and receive the Health and Safety Annual Report for 2019/2020.

Richard Hill
Head of Health & Safety
December 2020

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Calderdale and Huddersfield NHS Foundation Trust

Health & Safety Update

(Period: 31st March 2019 – 1st April 2020)

Objective

To complete the requirements of the Health and Safety Action Plan (Quadriga Health And Safety Audit)

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NHS
Calderdale and Huddersfield
NHS Foundation Trust

Quadriga Ltd – Health and Safety Audit

RAG Banding	Number
Green (actions completed)	8
Orange (actions in progress)	6

Green (Actions Completed)
Health and safety policy reviewed
Risk assessment scoring mechanism reviewed
Four Individual policies reviewed
CDM HTM roles and responsibilities reviewed
The appointment of a Director for fire safety oversight
Health and safety committee terms of reference reviewed
Monitor and measurement of medical devices and training
The risk register CHS, CHFT review

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NHS
Calderdale and Huddersfield
NHS Foundation Trust

Ambers (Actions in Progress)	Expected Finish
Review governance arrangements	End of March 2021
Review effectiveness and quality of health and safety training	End of March 2021
Develop 5 year strategy fire safety	TBC
Carry out review of COSHH arrangements	End of March 2021
Review RIDDOR reporting and awareness	End of March 2021
Introduce risk assessment policy and protocol	End of March 2021

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Calderdale and Huddersfield
NHS Foundation Trust

Other work in progress 2020 / 2021
Partnership working with the following lead persons; Environmental, Fire, Security, CHS, ISS and ENGIE
Implementation of the NHS Workplace Safety Standards (Health and Safety Management System
Continuation of COVID-secure audits and policy development
A review of the health and safety training provided to colleagues
Support and help in the development of compliance for HPS
Support and help in the development of compliance for all the community sites
A review and focus upon accident reductions e.g. slips, trips, sharps injuries etc.
Partnership working with other local Trusts, sharing experience and best practice.

15. High-Level Risk Register

To Approve

Calderdale and Huddersfield NHS Foundation Trust

Date of Meeting:	14 January 2021
Meeting:	Board of Directors
Title:	High Level Risk Register
Author:	Gareth Webb, Interim Senior Risk Manager
Sponsoring Director:	Ellen Armistead, Executive Director of Nursing
Previous Forums:	Quality Committee 30.12.2020 Covid Incident Management Team Reviews Covid 19 HLRR related risks weekly.

Actions Requested:
To approve.

Purpose of the Report

To provide the Trust Board with assurance as to the robust identification and management of risk and to present an update on risks on the High Level Risk Register.

Key Points to Note

The Risk Group was re-established in August 2020 following a period where meetings were stood down due to the pandemic.

The Risk Group met in August, September, October, November and early December 2020. Since this report was last presented to the Board in November there have been 2 new risks relating to 7936 - Social distancing (Staff behaviours) and 7942 – Overarching staffing risk added and 1 risk removed from the high level risk register 7315 – Delay in outpatient appointments, further details can be found in the summary sheet.

There has been a review of the Terms of Reference (TOR) to re-focus the group on scrutiny and challenge of High Level risks with the remit for compliance being taken up by the CQC response group. The TOR is due for ratification at the Audit and Risk Committee on Tuesday, 26 January 2021.

A monthly deep dive of one High Level or longstanding Trust wide risk has been established which enables all divisions to contribute collectively to the discussion, considering barriers to mitigation, effectiveness of treatment plans to address gaps and risk scoring.

The Risk Management Strategy and Policy have been reviewed and presented to Board March 2021.

With the exception of 7527 and 7783 (updated November 2020) all risks have been updated in December 2020.

Risks where there has been a significant slip of target achievement will be subject to a deep dive at Risk Committee in January 2021, namely 7078 (Medical staffing risk),7248 (Essential Safety Training), 7413 (Fire Compartmentalisation) and 7414 (Building safety).

All divisions have been asked to review all risks on their risk registers and are expected to present these back to the Risk Group.

EQIA – Equality Impact Assessment

There are no equality impacts in respect of the content of the paper.

However in terms of risks the following risks may have a greater impact on some service user groups:

- 2830 :directly relates to mental health service users
- 7557: directly impacts on children using ED
- 6345 : the vacancy rates are higher in elderly care areas

The equality impact of specific risks is articulated within the risk controls and gaps with mitigations put in place where indicated. The risk owner is accountable to determine any proposed actions to mitigate any equality impact arising from a risk.

Recommendation

The Board is asked to note that the established governance processes for the identification, scoping, management and oversight of risk in place and changes to the remit of the Risk Group:

The Board is asked to:

i. consider, challenge and confirm that potential significant risks within the high level risk register are being appropriately managed
ii. approve the current risks on the risk register
iii. advise on any further risk treatment required

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High Level Risk Register 29th December 2020

NHS
The Health Informatics Service
Informing Healthcare

Risk No	Div	Dir	Dep	Opened	Objective	Risk Description plus Impact	Existing Controls	Gaps In Controls	Initial	Current	Target	Action Plans	Progress Update	Review	Target	RC	Exec Dir	Lead
2827	Medical	Emergency Care	Accident & Emergency CRH/HRI	Apr-2011	Developing our workforce	Risk of poor patient outcomes, safety and efficiency due to the inability to recruit sufficient middle grade emergency medicine doctors to provide adequate rota coverage results in the reliance of locum doctors to fill gaps. Risks: 1. Risk to patient safety using staff unfamiliar with department processes and systems, results in complaints and clinical incidents 2. Risk to the emergency care standard due to risk above and increased length of stay 3. Risk of shifts remaining unfilled by flexible workforce department 4. Risk to financial situation due to agency costs ***It should be noted that risk 6131should be read in conjunction with this risk.	Associated Specialist in post and Regular locums used for continuity appointed Middle Grade Doctors moved within sites to respond to pressures Part-time MG doctors appointed Consultants act down into middle grade roles to fill gaps temporarily 4 weeks worth of rota's requested in advance from flexible workforce department Expansion of CESR programme Ongoing ACP development Weekly meeting attended by flexible workforce department, finance, CD for ED and GM EMBeds website for induction of locum staff. Allocated a further 10 Senior ED trainee placements by School of EM	Difficulty in recruiting Middle Grade and longer term locums Variable quality of locum doctors Relatively high sickness levels amongst locum staff. Flexible Workforce not able to fill all gaps ACP development will take 5 yrs from starting to achieve competence to support the middle grade level Inability to recruit to CESR posts. CESR training will extend time to reach Consultant level with no guarantee of retention Inability of School of EM to allocate trainees.	20 4 x 5	20 5 x 4	12 4 x 3	1. Recruitment including overseas and part time positions 2. Increase to senior ED trainee placement	Dec 2020 2 clinical fellows now in post. Recruitment in Jan 2021 to appoint further ACP Exploring further alternate roles to support middle grade rota Further international recruitment being planned Exploring Trust Grade Dr role that combines clinical and leadership opportunities Sept 2020 - deep dive by Risk Group. July 2020 Clinical fellows have now started in the department Continue to support and recruit ST 3 & 4s	Jan – 2021	Jan-2021	WEB	David Birkenhead	Dr Amjid Mohammed
2830	Medical	Emergency Care	Accident & Emergency CRH/HRI	Apr-2011	Keeping the base safe	There is a risk to safety and experience for mental health patients who are at risk of harming themselves or others, and of absconding from the department. Due to excessive waits for Mental Health Act assessments and mental health in-patient bed availability. Resulting in a lack of supervision and care provided in the wrong place	Appropriate assessment from nursing team to identify high risk patients. (ReACT self-harm risk assessment at triage.) Nurse in visible areas use 1-1 nursing if deemed appropriate. Referral to Mental Health Liaison Team, service available over 24 hours. Use of security service as necessary. Referral to CAMHS for children and adolescents. Missing Persons Policy for escalation if patients abscond	Delays in timely assessment from the CAMHS service. Mental health inpatient capacity limited locally and nationally. Absence of departmental guideline for rapid tranquilisation of mentally disturbed patients No clear pathway between SWYFT and the Local Authority in terms of the timeliness of Mental Health Assessments, Gatekeeping assessments and securing a bed in a MH facility Lack of additional resource availability to provide 1:1 when required.	3 3 x 1	16 4 x 4	9 3 x 3	Develop clear escalation process to support nurse staffing in the ED when demand exceeds capacity.	December 2020: Continue to see a reduction in long waits for mental health beds. CAMHS reviews are now performed by MHLT out of hours. Matrons continue to review long waits to capture learning and refer to SWYFT. November 2020: Continue to review all care. Reduction in number in a number of waits over last few weeks. RAID will review all patients needless of ages as from 02/11/2020 September 2020: Care reviewed in the department continues to be excellent. Delays escalated to CCG and through Ops group. one 12 hour wait in month. July 2020 Continue to feedback to mental health ops group regarding patients who have extended waits Ongoing work with SWYPT to look at delays Clear escalation process Assessment of care given whilst in ED for long waiters 13.7.2020 Three long wait MH patients with DTA awaiting beds	Jan-2021	Apr-2021	NA	Gemma Berriman	Louise Croxall/Jayne Robinson

5747	Family & Specialist Services	Radiology	Angiography & Fluoroscopy	Mar-2013	Keeping the base safe	Service Delivery Risk There is a risk of patient harm due to challenges recruiting to vacant interventional radiologist posts resulting in an inability to deliver hot week vascular cover on alternate weeks in collaboration with Bradford Teaching Hospitals FT.	- 1 NHS Locum in post (on 12 month contract, due to be renewed in the Summer). - 1 NHS (Bank) Locum supporting thee service in tandem with the above. - 1 day per week support from a neighbouring organisation. - 1 day per week support under private agreement from a private provider (ended August 2020) - Working closely with WYVAS to plan and secure adequate cover.	- Uncertainty over date vascular reconfiguration will be complete. Aug 2020 update - date set for 16th Nov 2020 - Difficulty in securing cover long term whilst reconfiguration discussions are ongoing.	16 4 x 4	15 5 x 3	6 2 x 3	1. Continue to try to recruit to the vacant post, advertising for joint post with Bradford Teaching TH. 2. Working with WYVAS to progress a regional approach.	December 2020 update – Reconfiguration went ahead as planned in November. Cover is planned centrally without the need for hot week cover. CHFT is sharing responsibility with Bradford and the WYVAS service. Further IR consultants are still required and the service is looking to recruit. The locum consultant appointed in October has given backword. October update - the reconfiguration with Bradford is due to go ahead as planned on the 16th November. This will mean that all appropriate CHFT patients will go to Bradford OOH and the responsibility to provide OOH cover will transfer to the WYVAS service (so a shared responsibility between BTHFT and CHFT). CHFT have appointed a second bank VIR consultant due to commence December 2020. August 2020 update: Cover through NHS Locum and NHS bank consultant, supported by Leeds consultant one day per week working well. 3-4 months until on-call goes to Bradford, which will lessen need for vascular out of hours cover although non-vascular cover remains a concern.	Jan – 2021	Dec-2020	DB	Stephen Shepley	Sarah Clenton

6345	Corporate	Workforce & Organisational Development	Resourcing / Recruitment	Jul-2015	Keeping the base safe	There is a risk of not being able to deliver safe, effective and high quality care with a positive experience for patients due to: - lack of nursing staffing as unable to recruit to substantive posts, i.e. not achieving recommended nurse staffing levels (as per Establishment reviews/CHPPD and national workforce models) - Inability to adequately staff flexible capacity ward areas resulting in: - increase in clinical risk to patient safety due to reduced level of service / less specialist input - negative impact on staff morale, motivation, health and well-being and ultimately patient experience - negative impact on sickness and absence - negative impact on staff mandatory training and appraisal - cost pressures due to increased costs of interim staffing Nurse Staffing Risk (see also medical staffing risk 7078 and therapy staffing risk 7077). Risk was also referenced in Risk 5937 - this has now been merged to Risk 6345.	Nurse Staffing To ensure safety across 24 hour period: - use of electronic duty roster to set nurse staffing within agreed workforce models, approved by Matron and general managers - risk assessment of nurse staffing levels for each shift reviewed at least three times each 24 hour period using the Safer Care tool with formal escalation to Director of Nursing to agree mitigating actions. - staff redeployment where possible - nursing retention strategy - flexible workforce used for shortfalls (bank/nursing, internal, agency) and weekly report as part of HR workstream - Active recruitment activity, including international recruitment - Introduction of new roles e.g. Nurse associate	Low numbers of applications to nursing posts across grades and specialities National shortage of RGN's	16 4 x 4	20 4 x 5	9 3 x 3	• Local/domestic recruitment - monthly assessment centres • International recruitment project • Nursing associate role development and deployment of graduating cohorts • Workforce transformation (NA's, TNA's and ACP's) • Developing nursing retention strategy • Use of flexible workforce • Utilisation of nursing workforce using safe care live • Response to the NHS interim people plan - significantly grown the number of undergraduate Health students to improve the pipeline of nurses to recruit (See attached milestone plan/tracker in documents)	December 2020: Focus on nurse redeployment to mitigate the impact on staffing and requirement for increased capacity in specific clinical areas has seen a significant impact on nursing rotas. See Covid risk 7676 Local and domestic recruitment activity continues. International recruitment on-going Plans continue to deploy the next cohort of nursing associate graduates into the workforce Work progressing to embed safe care live Local, domestic and international recruitment activity continues New graduate recruitment plans progressing well, new recruits to join the Trust at the end of September. Next cohort or NA's to graduate in Jan 2021 and next training cohort to start in Dec 2020 Plan to continue to host increased numbers of undergraduate students September 2020: Fully review of the risk completed Local, domestic and international recruitment activity continues New graduate recruitment plans progressing well, new recruits to join the Trust at the end of September. Next cohort or NA's to graduate in Jan 2021 and next training cohort to start in Dec 2020 Plan to continue to host increased numbers of undergraduate students August 2020: Focus on nurse redeployment to mitigate the impact on staffing and requirement for increased capacity in specific clinical areas has seen a significant impact on nursing rotas. See Covid risk 7676 Local and domestic recruitment activity continues. International recruitment on-going Plans continue to deploy the next cohort of nursing associate graduates into the workforce Work progressing to embed safe care live Continue to focus on nurse redeployment as the Trust embeds reset plans Only 6 months worth of progress updates presented	Jan-2021	Jan-2021	WF	Ellen Armistead, Suzanne Dunkley	Michelle Bamforth

6596	Corporate	Corporate Quality	Governance and Risk Quality	Jan-2016	Keeping the base safe	There is a risk of not complying with the national SI framework March 2015 due to not conducting timely investigations into serious incidents (SIs) resulting in delays to mitigate risk, to realise learning from incidents and share the findings with those affected.	- Revised Incident Reporting Policy aligns with national framework, with template reports, clarity on process for divisional sign off and Trust sign off of SIs. - Director led panels held weekly to ensure quality assurance of final reports. Meet commissioners monthly on SIs - Scheduling of SI reports into orange divisional incident panels to ensure timely divisional review of actions. - Patient Safety Quality Boards review of serious incidents, progress and sharing of learning - Investigator Training - to update investigator skills and align investigations with report requirements. - Serious Incident Review group chaired by Chief Executive to ensure senior Trust wide oversight and peer challenge of SIs - Risk Team support to investigators with timely and robust Serious Incident Investigations reports and action plans - Learning summaries from SIs presented to Quality Committee, Serious Incident Review Group monthly and shared with PSQB leads for divisional learning - Investigation Pack and plan for each SI investigation, with initial and midpoint meetings with Risk to monitor progress	1. Operational pressures and impact on capacity to undertake investigations in a timely way, further exacerbated by Covid 2. Sharing learning from incidents within and across Divisions 3. Training of investigators to increase Trust capacity and capability for investigation, particularly doctors. 4. Lack of access to documents on EPR to non-clinical investigators. 5. Operational pressures impacting on time for conducting investigations 6. Requirement to undertake SI investigations is not in Consultant job plans 7. delivery of RCA training workshop suspended due to Covid	16 4 x 4	16 4 x 4	4 4 x 1	Increase number of trained investigators Be clear in delivering training there is a requirement to participate in SI investigations as part of the investigation team To add EPR document access for non-clinical SI investigators Learning Group to develop approach on learning and a learning event - Quality Priority for 2020/21 Paper with options for investigators Use of staff who are shielding to support investigations	December 2020: Options paper being developed for sustainable solution CEV / CV colleagues are undertaking this role to increase capacity November 2020: backlog in breach of SI framework timescales as described below. Good relationship with commissioners with monthly position statement meeting in place. Two admin posts started in Risk Team this month brings additional pressure of induction, training and supervision but will eventually alleviate pressure on Risk Manager and Datil Manager. Options paper for SI management prepared. Senior Risk Manager leaves 6 Dec, interim being brought in to cover, handover prepared but lack of organisational knowledge and memory will inevitably put increased pressure on Team. October 2020: position remains the same, 20 ongoing SIs, the majority past their deadline. Risk Team capacity remains reduced with 2 x WTE admin posts recruited to. Imminent departure of Senior Risk Manager will place additional pressure on team in respect of capacity and risk management expertise. Shielding staff identified to support investigations. July 2020 current position 20 ongoing SIs, number of overdue investigations is reducing. Risk Team conducting a number of investigations including writing reports. Administrative support for Risk Team and SI process is significantly impacted by sickness absence. Recruited to Datix Manager and commenced in post. Risk Team also supporting Covid IMT by monitoring of Covid-related incidents, complaints and concerns and leading development and maintaining of the Covid Risk register, further impacting on capacity to deliver SI investigations. One shielded member of nursing staff has been identified to support the Risk Team with investigations, but as yet does not have a laptop. Continue to maintain relationship with commissioners and provide updates on progress of investigations.	Jan – 2021	May-2021	QC	Ellen Armistead	Doriann Bailey

6715	Corporate	Corporate Nursing	Workforce and Clinical Development	Apr-2016	Keeping the base safe	There is a risk to patient safety, outcome and experience Due to inconsistently completed documentation on EPR Resulting in a potential increased length of stay, lack of escalation when deterioration occurs, poor communication difficulties with efficient multidisciplinary working.	Structured documentation within EPR. Training and education around documentation within EPR. Monthly assurance audit on nursing documentation. Doctors and nurses EPR guides and SOPs. Datix reporting Appointment of operational lead to ensure digital boards focus on this agenda	Remaining paper documentation not built in a structured format in EPR- lead Jackie Murphy, via back office team, December 2018 Establish a CHFT clinical documentation group. - lead Jackie Murphy timescale December 2017. Use of reporting tools from EPR with regards to documentation. To be addressed by clinical documentation group. Limited assurance from the audit tool - to be discussed at clinical documentation group. There are gaps in recruitment	20 4 x 5	15 3 x 5	6 3 x 2	September 2020 - Action plan to review current status and progress improvement - Clinical Records Group - review attendance and TOR - Review data extraction for clinical records relating to Ward Assurance in KP+ model to ensure accuracy. - Roll out White Board Functionality in EPR - identify areas to formulate improvement before roll out across the organisation - Support improvement at ward level in improvement of key metrics - promote ward ownership - Implementation of Optimisation Strategy in stages - Stage 1 In-depth Analysis of current working practices amongst staff working in the trust - OPD and In-patient services. Stage 1 results will determine Stage 2 relating to recommendations and development of Digital Champions - Explore Training and Support - alternative methods of delivery and at the elbow support - Work Together Get Results - Workshops to collectively discuss and promote digital record keeping within the work environment - understand barriers for failure to comply and put measures in to support change as a result	December 2020 1. Optimisation Strategy - sourcing external organisation who can perform in-depth analysis before the end of March 2021 - expect to take 1-2 months depending on specification yet to be determined 2. Task and finish group suspended due to Covid pressures 3. Clinical Records Group - meeting deferred this month due to Covid pressures 4. Audit Tool - to roll out to wards when digitised 5. White Board Functionality - engagement commenced with identified wards and demo of the system delivered to the areas - awaiting deployment of hardware to the identified November 2020 1. Optimisation Strategy - socialised with cohorts of staff groups - challenge around how CHFT would resource the Digital Champions. Strategy presented to Digital Health Forum - agreed that we would progress the in-depth analysis as described above and then present findings back to Digital Health Forum to plan next steps. 2. Task and Finish group - initiated and meetings commenced with focus work on the Respiratory Floor. This has now been hampered due to the operational focus in tackling of surge 2 Covid 19 and therefore not an operational priority. 3. Clinical Records Group has refocused with review of TOR and attendees. Continue to meet monthly. 4. Audit Tool developed - in the process of being digitised prior to circulation with the Nursing Teams - proposal to perform 5 in a month - 4 by ward manager and 1 by Matron. 5. White Board in EPR - ability for designated managers to have access to the clinical and nursing list regarding outstanding patient care actions. This is being progressed in conjunction with our EPR provider, EPR Team and 2 designated ward areas - Surgical Assessment (HRI) and Acute Floor (CRH). The proposal is that this will support timely completion of task within EPR.	Jan-2021	Mar-2021	WEB	Ellen Armistead	Carol Gregson/Graham Walsh

6829	Family & Specialist Services	Pharmacy	Pharmacy	Aug-2016	Keeping the base safe	The risk of the Trust having insufficient capacity from the Pharmacy Aseptic Dispensing Service to provide the required number of aseptically prepared parenteral medicines. This is due to the CRH unit being temporarily closed for a refit and the HRI ADU having quality issues as highlighted in the May 2018 and January 19 EL (97) 52 external audit which reported 3 major deficiencies limiting its capacity to make parenteral products. Resulting in the unavailability of chemotherapy / parenteral treatments in a timely manner (i.e. delays in treatment for patients), increase in cost of buying in ready to use products and increase in staff time (and error risk) from nursing staff preparing parenteral products including syringe drivers on the wards.	A business case has been approved 2017/18 to provide update facilities on the CRH site. It is planned that the new unit will open ~ Feb 2020 and the HRI unit will close. An action plan has been produced (and agreed by the auditor) to remedy the major deficiencies at HRI unit which includes a capacity plan to limit products made on site. The action plan is monitored by the Pharmacy Board at monthly team meetings and FSS Divisional Board and PSQB with monitoring of non-compliance. Rigorous environmental and microbiological monitoring of the current facilities and the introduction of in- process controls to ensure no microbial contamination of final products. HRI ADU currently being re-audited every 6 months - re audit Jan 19 and July 19 In order to provide assurance regarding capacity during the interim period there are a number of strategies to be implemented before October 2019, including: buying in ready to administer injectable medicines (mainly chemo), reviewing products which are prepared in the units on both sites to reduce activity (to include: syringe drivers, adult parenteral nutrition), update the product catalogue, and from June 2020 -outsource radio pharmacy (buy in MDVs of radioisotopes from Bradford)	Until the strategies outlined above to improve capacity have been implemented, we will not know that this workload is safe to deliver. other options to consider will be working hours of the unit - currently operational Mon-Fri 8.30-5pm. Potentially when CRH closes, will open HRI unit earlier at 7.30am to prepare those doses required at CRH and ensure timely transport. Delay in project- new unit not now due to open until Aug 20	15 3 x 5	16 4 x 4	3 3 x 1	Agreed Action Plan October 18 to reduce capacity at HRI ADU i - key points relate to process measures in department (being addressed) and the need to progress consolidation of the units leading to closure of the HRI unit. Delays in project have delayed the temporary closing of the CRH unit to November 2019. Syringe drivers are now made on wards and procurement of ready to use TPN bags is now being phased in .. Phasing in of ready to use chemo batches also underway.	Dec 20 update: building work continues. Building work due to be completed by March 21 and then 8-12 week validation period Aug 20 update Building work continues. No major delays identified at this point and on track for key milestones Sept update. Enabling work virtually finished. Delay in Bassaire starting next phase due to concerns raised following drilling tests about the volume of noise and vibration being generated which is affecting patient care on CCU. Plan now to temporarily relocate CCU but this move requires installation of new telemetry equipment and the ordering of this equipment takes 4- 5 weeks. Hence Bassaire delayed next phase for at least 4 weeks which will delay the opening of the new unit to April 21	Jan-2021	Jun-2021	DB	Ellen Armistead	Elisabeth Street
7078	Corporate	Medical Director's Office	Operational	Oct-2017	Keeping the base safe	Medical Staffing Risk (see also 6345 nurse staffing, 2827 A&E middle grade, 7454 radiology, 5747 interventional radiology) Risk of not being able to deliver safe, effective and high quality care with a positive experience for patients due to difficult to recruit to Consultant posts in Gastroenterology, Radiology, Dermatology and Ophthalmology, and dual site working which impacts on medical staffing rotas resulting in: - increase in clinical risk to patient safety due to reduced level of service / less specialist input - negative impact on staff morale, motivation, health and well-being and ultimately	Medical Staffing Job planning established which ensures visibility of Consultant activity. E-rostering roll out commenced to ensure efficient use of Consultant time Establishment of staff bank to ensure vacant posts filled WYAAT networked approach to pressured specialties Medical Workforce Group chaired by the Medical Director. Active recruitment activity including international recruitment at Specialty Doctor level - new electronic recruitment system implemented (TRAC) - HR resource to manage medical workforce issues.	Medical Staffing Risk of pensions issue impacting on discretionary activity National shortage in certain medical specialties Regional re-organisation could potentially de-stabilise the workforce E-rostering partially implemented for doctors (expected by Sept 2020) - centralised medical staffing roster has commenced but not fully integrated into the flexible workforce team - measure to quantify how staffing gaps increase clinical risk for patients	20 4 x 5	20 4 x 5	9 3 x 3	• Monitored by Medical Workforce Programme Steering Group • Active recruitment including international	December 2020 Escalated rotas remain in place for Medicine trainees at all levels. These rotas are fully compliant with the rules set out by the 2016 Contract, and the trainees will be given at least two weeks' notice when the return to the usual rota is planned. One of the challenges of the escalated rota for ST3+ level trainees is that it restricts the amount of specialty training time; this is due to the fact that more shifts than usual are out of hours. Therefore, it is important that the requirement for the escalated rota to be in place is reviewed regularly. At present there remains a daily operational meeting of the divisional directors, doctors in training, deputy medical director, flexible workforce department, medical education and medical HR to ensure that any issues are identified early and resolved as quickly as possible. There have been very few occasions so far that have required any trainees from outside of medicine to be redeployed to medicine to support with the	Jan – 2021	Aug-2020	WF	David Birkenhead	Pauline North

						patient experience - negative impact on sickness and absence - negative impact on staff mandatory training and appraisal - cost pressures due to increased costs of interim staffing - delay in implementation of key strategic objectives	- Identification of staffing gaps within divisional risk registers, reviewed through divisional governance arrangements					management of Covid positive patients. Foundation trainees rotated as planned to their next specialty in the first week of December, and trainees that are due to commence in February 2021 were sent their work schedules as per our usual practice. The investment ratio for the Clinical Excellence Awards 2020-21 was confirmed nationally and these monies have been shared out equally amongst eligible consultant staff from CHFT and will be paid in December 2020. All those eligible have been notified individually and were given the opportunity to decline the payment. The new scheme after 2021 has not been launched yet, so future arrangements have not yet been determined. We are working with BMJ Careers on a targeted recruitment campaign for consultant level doctors in Stroke Medicine and Haematology. These posts have both been advertised previously without success so the BMJ will be sending emails directly to those doctors on their database that work in these specialties. We plan to do the same for Emergency medicine once the new Job Description has been drafted. A number of more junior Emergency Medicine doctors have been appointed and are going through pre-employment checks at present. There is also some ongoing collaboration with Doncaster and Bassetlaw for registrar level doctors for ED from overseas. Year on year, at 1 November 2020 we had a net gain of 24 doctors in post compared with the same time last year.					

7248	Corporate	Workforce & Organisational Development	Workforce Development	Apr-2018	Developing our workforce	The risk: Not all colleagues will complete their designated core 'Essential Safety Training' (EST) subjects. In addition, not all colleagues will complete their role specific training. Resulting in: Colleagues practicing without the recorded required knowledge or understanding of core EST subjects. This could lead to unsafe practice, potentially leading to incidents involving colleagues and/or patients. EST consists of 10 'core' subjects which all colleagues must be consistently 100% compliant in. There are a further 35 subjects which are 'role specific' – subjects which are dependent on the role the colleague has. The Trust has a compliance target of 90%. Our core subjects have been consistently above this target since April 2019, with an average of 95.22%. The focus therefore is on the compliance of the 35 role specific subjects. Compliance for these subjects range from 97.60% to 50.04%. We expect all role specific training to be on target by August 2020.	All electronic e-learning training programmes are automatically captured on ESR at the time of completion. WEB IPR monitoring of compliance data. Quality Committee assurance check Well Led oversight of compliance data identifying 'hot-spot' areas for action Divisional PRM meetings focus on performance and compliance. Human Resource Business Partners are working closely with divisional colleagues on a weekly basis to ensure compliance.	None	16 4 x 4	16 4 x 4	4 4 x 1	January 2019 Targeted emails to departments with an average compliance below 85% Weekly drop in sessions at CRH and HRI for staff to access ESR support. Additional training dates have been added for safeguarding and MCA/DoLS level 3.There are sufficient places to train ALL staff who are currently non-compliant. Plans are in place to ensure that the right staff are booked on and that the courses are full. Role Specific EST - SMEs of subjects with compliance below 90% will be contacted w/c 28.01.19 and asked to submit a plan of action for Q4 2018/19 and Q1 2019/20 to improve compliance. Registers will be marked 'live ' in ESR at the point of training which will show compliance in a much more timely manner.	Dec 2020 update: All EST remain above CHFTs target of 90%, however notification was received in Oct/Nov 2020 that the new national target for data protection/security was 95% (CHFTs stretch target). Performance targets have consequently been updated. Essential skills training compliance has risen to 85%, with weekly reports to WEB identifying subjects that remain below target. Divisions discuss any non compliance at senior management meetings and HRBPs support compliance levels by identifying colleagues who may need extra support to complete their training. Additional training needs and responses have been identified and developed to assist with the induction of HCA new starters, including manual handling training and basic life support. October 2020 - All 9 Core EST subjects are consistently above 90%. Work is on-going to increase compliance for Role Specific subjects; the weekly board paper now includes a recommendation for at least 1 subject per week. March 2020 - Moving and Handling compliance has dropped below 90% - work is being carried out in divisions to address this. Both Safeguarding Adults/Children Level 3 and Infection Prevention Control Level 2 classroom sessions have been cancelled due to COVID-19. E-learning is available for IPC and is in development for Safeguarding. February 2020 - The core 9 subjects remain at over 90% compliance. A full deep-dive into the role specific subjects below 90% has taken place and the findings presented to Executive Board. For these subjects, details of non-compliant colleagues is being emailed to managers in February. An EST Line Manager Bulletin special is being sent to managers which explains where we are at and what we need to do to improve compliance. January 2020 - The core 9 subjects remain at over 90% compliance. Of the 34 role specific subjects, 18 are now below 85% compliance. An action plan is in development to address these and this will be shared with the Executive board this month.	Jan – 2021	Mar-2020	WF	Suzanne Dunkley	Charlotte North

7413	Corporate	Finance and Procurement	Corporate Finance	Feb-2019	Keeping the base safe	There is a risk of fire spread at HRI due to insufficient fire compartmentation in areas which could result in fire spread / damage to buildings / equipment and harm to staff, patients and visitors.	Following a fire compartmentation undertaken in 2014 capital funding has been made available to improve compartmentation and fire safety across HRI Site. Fire committee has been established in November 2019 where fire safety is discussed and any risks escalated. Chief Operating Officer, is the nominated executive lead for fire safety Works undertaken by CHS includes:- • Replacement of fire doors in high risk areas • Replacement fire detection / alarm system compliant to BS system installed • Fire Risk Assessments complete • Decluttering of wards to support ensure safe evacuation • Improved planned preventative maintenance regime on fire doors • Regular planned maintenance on fire dampers Fire Safety Training continues throughout CHFT via CHS Fire Safety Office • Face to face • Fire marshal • Fire evacuation • Fire extinguisher	Number of areas awaiting fire compartmentation works Consequence of decanting ward area to carry out risk prioritised compartmentation works	15 5 x 3	15 5 x 3	1 1 x 1	Feb 2018 The Trust has bid to NHSI for early release of capital monies to support further fire compartmentation work. However, in order for CHS to manage this in a prioritised risk based approached it is essential the Trust are able to decant areas to enable CHS to complete building works to a satisfactory standard. Feb 2019: Walk around on wards between CHS, CHS Fire Officer and Matrons with the aim of de-cluttering wards to ensure a safe and effective evacuation. May 2019: Delivery of fire training June 2019: Fire risk assessments, installation of sockets July 2019: NHSI capital bid for 19/20 Dec 2019 - CHFT Fire Committee established with involvement from CHS and PFI. Fire Strategy to be developed to provide a short, medium and long term plan aligning with Trusts reconfiguration plans. Fire Committee to review fire risks.	December 2020 60 minute Fire Door replacement scheme nearing completion and Ward 18 now fully compartmentalised. 30 minute sub compartmentation still outstanding April 2020 additional fire risks due to impact of Covid-19, fire loading, increased use of oxygen, increased storage of supplies and equipment, movement of staffing, utilisation of theatres as critical care wards, fire evacuation routes altered. Full risk impact scoped and added to Covid risk register. MARCH 2020 Fire Committee reviewing Fire Risk to ensure appropriate risks identified and sufficient controls are in place. Fire Committee meeting 8th April 2020 and will review / approve all Fire related risks. FEBRUARY 2020 Fire Committee reviewing Fire Risk to ensure appropriate risks identified and sufficient controls are in place. Fire Committee meeting 26th Feb to review and submit the risks which will likely remove this risk.	Jan – 2021	Aug-2020	FIREC	Helen Barker	CHS / CHFT

7414	Corporate	Finance and Procurement	Corporate Finance	Feb-2019	Keeping the base safe	Building safety risk - there is a risk of falling stone cladding at HRI which is due to the aged and failing fixings originally designed to retain the cladding to the external structure of the building. This could result in significant incident and harm to patients, visitors and staff. CHS RISK = 7318	Damaged cladding observed at HRI Ward Block 1 resulting in immediate action to ensure surrounding area safe. Capital funding provided to support works. CHS commissioned Structural Engineers to repair the areas observed along the west side elevation of the building and carry out a site wide survey of the existing cladding surrounding HRI. Areas originally observed requiring immediate repair made safe and full detailed site survey carried out. CHS carry our visual inspections of cladding on a regular basis.	CHS and Trust received the full structural site survey which identified areas of high, medium and low risk and a solution to rectify the risk. Further capital funding required to support the planned work.	15 5 x 3	15 5 x 3	1 1 x 1	Feb 2019 - Structural Engineers requested to provide costings based on high risk, medium risk and low risk to enable the Trust to phase in repairs in a planned and prioritised manner. Costs expected March 2019. Progress managed at monthly Governance Contract and Performance meetings between CHS and CHFT. Any risks =>15 are escalated to Risk and Compliance for discussion / approval. Discussion to take place at Capital Planning to support prioritised plan	DECEMBER 2020 Pre-start meeting for Re-Cladding Design held on Friday 23/10. Options appraisal to be developed with an aim to be complete by January 2021. IHP to provide indicative programme for Stage 3 (design) and Stage 4 (construction). MARCH 2020 Survey recommended inspection carried out at 6 monthly intervals which now takes place. FEBRUARY 2020 CHS continue to monitor cladding following works completed on high risk areas. Option appraisal provided to CHS which will be considered as part of capital works.	Jan – 2021	May-2020	FC	Gary Boothby	C Davies / A Wilson
7454	Family & Specialist Services	Radiology	Main X-Ray	Apr-2019	Keeping the base safe	Service Delivery Risk There is a risk to Radiology service provision due to a reduction in Consultant capacity resulting in a reduction of cover in some specialist areas and overall general capacity with the potential for breaching national targets.	- Agency Sonographer cover. - NHS Locum cover. - Lung and chest: Additional reporting support from external providers and temporary change to job plan. Ad hoc support from WYAAT Trusts. - IR: Support from neighbouring organisation (1 day per week); Support, 1 day per week, through private agreement with private provider; working with WYVAS to plan cover until vascular service reconfiguration complete. - Additional reporting support from external providers. - Neuro: Additional reporting support from external providers and temporary change to job plans. - General on-call: Increase in use of external provider cover and existing Consultants picking up additional stand-by shifts.	Vacancies in all areas, including: - Lung and chest: Gap during annual leave of one remaining Consultant. - IR: Gap when contracted NHS Locum is on annual leave/other leave. - Neuro: Reduced capacity and no capacity during annual leave/other leave. - Paediatrics.	15 3 x 5	20 4 x 5	1 1 x 1	- Actively seeking recruitment in all areas including use of introduction agencies. - Actively seeking NHS and agency locum for all required areas. - Actively seeking a second overseas fellow. - Existing consultants working through competencies to enable coverage of gaps. - Outsourcing increased to free up capacity where possible. - Locum support employed when available e.g. breast radiologists - Appointed a NHS Locum Chest Radiologist, due to commence August 2020. Feb update - this consultant has now given back word.	Dec 2020 update – We continue to work towards the development of shared posts with our LTHFT colleagues and progress is being made. The locum appointed for IR has given backword however a second Leeds IR consultant has made himself available for locum shifts at HRI. We still await the commencement of 3 overseas global fellows, currently dependent on Covid restrictions. We are currently facilitating a clinical attachment, if successful we are hopeful it will lead to the appointment of an additional specialist doctor. October and November 2020 update - the overseas doctors recruited as part of the global fellows scheme are awaiting entry exams (delayed by Covid) so their start date is delayed until further notice. The trainee due in September commenced as planned. A second VIR consultant has been appointed through an NHS locum contract and is due to commence December 2020. We are working with LTHFT to develop new shared posts. A business case is currently being worked on to gain approval from Leeds, CHFT already has the necessary funding through vacancies. August 2020 update: 2 additional overseas global fellows appointed, start date on hold due to Covid 19. One trainee due to commence placement in September 2020. Covid impact has temporarily reduced demand for routine reporting there the service is less reliant on outsourcing, although some outsourcing work continues.	Jan – 2021	Mar-2021	PSQB	Stephen Shepley	Sarah Clenton

7474	Trustwide	All Divisions	All Departments/Wards	May-2019	Keeping the base safe	There is a risk to the organisation of out of service medical devices being in circulation and in use across CHFT due to the lack of assurance about the Trust Asset Register being up to date as it doesn't include equipment which has been gifted or bought without CHS involvement resulting in potential patient harm to patients. CHS Risk 7438	CHS Medical Engineering are attempting to rectify the problem and identify all devices in the high, medium and low risk category to provide an up to date register. To check if devices have a date on when they were last inspected as this would assist CHFT colleagues to identify equipment out of date. CHFT staff are aware of the need to report medical devices requiring repair however a reminder is deemed appropriate to ensure colleagues follow this process which will support CHS achieve their objectives. Equip database enabled providing increased divisional control and ability to see which items of equipment are overdue.	Failure to manage, maintain and service medical devices which are unknown to EBME	5 5 x 1	20 4 x 5	6 2 x 3	Schedule the maintenance of those devise identified prioritising high-risk devices first	December 2020:-Update High risk risen to (684 to 718), Medium risen to (1921 to 1983), Low risen to (1292 to 1307) a total of (3897 to 4008). Progress has been affected by higher demand and reactive repairs, lack of staff due to 2 x extra Covid engineering staff leaving the Bank at short notice to take up permanent positions elsewhere. Surgical Division QG Lead has raised risk regarding maintenance compliance. Planned to address with QG leads and Divisions in the new year, to put in place an action plan for each Division. November 2020 Numbers rising for all categories. Further mitigation introduced by way of divisions being able to see what their risk is on Equip and manage accordingly. October 2020 Update High Risk rose (393 to 573), Medium rose to (1714 to 1905), Low risk rose to (1283 to 1340) a total of (3390 to 3816). Due to Covid focus was on support of those devices needed at the time and contractors were unable/willing to visit site over the last couple of months the position has improved and will continue to do so, also the high volume of new equipment that has been purchased loaned in excess of 2500 new devices, has impacted our ability to maintain PPM compliance and inaccessibility of some areas due to restrictions, also an increase in breakdowns and reactive work due to cleaning and damage.	Jan-2021	Oct-2021	RC	Ellen Armistead	Robert Ross
7527	Surgery & Anaesthetics	Head and Neck	All wards/departments Head & Neck	Aug-2019	Keeping the base safe	There is a risk that patients will develop a recurrent cancer or more invasive cancer if they are missed for their follow up appointments, this is due to patients not being booked back in for their require time frame of appointment for the surveillance check - resulting in patients / hospital cancelling the appointments and patients are not being seen at the designated timeframes.	A failsafe process has been implemented for the post cancer patients , ? recurrent cancer / Surveillance through the cancer head and neck services. The validation team are prioritising the maxillofacial validation of 591 patients. Checks that all orders at placed following outpatients attendance Added onto care plans of review of follow ups dates required for all cancer diagnosed patients	EPR system (Lists) Lists of patients Failsafe Escalation process to implemented within appointment centre, secretaries. Appropriate training within the department	15 5 x 3	16 4 x 4	4 2 x 2	Review outstanding validations- Completed Develop process with appointment centre (Validation team) Completed Develop escalation process with appointment centre , secretaries for cashing up of clinics, and process to add further requests if appointments are cancelled. Completed Communication plan within the head and neck services. Completed High level process to roll out within the division. - Ongoing , process map developed, awaiting sign off by division.	November 2020 - B5 in position - no cancer ASI's - reduced first attendance within 7 days from 14 days to improve pathways, Review risk score at Nov DMT October 2020 - Band 5 appointed and starting post 16/11/20 to failsafe pathways August 2020 - Band 5 approved for 12 month secondment , to track patients and support with project work to improve booking of appropriate appointments. CNS team also implementing telephone reviews at specific check points of the surveillance pathway to ensure patients are not lost to follow up reviews. July 2020 - validations ongoing and trial still continuing , to present to colleges , clinicians in August 2020 Only 6 months' worth of progress updates presented	Jan – 2021	Dec-2020	PSQB	Thomas Strickland	Natalka Drapan

7557	Medical	Emergency Care	Accident & Emergency CRH/HRI	Oct-2019	Keeping the base safe	There is a risk to patient safety and experience for children and families visiting the Emergency Departments at CHFT. Due to the current workforce model which does not support the RCEM and National guidelines (RCPCH) which recommend 2 x Qualified Registered Children's Nurses on a shift in an ED at any one time. Resulting in the inability to : Provide care appropriately for sick children Recognise the sick and deteriorating child Have staff trained in appropriate distraction techniques for children Lack of awareness of all safeguarding flags and signs to be aware of in children attending the department.	2 RSCN nurses employed at Calderdale 6 Nurses currently on the Child In ED course via the university RN's working in the department who have previously completed the child in ED course APNP's attending the HRI site to care for sick children Work on going to look at an interim model while awaiting reconfiguration	Unable to recruit RSCN's in current workforce model Risk of recruiting RSCN's leading to poor morale and leaving the trust Unable to send a large proportion of staff on the Child in ED course due to study leave	16 4 x 4	16 4 x 4	1 1 x 1	To subscribe to the child in ED course at every intake via the university. Create a business case to increase the work force model to achieve RSCNs on each shift	December 2020: Still awaiting decision re: segregated ED and proposal to open Paeds area at CRH. HRI have cover for APNP's until January. Vacancies at CRH to recruit Paeds nurses if given go ahead for Paeds department. November 2020: Discussion with executive teams regarding children all being seen at CRH. Plans in place to recruit Paediatric nurses if this is the case. October 2020: Aw decision from finance if any capital available to start work on plaster room. High level talks within trust re: paeds provision at HRI this will impact children's services at CRH. September 2020: Aw decision re: paeds ED at CRH quotes obtained. Nurses identified to commence care of sick child course in Jan 2021. July 2020 Currently looking at how to include paeds with a segregated ED assessing staffing numbers and RSCN numbers meeting on 9th July 2020 Recruited an Advanced Paediatric Practitioner starting this month	Jan-2021	Apr-2021	NWG	Ellen Armistead	Louise Croxall/Jayne Robinson
7615	Medical	All Directorates Medical	All Departments/Wards Medical	Dec-2019	Keeping the base safe	There is a risk of not meeting the four hour emergency care standard Due to increasing demand on Emergency Care, patient flow issues, delays in assessment and discharge due to lack of social care staffing (hospital based social work team), lack of timely domiciliary care in community Resulting in poor patient experience, patient harm, increased scrutiny and reputational damage	Operational procedures to improve patient experience and flow are in place and reviewed at 3 hourly bed meetings Ambulance hand over time Time to triage Seen in 60 minutes by a medic Digital - manages time and RAG rates Clinical site commanders KPI - refer for inpatient bed before 3 hours Coordinators managing ED Matrons in place at both EDs Urgent care action cards direct staff Housekeepers providing fundamental care External support for dept in times of pressure - eg gynae, paeds Surge and Escalation plan - OPEL Training of on call managers and teams Skill mix- training for newly qualified nurses Streaming from the front door and admission avoidance services - frailty, streaming, Covid IMT and tactical oversight of patient flow	Partners not being able to deliver YAS - transport - escalation and response times and transfer to bed base Interruption of the Local Care Direct Service, GP closures for training Vacancy Non-compliance with action cards and process without escalation Engagement and understanding of the risk at ward level and across teams	15 3 x 5	15 3 x 5	1 1 x 1	Patient Flow action plan in place Governance - reported monthly at WEB Patient Flow action plan owner – Deputy COO, Accountability- Directors	December 2020 Protocol for managing long waits in ED has been reviewed Tactical meetings twice a day focusses on ED pressure Virtual assessment of capacity pressures by Clinical Lead. Daily critically ill patients huddle now in place. November 2020 Increasing incidents of >12 hour breaches from DTA (Decision to Admit), reported through to NHSE/I. Matrons are reviewing all >12hr breaches; nursing observations and intentional rounding overall good, patients being kept comfortable, nutrition and hydration documented, apologies offered. Incidents escalated to SI panel for review; no harm but poor patient experience, do not meet SI framework. April 2020 Profile of patients attending ED has changed due to impact of Covid. Segregation of patients and managing Covid risk is focus. Breaches are still being monitored. Link to MH bed waits risk - see action plan agreed for delivery of SI recommendations.	Jan – 2021	Apr-2021	WEB	Helen Barker/ Ellen Armistead	Bev Walker

7617	Corporate	THIS	THIS -Operational	Dec-2019	Keeping the base safe	Risk of: being in breach of contractual obligations, reputational damage to the Trust and becoming an NHS England/Improvement (the Cyber Risks and Operations group) trust of concern. Due to: non- compliance with the Data Security protection toolkit Resulting in: inability to trade due to contractual obligations not being met, loss of income and reputational damage. In addition, as a HSCN consumer, we are responsible for maintaining compliance with relevant NHS Digital Information Governance and data security standards and accreditation including the Data Security and Protection Toolkit (DSPT) which is one of our obligations under the HSCN Connection Agreement. It is not necessary to complete a Data Security and Protection Toolkit (DSPT) assessment in order to gain access to HSCN. However, all organisations that have or require access to NHS patient data and systems must use this toolkit to provide assurance that they are practicing good data security and that personal information is handled correctly. Our current Trust status stands as 'Standards Not Met', If we are to publish a further DSPT with 'Standards Not Met', our Organisation may become a Trust of concern to NHS England/Improvement.	Control Group established – Governance Risk and Compliance (GRC) IT Workstreams in place to address areas of non-compliance Operational control by THIS Director Project management in place to steer progress Data Protection Officer oversight Digital Investment (Darktrace etc) Aug 2020 - Plan in place	Password Policy (inc Rollout) Delivery of planned work for March 21 Cyber Essentials Certification	16 4 x 4	16 4 x 4	4 4 x 1	3 workshops have taken place to understand the resource and capital investment needed to close the gaps and meet the required level of compliance. The output from these workshops is the compilation of a plan with timescales and deliverables. This plan will be complete in Dec 19 with the first actions commencing in January 2020 where funding allows for resource and infrastructure investment. Plan underway with positive outcome expected July/Aug 2020. Revised plan going to Divisional Board in Aug 2020. Revised plan agreed. Plan now in place and on track to deliver compliance for March 2021	December 2020 - As above, further progress weekly however: Plan in place for delivery of the key elements ready to meet compliance in March 21. Plan has been discussed at divisional board but score cannot be amended until there is further progress against this plan with clear assurance for a successful submission in March 2021. Oct 2020 - Plan in place for delivery of the key elements ready to meet compliance in March 21. Plan has been discussed at divisional board but score cannot be amended until there is further progress against this plan with clear assurance for a successful submission in March 2021. Aug 2020 - Significant progress has been made for our submission in September 2020, however this will still be non-compliant as expected. DSPT progress reviews continue to be carried out, for both Information Security and Technical aspects. There is now a plan in place for delivery of the key elements ready to meet compliance in March 21. These actions with reduce the score once the plan has been signed off by Divisional Board in August. Only 6 months of progress updates presented	Jan-2021	Mar-2021	DB	Mandy Griffin	Rob Birkett

7683	Trustwide	All Divisions	All Departments/Wards	Mar-2020	Keeping the base safe	There is a risk of not having adequate isolation (Side room) facilities Due to an increase in demand and initiation of testing of asymptomatic patients Resulting in failure to safety isolate patients and further transmission of Covid-19 to vulnerable patients and impacting patient flow	Infection Control policies and procedures PHE guidance In-house testing of patients. Daily IMC VC meetings. SITREPS Monitored by Tactical with reporting and escalation into Covid re bed capacity and patient flow. Reason to Reside reviewed on a daily basis and meeting arranged with GP, CCG and social care partners Discharge team working with consultants to expedite discharges Strategic Command	One platform for testing and if this goes down will need to revert for testing to Leeds with results taking longer to receive Aerosol generating respiratory interventions should be in single side rooms or require all in the area to wear PPE.	12 4 x 3	20 4 x 5	6 3 x 2	Establish in-house testing and turn-around of results to move negative out of isolation - in place Review anti-microbial protocols for antibiotic prescribing to reduce patient contact and move to early discharge Plan for commencement of testing of asymptomatic patients - in place Manage patient flow, discharge planning, admission avoidance, reason to reside assessment	December 2020 Daily tactical meetings / sit reps includes overview of side rooms IPC/Ops review ward changes to maximise side room availability Ward 18 opened 28th Dec creating a dedicated isolation facility 26.10.2020 Two patients waited >12hrs from DTA. YAS on full escalation resulting in delayed discharges. Reason to Reside, admission avoidance, Elderly consultants & frailty team in ED. Discharge team expediting discharges. Oct 2020: increasing numbers of Covid positive patients putting pressure on beds, some beds blocked. Limited side room capacity being utilised. Isolation ward being designed and developed. Swabbing and results well embedded, SOPs in place. Patient flow is monitored. Escalations from tactical to IMT. Reason to Reside being actively monitored. July 2020:, increased pressure on blocked beds and side room availability, becoming challenging. Only 6 months of progress updates presented	Jan – 2021	Jan-2021	NA	David Birkenhead	Claire Speight, Bev Walker

7685	Trustwide	All Divisions	All Departments/Wards	Mar-2020	Keeping the base safe	PPE SUPPLY CHAIN There is a risk of the supply chain for PPE not being maintained or responsive Due to increased demand and reduced capacity Resulting in failure or delays in provision of essential PPE to frontline staff	National control of distribution by MOD - 01.04.2020 (Clipper logistics) Strategic and tactical command National Supply Chain Disruption arrangements Materials Management Group CHFT PPE Group - decision-making and governance PHE guidance is accepted as the definitive guidance for PPE. Product recall process and Quality testing contract available Mutual Aid in place and experiences indicate effective and responsive	Reporting system with real-time stock position National distribution by MOD - no longer able to order our own stock: Range of PPE guidance being disseminated by professional bodies leading to confusion. National push deliveries that are recalled due to quality control issues	20 4 x 5	12 4 x 3	2 1 x 2	National Distribution model by MOD Respond to updated national guidance Establish centralised ordering process Region-wide (WYAAT) order for gowns Monitor use of masks in view of change to national guidance on usage in public areas for both staff and patients. Mutual aid and national escalation in place and triggered as required. Product recall process developed by PPE group	Dec 2020, currently no supplies issues with PPE likely hood reduced 3rd September 2020 - Reviewed by PPE group. New IPC guidance currently being worked through. FFP3 strategy agreed option4 blended approach. 28th July 2020 - Reviewed by PPE Group - Product Recall established and implemented responsively and successfully, process disseminated to on-call distribution to support implementation out of hours. Additional supply of 5000 goggles received as part of the strategy for eye protection rolled out to clinical areas with decontamination SOP. Strengthened organisational position with 90 hoods delivered, and deployed into clinical areas, supported with a tracking system. No "real" escalations due to deteriorating stock positions over the last month. July 2020 - new Head of Procurement in post, handover done. Continued monitoring of stock levels with reaching out for mutual aid where necessary and national escalation. Sml nitrile gloves from MYHT and supply anticipated from national push delivery. PPE group looking at mask dispensers for visitor stations.	Jan – 2021	Apr-2021	NA	Ellen Armistead	Andrea Dauris

7689	Trustwide	All Divisions	All Departments/Wards	Mar-2020	Keeping the base safe	There is a risk that patients may have to wait for outpatient appointments, diagnostic tests or routine operations Due to cancellations of routine surgery and rescheduling of clinics Resulting in their condition deteriorating, potential impact on treatment options available and a less positive outcome	EPR booking and validation processes Urgent fast-track processes in place Risk assessment for re-prioritisation of appointments Virtual appointments commenced in some prioritised areas	Unable to meet target KPI's for RTT and diagnostics, and that patients will wait longer than is best practice for outpatient appointments with an increase in the ASI list and holding list.	20 4 x 5	20 4 x 5	4 2 x 2	Clinical review and prioritisation of essential patients Medicine: risk assessment of booked and due, consider remote or delay 3-6 months. Working up CAS model and recovery plan. Incident reporting for identifying patient harm or impact on prognosis or outcome Complaints and PALS Team logging enquiries and concerns re waits for appointments, and patients not wishing to attend for appointments	December 2020: Clinical validation and prioritisation in place, Buddies have been started they will contact patients and give information when validated as high P value. Phone/Virtual appointments are still in place - a large number of F2F clinics have been cancelled or replaced with phone consultations due to the second wave. Divisional CAS coordinators have employed. Customer contact meetings have been cancelled in most areas November 2020: Clinical validation and prioritisation in place, Buddies have been employed to contact patients and give information when validated as high P value. Phone/Virtual appointments are still in place. Divisional CAS coordinators are currently out on Trac. RTT is increasing and specialties are made aware at Customer contact meetings July 2020: clinical validation and prioritisation in place, appointments including virtual, some diagnostics commenced, endoscopy. Only 6 months of progress updates presented	Jan-2021	Jul-2021	NA	Anna Basford	T Strickland, S Shepley, A Ameen, L William
7778	Trustwide	All Divisions	All Departments/Wards	May-2020	Keeping the base safe	There is a risk of staff potentially becoming infected with Covid 19 Due to caring for patients with the virus Resulting in sickness and potentially death	Following PHE guidance PPE Identification and cohorting of patients Dissemination of safety messages Staff testing - asymptomatic testing of staff commenced. Evidence showing that frontline staff caring for Covid positive patients have infection rate 1%, which is higher than staff in non-frontline and non-Covid work areas Social Distancing guidance Working from home - reduce infection and allow for greater social distancing	Inability to determine where the infection has been acquired - not able to account for staff movement and contacts out of the work environment - therefore clarity of application of RIDDOR in these cases Non-adherence to social distancing failure to properly wear, or remove PPE at appropriate times	15 5 x 3	16 4 x 4	5 5 x 1	Monitor staff sickness absence Provision of Occupational Health advice Staff testing for symptomatic, asymptomatic and those isolating due to family symptoms Provision of PPE appropriate to task WYAAT position on application of RIDDOR	Dec 2020 Leadership walkabouts Matrons ward managers reminding staff with regards to correct wearing of PPE 3rd September 2020 - reviewed by PPE group - risk to sit with social distance group. PPE group will advise on PPE June 2020: Social Distancing workstream in place. Provision of surgical masks for public areas and offices with occupancy requiring PPE, and for patients. Work to encourage staff to adhere to social distancing guidance is ongoing with raising awareness, Greeter roles on main entrances, segregation of seating areas in restaurants, and prompting staff to consider behaviours. 18.05.2020 Social Distancing guidance and FAQs distributed 01.05.2020 recognition regionally, nationally and internationally that staff are catching Covid and some deaths of healthcare workers. Suggestion that BAME staff groups may be more affected. More community staff are testing positive. Planning for testing of all staff with recognition that 1-5% staff will have a positive result, impacting on workforce.	Jan-2021	Apr-2021	NA	Helen Barker	Helen Barker
7783	Trustwide	All Divisions	Departments/W	May-2020	Keeping the	ENVIRONMENT AND ESTATE There is a risk of being unable to achieve national standard of social distancing of 2 metres Due to constraints of the	Covid IMT oversight of risk, incidents and workstream Covid IMT oversight of Stabilise and Reset including proposals for commencement of activity Outpatient activity is limited to	SOPD Estate- not in an ideal location to meet face-to-face Surgical Clinics for Vascular, plastics, colorectal, urology. narrow corridor (3 metres), SOPD entrance doorway (1 meter) and small waiting area	16 4 x 4	12 4 x 3	8 4 x 2	Plan for Stabilise and Reset (recovery) being conscious of requirements for social distancing Signage to support social distancing message in public spaces available, in	November 2020 - to split out the staff-related elements of this risk into a separate risk, with this remaining as estate, buildings, room configurations, beds distancing, corridors. October 2020 - Covid secure risk assessments undertaken and audit commenced July 2020: 16th - ED waits, working on a	Jan-2021	Jan-2021	PSQB	Helen Barker	Rachel Roberts,

						environment and estate, the buildings, corridors and room sizes, and configuration of spaces in their current form and how they were utilised pre-Covid Resulting in potential for cross infection from patients to/from staff, and staff to staff, a lack of confidence of patients to attend for necessary care and reputational damage to the Trust	emergency clinics for vascular patients at SOPD. Following PHE guidance to offer PPE to any patient attending clinics Chairs in waiting areas are distanced. Covid secure Risk assessment and action plan in all areas Audit of risk assessment undertaken signage across the hospital and on all doors top tips and FAQs on social distancing available to all staff	(3 metres) which get congested with footfall from patients arriving for multiple surgical clinics, activity in pharmacy opposite SOPD and passing staff who are attending other services on subbasement (endoscopy, pharmacy, medical engineering, Haematology OPD). High risk patients (Vascular Hot clinics) coming to SOPD. Canteen/restaurant and kitchen facilities - some staff queueing and failing to adhere to social distancing - however this has improved Unable to achieve a one way system for entry and exit to clinics in outpatient settings due to the design of the estate. Small meeting rooms that do not allow for social distancing				place and routinely reviewed Signage for small meeting rooms in place- one person/two person space Covid bulletin providing key messages regarding social distancing Top Tips for Managers and FAQs Social Distancing wardens in communal areas such as restaurant at busy times Monitor ED attendance and patient flow Workplace risk assessment for offices and shared environments	trigger for escalation of inability to achieve social distancing. impact of minor injuries and ED presentations. July 2020 Covid IMT - workplace risk assessment for office environments.					
7796	Trustwide	All Divisions	All Departments/Wards	Jun-20	Keeping the base safe	There is a risk of staff or whole team shortages Due to the Government Track and Trace system advising self-isolation for contacts of Covid Resulting in potential for reduction in services and impact on patient care	PPE provision and guidance on wearing in the workplace to minimise risk. Occupational Health supporting with contact tracing and risk assessment for individuals who report in sick or have been in contact with someone who is Covid positive outside of work.	Movement of staff outside of working hours may bring them into contact with persons who are later tested positive, meaning the staff member may be required to isolate at home. Delays in track and trace to notify the individual means they may have come into work in the period between being in contact and being notified. Some teams are unable to socially distance at the required 2 metres when working (e.g. Pathology labs)	16 4 x 4	16 4 x 4	4 2 x 2	Staff to contact Occupational Health if they are informed by Track and Trace to self-isolate due to an out-of-work contact with a person who is positive. Social Distance workstream - identify opportunities to social distance and reduce risk Communications to staff when guidance is updated	Oct 2020: Movement into Tier 3 should in effect reduce the likelihood of staff being in contact with other people who later test positive when they are not in work, therefore this reduces the likelihood of being contacted by Track and Trace instructing them to self-isolate. June 2020: Recognition that some teams work in a restricted space and not possible to socially distance. Not possible in some cases to reduce the size of the team without significantly impacting the volume of activity that they can deliver, creating a further risk. .	Jan – 2021	Apr-2021	PSQB	Helen Barker	Helen Barker
7797	Trustwide	All Divisions	All Departments/Wards	Jun-2020	Keeping the base safe	There is a risk of variable compliance with IPC guidance Due to staff working in different areas and with different equipment and consumables whilst also wearing restrictive PPE Resulting in IPC outbreaks	IPC policy and guidance PPE guidance IPC Committee Outbreak meetings are established for incident clusters to support oversight and investigation	Staff movement into different working environments working in PPE, using PPE inappropriately	16 4 x 4	16 4 x 4	4 4 x 1	Investigate Serratia cluster of 5 line infection cases May/June 2020 in ICU	Dec 2020- Walkabouts taking place to reinforce correct wearing of PPE and social distancing COVID risk assessments carried Reviewed by PPE group September 2020. Investigation complete. PPE compliance improved close risk June 2020: Cluster of 5 incidents of line infections on ICU to jointly investigated. Outbreak meetings held. Declared Serious Incident for investigation.	Jan-2021	Apr-2021	ICPB	David Birkenhead	Anu Ragjopal / Jean Robinson

7852	Surgery & Anaesthetics	Clinical Care	Pain Clinic	Aug-20	Keeping the base safe	There is a risk of reduced service delivery in the Pain Clinic due to a reduced workforce model in response to staffing requirements in ICU resulting in delay of treatment and potential risk to patient safety and increased length of stay	Currently service delivered by Band 7 0.8 WTE 0.64 WTE band 5 . Band 6 CNS to support service 1 day a week from week commencing 12 September	No onsite cover from a pain nurse specialist, wards and clinics normally supported 5 days a week 8.30-17.00 Band 7 due to shielding requirements working remotely only. No nurse specialist cover whilst Band 7 on AL (on leave now until 2nd September) risk rate would reduce to 12 when back Band 5 new to service	16 4 x 4	16 4 x 4	4 4 x 1	Review of staffing requirements daily on ICU over next week and release of CNS if acuity allows Band 6 CNS to support service 1 day a week from week commencing 12 September.	December 2020 Need for staff to remain on ITU reviewed daily at Clinical Workforce meeting Division keeping this under review Patients to be reviewed as part clinical prioritisation work	Jan – 2021	Jan-21	PSQB	Thomas Strickland	Fiona Kaye
7936	Trustwide	All Divisions	All Departments/Wards	Nov-2020	Keeping the base safe	STAFF BEHAVIOURS There is a risk of being unable to achieve national standard of social distancing of 2 metres Due to staff behaviours and failure to follow government guidance Resulting in potential for cross infection from patients to/from staff, and staff to staff and reputational damage to the Trust	Covid IMT oversight Social Distancing workstream Posters and routine weekly bulletin Separation of seating in communal areas Risk assessment of offices and communal spaces	influencing the change in staff behaviours in the communal area for those who have been working closely together in a clinical area Canteen and restaurant queueing and failure to adhere to social distancing requirements	16 4 x 4	16 4 x 4	4 4 x 1	Regularly reinforce social distancing where possible messages to staff	December 2020 All risk assessments of office areas / clinical spaces have been completed and reviewed Audiobant messaging now in place Further signage is in place Must Do's include reminders on social distancing Leadership assurance walkabouts include social distancing November 2020: Covid IMT requested split out of 7783 to reflect separate Estate/spacing issues with staff behaviours.	Jan – 2021	Apr-2021	WF	Helen Barker	Catherine Riley
7942	Trustwide	All Divisions	All Departments/Wards	Nov-2020	Keeping the base safe	THERE IS A RISK OF staffing levels decreasing to a level that effects safe staffing DUE TO Covid infections RESULTING IN affecting delivery of safe, effective and responsive patient care	Workstream group reviews of mitigating actions (listed) Covid IMT (See individual cross-referenced risks for controls and actions / mitigations) Read in conjunction with: 7676 Nurse Staffing 7678 Medical Staffing 7694 District Nurse staffing 7706 AHPs staffing 7687 Blood Transfusion service 7796 Track and Trace 7773 SAS Division staffing 7878 Pharmacy Workforce staffing 7713 THIS staffing 7909 Anticoagulant Team staffing /INR clinics 7813 Microbiology staffing	.	16 4 x 4	16 4 x 4	2 2 x 1	1. PPE guidance and adherence to appropriate PPE in line with Trust/National guidelines (Risk 7797 & 7685) 2. Colleagues will maintain social distancing in line with national guidelines in and out of work (Risk 7783, 7926 and 7684 self-isolation) 3. Non COVID absence will continue to be monitored and managed - IPR, workforce monitoring 4. Managers will ensure that the wellbeing hour is adopted in all services by Jan 2021 (Risk 7690) 5. Managers will ensure all colleagues receive adequate breaks and annual leave to remain well (Risk 7681) 6. The 24/7 helpline to support colleague's mental wellbeing is extended permanently (Risk 7690)	December 2020: Staffing sickness and absence monitored and reported daily Must Do's include staff reminders regarding social distancing, IPC basics and symptom checking. Improved processes in place for managing nursing and midwifery short term sickness and absence November 2020: overarching staffing risk logged at request of Dir WF&OD. Cross-referenced actions to existing risks; PPE, wellbeing, annual leave, social distancing, with mitigations described in individual risks.	Jan – 2021	Apr-2021	WF	Suzanne Dunkley	Suzanne Dunkley

High Level Risk Register – December 2020

Risks at 29th December 2020

TOP RISKS

The following risks scored at 25 or 20 on the high level risk register remain the same as the previous month and are:

7454 (20): Radiology Staffing Risk
2827 (20): Over-reliance on locum middle grade doctors in A&E
6345 (20): Nurse staffing risk
7078 (20): Medical staffing risk
7689 (20): Waiting for diagnostics, operations and outpatients (COVID)
7683 (20): Lack of isolation capacity (COVID)
7474 (20): Medical devices

The Trust risk appetite is included below.

NEW RISKS

7936 - Social distancing (Staff behaviours) Nov-2020 (C4 x L4), All Divisions, Trustwide risk

There is a risk of being unable to achieve national standard of social distancing of 2 metres

Due to staff behaviours and failure to follow government guidance

Resulting in potential for cross infection from patients to/from staff, and staff to staff staff and reputational damage to the Trust.

December 2020:
All risk assessments of office areas / clinical spaces have been completed and reviewed
Audio ban messaging now in place
Further signage is in place
Must Do's include reminders on social distancing
Leadership assurance walkabouts include social distancing

7942 – Overarching staffing risk Nov-2020 (C4 x L4), All Divisions, Trustwide risk

There is a risk of staffing levels decreasing to a level that effects safe staffing
Due to covid infections
Resulting in affecting delivery of safe, effective and responsive patient care

December 2020: Staffing sickness and absence monitored and reported daily
Must Do's include staff reminders regarding social distancing, IPC basics and symptom checking.
Improved processes in place for managing nursing and midwifery short term sickness and absence

INCREASED RISKS

7474 – Medical Devices May-2019 (C4 x L5 = 20), All Divisions, Trustwide risk

Risk of:
Medical devices being out of service, in circulation and in use across CHFT.
Due to:
The lack of assurance of the Trust Asset Register being up to date including equipment which has been gifted or bought without CHS involvement

Resulting in:
Potential patient harm.

December 2020: High risk risen to (684 to 718), Medium risen to (1921 to 1983), Low risen to (1292 to 1307) a total of (3897 to 4008). Progress has been affected by higher demand and reactive repairs, lack of staff due to 2 x extra Covid engineering staff leaving the Bank at short notice to take up permanent positions elsewhere. Surgical Division QG Lead has raised risk regarding maintenance compliance. Planned to address with QG leads and Divisions in the new year, to put in place an action plan for each Division.

REDUCED RISKS

7685 PPE suppy chain Mar-2020 (C4 x L3 = 12)

There is a risk of the supply chain for PPE not being maintained or responsive
Due to increased demand and reduced capacity
Resulting in failure or delays in provision of essential PPE to frontline staff

December risk score at (C4 x L3 =12)

Liklihood reduced to 3 as no current PPE supply issues.

This risk will continue to be monitored weekly on the Covid 19 Workstream Risk Register.

CLOSED RISKS

7315 – Delay in outpatient appointments (C5 x L3 = 15)

There is a risk of delay to patient care, diagnosis and treatment
Due to insufficient outpatient appointment capacity to meet current demands
Resulting in poor patient experience, damage to organizational reputation and increased concerns/complaints and possible claims.

Risk is superceded by Risk 7689 (C4 x L5)

There is a risk that patients may have to wait for outpatient appointments, diagnostic tests or routine operations
Due to cancellations of routine surgery and rescheduling of clinics
Resulting in their condition deteriorating, potential impact on treatment options available and a less positive outcome

TRUST RISK PROFILE AS AT 29/12/2020

KEY: = Same score as last period ↓ decreased score since last period
! New risk since last period ↑ increased score since last period

LIKELIHOOD (frequency)	CONSEQUENCE (impact/severity)				
	Insignificant	Minor	Moderate (3)	Major (4)	Extreme (5)
Highly Likely (5)			= 6715 Poor quality / incomplete documentation =7615 Emergency Care Standard	= 6345 Nurse Staffing = 7078 Medical Staffing =7454 Radiology staffing =7689 Diagnostics,OPD, operations =7683 Isolation facilities ↑7474 Medical Devices	
Likely (4)				=7248 Essential Safety Training =6829 Pharmacy Aseptic Dispensing Service =2830 ED Mental Health Breach =7617 Cyber risks =7557 Meeting RCPCH guidelines ED =6596 Delay in SI investigations =7778 Staff infected with Covid =7796 Track and trace isolation and team shortages =7797 Variable IPC guidelines =7527 Maxillofacial follow up appointment !7936 Social distancing (Staff behaviours) !7942 Overarching staffing risk	= 2827 Over reliance on locum middle grade doctors in A&E
Possible (3)				↓7783 Social distancing restraints ↓7685 PPE supply chain	= 5747 Vascular /interventional radiology service =7413 Fire compartmentation HRI =7414 Building safety
Unlikely (2)					
Rare (1)					

CHFT RISK APPETITE STATEMENT - 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**
Commercial	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**

December 2020 – SUMMARY OF HIGH LEVEL RISK REGISTER BY TYPE OF RISK AS AT 29th December 2020

BAF ref	Risk ref	Strategic Objective	Risk	Executive Lead/ Divisional Director						
					July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20
QUALITY AND SAFETY RISKS										
06/19	2830	Keeping the base safe	ED Mental health breach	ADN - Medicine	=16	=16	=16	=16	=16	=16
06/19	5747	Keeping the base safe	Vascular / interventional radiology service	Divisional Director of FSS (JO'R)	=15	=15	=15	=15	=15	=15
08/19	6596	Keeping the base safe	Delay in SI investigations	Director of Nursing (EA)	=16	=16	=16	=16	=16	=16
06/19	6715	Keeping the base safe	Poor quality / incomplete documentation	Director of Nursing (EA)	=15	=15	=15	=15	=15	=15
06/19	6829	Keeping the base safe	Pharmacy Aseptic Dispensing Service	Director of Nursing (EA)	=16	=16	=16	=16	=16	=16
~~06/19~~	~~7315~~	~~Keeping the base safe~~	~~Out patient appointments capacity risk~~	~~Divisional Director of FSS (JO'R)~~	~~=15~~	~~=15~~	~~=15~~	~~=15~~	~~=15~~	~~=15~~
11/19	7248	Developing our workforce	Essential Safety Training	Director of Workforce and OD (SD)	=16	=16	=16	=16	=16	=16
16/19	7474	Keeping the base safe	Medical Devices Risk	Director of Finance (GB)	=15	=15	=15	=15	↑16	↑20
05/19	7527	Keeping the base safe	Maxillofacial follow up appointment	Divisional Director of SAS (WA)	=20	16	=16	=16	=16	=16
08/19	7615	Keeping the base safe	Emergency Care standard	Director of Nursing (EA), Chief Operating Officer (HB)	=15	=15	=15	=15	=15	=15
02/20	7617	Keeping the base safe	Cyber risks	Managing Director Digital Health (MG)	=16	=16	=16	=16	=16	=16
05/20	7683	Keeping the base safe	Isolation facilities	Medical Director (DB)	=16	=20	=20	=20	=20	=20
05/20	7685	Keeping the base safe	PPE Supply chain	Director of Nursing (EA)	=20	=16	=16	=16	=16	↓12
05/20	7689	Keeping the base safe	Delay in diagnostics, OPD and operations	Director of Transformation (AB)	=20	=20	=20	=20	=20	=20
05/20	7778	Keeping the base safe	Staff infected with Covid-19	Chief Operating Officer (HB)	=16	=16	=16	=16	=16	=16
05/20	7783	Keeping the base safe	Social distancing restraints (Estates)	Chief Operating Officer (HB)	=16	=16	=16	=16	=12	=12
05/20	7796	Keeping the base safe	Track and trace,isolation and team shortages	Chief Operating Officer (HB)	=16	=16	=16	=16	=16	=16
05/20	7797	Keeping the base safe	Variable IPC guidelines	Medical Director (DB)	=16	=16	=16	=16	=16	=16
06/19	**7936**	**Keeping the base safe**	**Social distancing (staff behaviours)**	**Chief Operating Officer (HB)**					**!16**	**=16**
WORK FORCE RISKS										
01/19	2827	Developing our workforce	Over reliance on locum middle grade doctors in A&E	Medical Director (DB) Amjid Mohammad (CD)	=20	=20	=20	=20	=20	=20
10b/19	7557	Keeping the base safe	Meeting RCPCH guidelines ED	Director of Nursing (EA)	=16	=16	=16	=16	=16	=16
10b/19	6345	Keeping the base safe	Nurse Staffing - ability to deliver safe and effective high quality care and experience service	Medical Director (DB) ,Director of Nursing (EA), Director of Workforce	=20	=20	=20	=20	=20	=20
10a/19	7078	Keeping the base safe	Medical Staffing - ability to deliver safe and effective high quality care and experience service	Medical Director (DB) ,Director of Nursing (EA), Director of Workforce	=20	=20	=20	=20	=20	=20

10a/19	7454	Keeping the base safe	Radiology service provision staffing risk	Divisional Director of FSS (JO'R)	=20	=20	=20	=20	=20	=20
11/19	**7942**	**Keeping the base safe**	**Overarching staffing risk**	**Director of Workforce and OD (SD)**						**!16**
ESTATES / SAFETY RISKS										
09/19	5806	Keeping the base safe	Urgent estate work not completed	Director of Finance (GB)	=20	=20	=20	=20	=20	=20
09/19	7413	Keeping the base safe	Fire compartmentation at HRI	Chief Operating Officer (HB)	=15	=15	=15	=15	=15	=15
09/19	7413	Keeping the base safe	Fire compartmentation at HRI	Chief Operating Officer (HB)	=15	=15	=15	=15	=15	=15

KEY: = Same score as last period, ↓ decreased score since last period, **!** New risk since last report to Board ↑ increased score since last period

Newly added risks highlighted in bold.

Board Assurance Framework risks referenced above

01/19	Risk re approval of the hospital services reconfiguration business cases
05/19	Risk that the resource, capacity and capability of full optimisation of the EPR system due to lack of optimisation of the system does not continue to further enhance quality and safety
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.
08/19	Risk of failure to achieve local and national performance targets resulting in patient harm, poor patient experience or enforcement action.
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.
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.
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.
11/19	Risk of not attracting or retainng colleagues who are confident and competent to provide compassionate care to patients and inclusive leadership to colleagues.
13/19	Risk that the Trust will not deliver the long term financial plan due to reduced income, inability to deliver the cost improvement plan and additional pressures, resulting in regulatory intervention
14/19	Risk that the Trust will not secure sufficient capital funding to maintain facilities over the longert term and meet safety and regulatory standards resulting in patient harm and regulatory intervention

16/19	Compliance with Health & Safety
2/20	Investment for Digital Strategy ambitions
5/20	Unable to maintain current levels of Covid-19 capacity or response to surges in Covid-19 demand and non-Covid 19 patients

January 2021 updated BAF references

16. Director of Infection Prevention Control Q2-Q3

To Receive

Calderdale and Huddersfield NHS Foundation Trust

COVER SHEET

Date of Meeting:	14 January 2021
Meeting:	Board of Directors
Title:	Quarterly DIPC report
Authors:	Jean Robinson, Matron Lead IPC. Lindsay Rudge Deputy Director of Nursing/Assistant DIPC Anu Rajgopal Infection Control Doctor
Sponsoring Director:	David Birkenhead, Executive Medical Director
Previous Forums:	None

Actions Requested:
To receive

Purpose of the Report

To provide the Board a report on the position of Healthcare Associated Infections (HCAIs) in Q3 from 1 October 2020 to 31 December 2020.

Key Points to Note

- Zero MRSA bacteraemia
- 108 probable or definite hospital-acquired COVID-19 infections (HOCI's) since Septem ber 2020
- 147 patient COVID-19 exposure incidents due to asymptomatic patients testing positive or because of patients developing HOCI's. IPC Key messages have been implemented
- Revised Covid pathways and updated PPE have been developed in line with guidance.
- Social distancing guidance and Covid secure risk assessment have been undertaken and are reviewed monthly.
- Air scrubbers have been installed in both ED resus areas to improve ventilation.
- Introduction of day 3 patient Covid testing has been implemented.
- Staff Lateral flow testing commenced in November.
- IPC has supported patient flow throughout the pandemic
- IPC Workstream meets weekly and divisional assurance is given around key IPC measures.
- Ward 18 HRI has been fully refurbished and opened on the 28th December as a 15 bedded isolation ward.
- There have been 20 COVID-19 outbreaks since September. Eleven of these involved only staff and 9 were predominantly in-patient related outbreaks.
- 40485 patient tests have been completed with 1515 positive results
- The trust has put in place a number of MUST Do's related to IPC

EQIA – Equality Impact Assessment

This report relates performance information relating to Infection Prevention and Control. It is not expected that the performance metrics reported will be significantly affected by ethnicity,

however disability may predispose individuals to certain infections. Information on flu uptake has been analysed by ethnic group and reportedly separately.
Recommendation
The Board is asked to **RECEIVE** the Q3 Director of Infection Prevention Control report and note the performance against key IPC targets.

Quarterly DIPC Report
1st June 2020 to 31st December 2020

1. Introduction

This report covers the period from 1stJune 2020 – 31st[th] Dec 2020. Calderdale and Huddersfield Foundation Trust recognises that effective infection prevention practice, underpinned by the implementation and audit of evidence-based policies, guidelines and education are fundamental to the reduction of risk and patient harm from Healthcare Associated Infections (HCAI). The report will provide assurance against key infection prevention and control performance and quality indicators.

2. Performance targets

Indicator	End of year ceiling 19/20	Year to date performance to 31st Dec (pre lockdown figures)	Actions/Comments
MRSA bacteraemia (trust assigned)	0	**0**	1 post case
C.difficile (trust assigned)	Awaiting DoH directive	**40 in total:-** **30 HOHA** **10 COHA**	7 Preventable 19 Unpreventable 14 Pending
MSSA bacteraemia (post admission)	None set	**13**	
E.coli bacteraemia (post admission)	None set	23	
MRSA screening (electives)	95%	68.5%	A reminder has been sent to divisions re MRSA screening.
ANTT Competency assessments (doctors)	90%	68.67%	Divisions have been tasked to ensure medical staff to complete ANTT assessment.
ANTT Competency assessments (nursing and AHP)	90%	92.18%	
Hand hygiene	95%	99.4%	
Level 2 IPC training	90%	89.97%	This is now an e-learning package

3. Quality Indicators

Indicator	Year-end agreed target	YTD performance	Comments
MRSA screening (emergency)	95%	94.8%	A reminder has been sent to divisions re MRSA screening.
Isolation breaches	**Non set**	Not recorded during this time scale	COVID-19 patients were given priority over side room isolation during this time frame.
Cleanliness	Non set	92.3%	

4. MRSA bacteraemia:

None to report during this time period.

5. MSSA bacteraemia:

There have been 13 post-admission MSSA bacteraemia cases during 1st April to 30th November 2020. A review of cases has been undertaken and there is no common theme. The IPC team will continue to review cases on a monthly basis.

6. Clostridium difficile:

The trust has to been notified of the ceiling for 2020/21. The current number of cases in the reported time frame is 40:- (30 Hospital Onset Healthcare Associated HOHA and 10 Community Onset Healthcare Associated COHA).

All cases are subject to an RCA investigation of which 7 have been deemed as preventable, 19 unpreventable and there are 8 pending.

7. E. coli bacteraemia:

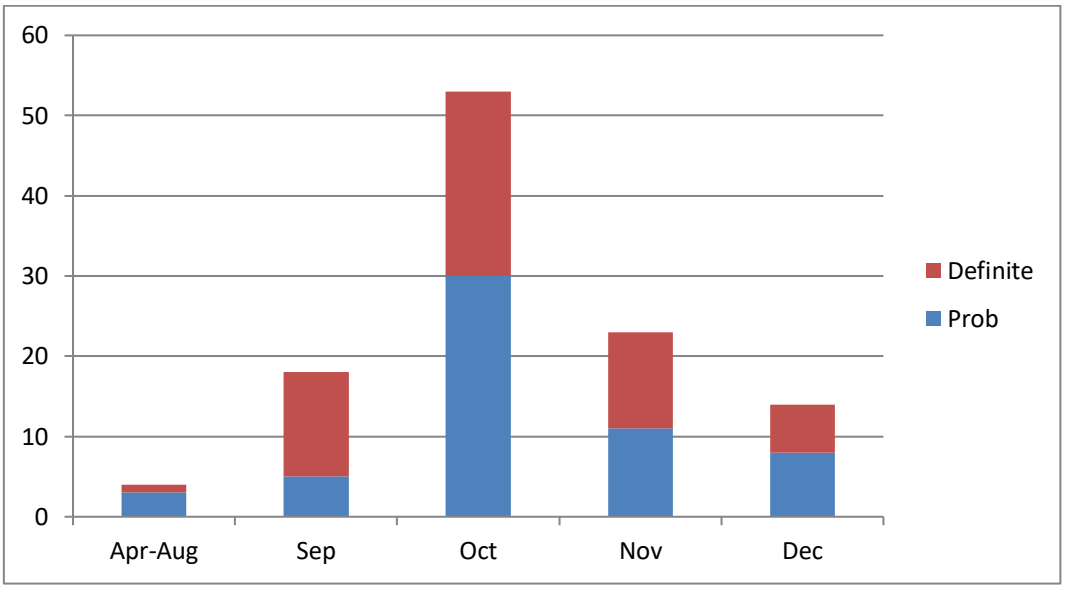
There have been 20 post-admission *E. coli* bacteraemia cases since the 1st April 2020, a case note review has been undertaken with no common themes identified.

8. COVID-19

The COVID-19 pandemic has been managed and monitored via the Incident Management Team (IMT). IPC is represented at the following:- PPE Group; Tactical group and IMT; Social Distancing; Patient Experience; Staff Exposure; Clinical Reference Group; plus other clinical areas to support ongoing plans. The development of a Covid IPC workstream is underway and will feed directly into IMT.
The Trust has a number of action plans in place to provide assurance against national recommendations and these are reviewed in the IPC workstream, IMT and the Quality Committee.

Hospital-acquired COVID-19 infections

There have been 108 probable or definite hospital-acquired COVID-19 infections (HOCI's) since September 2020 as reflected in the graph below. This increase in HOCI's has been seen across all regional Trusts in the second wave of the pandemic. Some of these infections have resulted have occurred in ward based outbreaks..



All HOCI's at CHFT are reported on Ddatix by the IPCT and investigated using an RCA tool.

Exposure incidents

This quarter, there have been 147 patient COVID-19 exposure incidents due to asymptomatic patients testing positive or because of patients developing HOCI's. All exposure incidents are monitored daily by the IPCT and contacts are cohorted or isolated for 14 days in-line with national guidance. A tag is added on to their EPR to ensure an appropriate duration of isolation. Any contacts discharged are also followed up by the teams and advised accordingly.

Updates:-

- Revised Covid pathways and updated PPE have been developed in line with guidance.
- Social distancing guidance and Covid secure risk assessment have been undertaken and are reviewed monthly.
- Air scrubbers have been installed in both ED resus areas to improve ventilation.
- Introduction of day 3 patient Covid testing has been implemented.
- Staff Lateral flow testing commenced in November.
- IPC has supported patient flow throughout the pandemic
- IPC Workstream meets weekly and divisional assurance is given around key IPC measures.
- Ward 18 HRI has been fully refurbished and opened on the 28th December as a 15 bedded isolation ward.

Outbreaks

There have been 20 COVID-19 outbreaks since September. Eleven of these involved only staff and 9 were predominantly in-patient related outbreaks. All these have been investigated in-line with national recommendations and reported to NHSE and PHE in a timely manner. The key areas of concern and actions taken as a result of outbreak investigations are highlighted in the table below.

Staff outbreaks	
Contributing factors	**Outbreak actions completed**
Non-compliance with social distancing	All workplace risk assessments were revised, updated and visual signage installed. These are further updated where required. Importance of social distancing communicated to staff.
Exposure on the CHFT transport vehicles	Staff screening and disclaimer introduced prior to travel on shuttle Perspex screens installed Daily cleaning of all patient transport by fogging machines
Staff working whilst symptomatic	Staff daily symptom checker and disclaimer rolled out across all areas Trust-wide communication via the CHFT bulletin, screensavers and workforce briefings Podcast by ICD
Non-compliance with masks in non-clinical areas, non-compliance with COVID-secure risk assessments	Trust-wide Communication, updated risk assessments, follow up by managers as 'seek to understand' meetings, visual signage across the Trust. Areas to provide assurance at the IPC work stream through: • Daily must do compliance by ward managers • Weekly leadership walkround every Wednesday • Weekly IPC Covid 19 assurance • 2 weekly FLO audits
Car sharing	Trust-wide guidance on car-sharing communicated via bulletin and screensavers
Cleaning in non-clinical/office areas	Provision of cleaning equipment, having a rota for cleaning including touchpoints and shared equipment
Asymptomatic staff transmission	All areas have had a COVID secure risk assessment and mitigations including maximum room occupancy this is being monitored within divisions. Mandatory use of face masks in non-clinical areas in-line with national guidance. Introduction of the lateral flow device(LFD) testing for all staff (voluntary)

Patient outbreaks	
Contributing factors	**Outbreak actions completed**
Patient placement in open nightingale-style wards with increased transmission risk	IPC review of Covid risk pathways and utilising the nightingale-style wards for positive patient cohorts where possible
Patients not wearing masks when mobilising	Implemented trust-wide and included in the assurance checklists
Lack of bedside patient hand hygiene facilities	Bed side alcohol gels provided trust-wide and included in the assurance checklists
Bed spacing and multiple patient movements	Installation of segregation curtains trust-wide (in-progress) , IPC input into daily tactical meetings, removal of beds to improe bed spacing.
Patients with cognitive impairment who need to mobilise	Risk to be included in the 1:1 requisition for enhanced care staff support on wards
Asymptomatic positive patients/relatives	Provision of hand gels and masks at patient /visitor entrances Patient and carer COVID-symptom and contact triage for ED, direct admissions and all outpatient areas. Divisional non-compliances with routine in-patient PCR screening monitored at IPC work stream. Introduction of routine day 3 PCR screens Plans in-progress to introduce LFD testing for ED patients. Updated visiting guidelines
Use of common ‘day rooms’ by patients	Trust-wide patient communal rooms to remain closed for the duration of the pandemic
Ventilation in clinical areas	Air scrubbers installed in ED opening of windows to improve natural ventilation where possible Trust-wide plan regarding current ventilation and strategies to mitigate associated risks to be brought to IMT by estates (with IPCT input)

Patient data

So far to date over 40485 patient tests have been completed with 1515 positive results.

The Trust has developed a COVID dashboard which provides a single overview across a range of metrics related to COVID 19. This supports key workstreams within the IMT governance structure.

FFP3 FIT testing:-

A PPE Strategic Group was established in April 2020 in response to the COVID-19 pandemic to ensure that PPE supplies were maintained to protect frontline health care staff.

FIT testing to FFP3 masks has been challenging due to frequent changes in the mask manufacture. There are currently over 160 FIT testers within the organisation and FIT testing remains outgoing. A substantial

amount of re-useable FFP3 masks were purchased for those staff in critical areas: e.g. ICU, Theatres, Respiratory floor and staff have been FIT tested and issued with a mask for their individual use.

9. Isolation Breaches

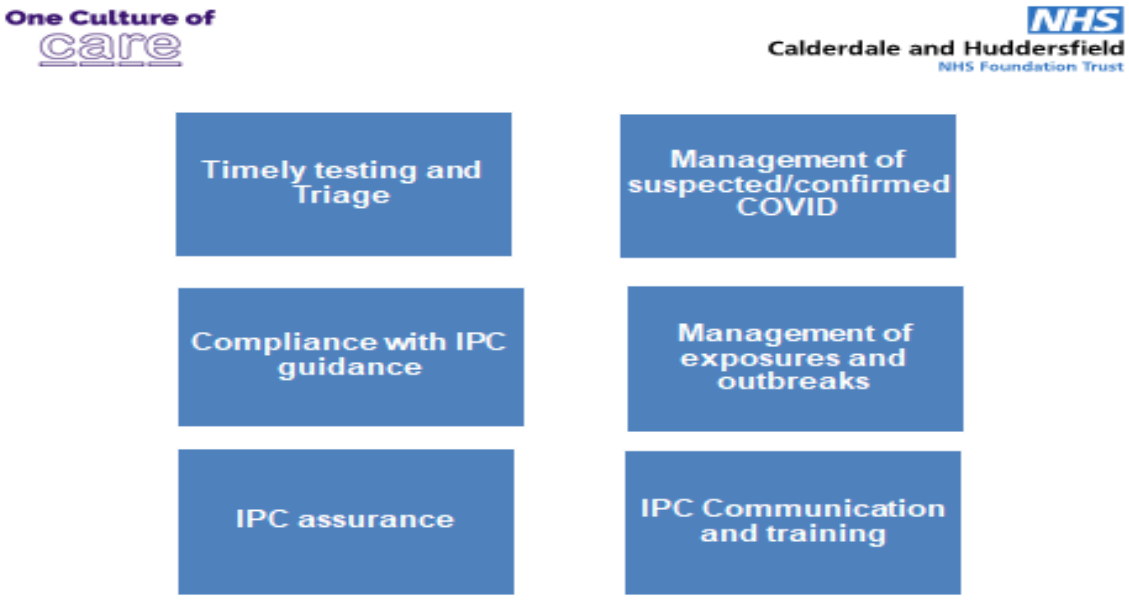
Due to the COVID pandemic Isolation breaches since 1st April 2020 have not been reported; The Isolation policy was reviewed, and changes made to reflect the current position and prioritising those patients with Covid symptoms and diarrhoea

10. Audits:

Quality Improvement Audits

The programme was put on hold during the reporting period and is due to be reviewed in January.

The Trust has put in place a number of MUST Do's related to IPC



FLO (Front Line Ownership) audits: These are carried out by clinical areas to confirm compliance with set elements of staff and patient safety indicators, teams identify where good practice and areas where standards need improving.

Quarterly FLO audits: These are completed by the IPCNs on acute areas, again these were put on hold during the reporting period.

11. ANTT

All staff who undertakes ANTT requires re-assessment every three years. This has had an initial impact on the ANTT performance matrix as staff ESR records automatically lapsed to RED if their previous assessment was more than 3 years ago (before 1st September 2016). The current Trust compliance is 88.34% with nursing colleagues at 92.18% and medical colleagues 68.67%. The infection control performance board is monitoring compliance closely to ensure this is at the level expected.

12. VACCINATION PROGRAMME

Seasonal influenza vaccinations

No national target but expectation of 100% offer and as close as possible to full take up.

Campaign plan approved by trust board and championed by exec director with medical director leadership.

A strategic steering group was formed and an operational group which both met alternate weeks.

Plan to deliver vaccines for Flu ahead of anticipated roll out of Covid vaccinations towards the end of 2020.

A record number of peer immunisers were trained to provide vaccines locally within teams to minimise onward Covid transmission and a revision of strategy away from mass drop in events as held in previous years. The campaign was managed fully paper free and daily data reporting thorough the Knowledge Portal.

By 31 December 74.7% frontline healthcare workers have had a flu vaccine, which is an increase on same time last year. The campaign will continue to the end of Feb 2021.

Covid vaccine programme - commenced 29th December at CHFT

After receipt of 2 batches of Pfizer vaccine - one to HRI and one to CRH, two pilot vaccine clinics were held, one at each hospital site. Vaccines were initially prioritised to Care Home WO community health and social care providers and private sector healthcare teams as identified by the CCGs, and to CHFT staff most vulnerable by health need or work roles.

The second delivery of vaccines is due to be administered from 6th January 2021 and an ongoing clinic set up.

13. Recommendations

The Board is asked to The Board is asked to **RECEIVE** the Q2-Q3 Director of Infection Prevention Control report and note the performance against key IPC targets.

17. Guardian of Safe Working Hours Quarterly Report Q3 - Dr Anu Rajgopal, Guardian of Safe Working Hours

COVER SHEET

Date of Meeting:	14th January 2021
Meeting:	Board of Directors
Title:	Quarter 3 report (1st Oct-31st December 2020) from the Guardian of safe working hours, CHFT
Author:	Anu Rajgopal
Sponsoring Director:	David Birkenhead
Previous Forums:	none

Actions Requested:
To note

Purpose of the Report

To provide an overview and assurance of the Trust's compliance with safe working hours for junior doctors across the Trust and to highlight and detail any areas of concern

Key Points to Note

- An increase in exception reports from the medical division as a result of higher patient acuity, increased workload and a rise in colleague absences.
- Successful implementation of the phase 2 junior doctor rotas in the medical division from November in response to the second pandemic surge.

EQIA – Equality Impact Assessment

The medical workforce is ethnically diverse and exception reports submitted by our junior doctors have been split by ethnicity and gender. The analysis done shows that the exception reporting data is representative of the medical workforce in the Trust.

Recommendation

The Board is requested to note the report

Q3 report: (1ST Oct-31st December 2020)

Guardian of safe working hours (GOSWH), CHFT

Executive summary

This quarter has witnessed the second surge of the COVID-19 pandemic and this has coincided with an increase in exception reports submitted. The trend mirrors what is seen in previous years with an increasing number of trainees breaching their contracted hours due to higher acuity of patients, increased workload and significant colleague absences.

All junior doctors in medicine were escalated to the phase 2 response rota in November. The rotas were designed by the trainees following their experience with the initial pandemic wave in April. All rotas are compliant with the 2016 terms and conditions of service (TCS) for doctors in training. The escalation of trainees to this phase has coincided with a similar escalation in the medical consultant rotas hence providing increased senior medical support during twilight hours and weekends.

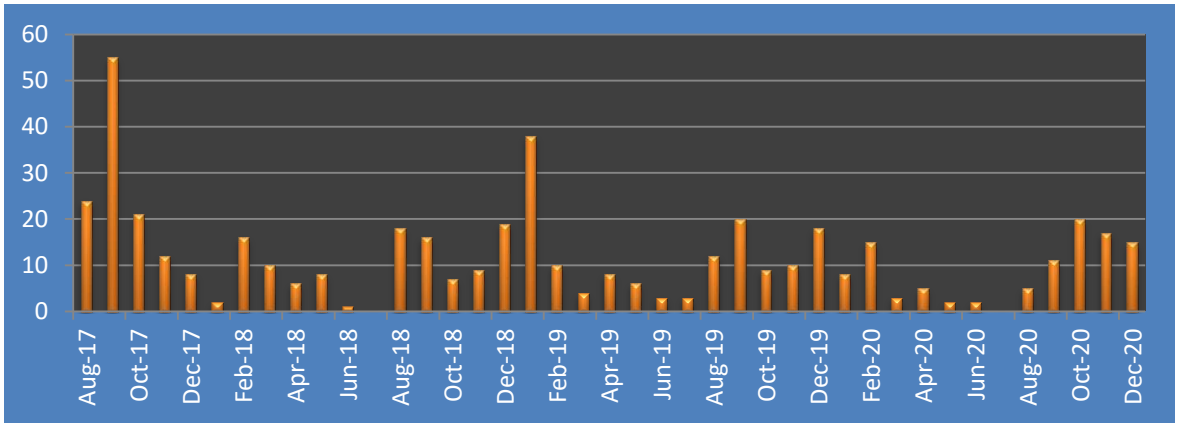
Significant rota gaps continue in paediatrics, obstetrics & gynaecology (OBGYN) and accidents & emergency (A &E). There has been success in recruitment to trust grade posts in paediatrics and OBGYN recently which will help support these specialities.

We have had a few exception reports due to lack of access to Self-development time (SDT) which was introduced for foundation trainees by the Health education England (HEE) foundation programme. The 2016 TCS for doctors in training states that SDT is now a contractual requirement for foundation trainees.

In Q3, there has been increased engagement of GOSWH, DME, Medical HR and divisions with trainees via regular junior doctor meetings to receive timely feedback on rotas and for communicating key messages of the pandemic.

a) **Exception Reports (ERs):**

i. Monthly trends in exception reporting

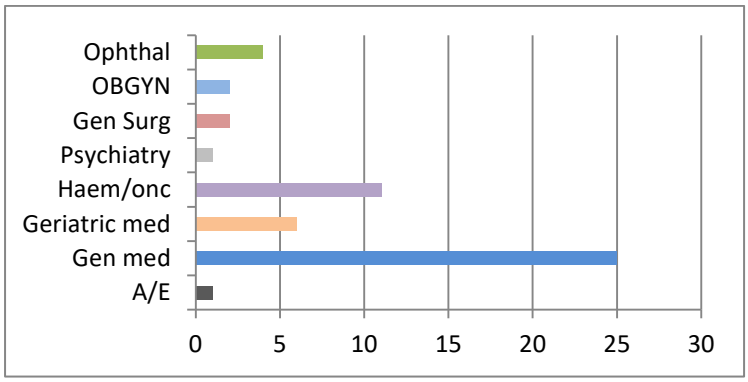


A higher number of exception reports have been submitted this quarter. Majority of these were due to working more than the contracted hours from the medical division. The recurring themes were a higher acuity of patients leading to an increased workload and increased colleague absences.

	Immediate safety concerns	**Total hours of work and/or pattern**	**Educational opportunities/ support**	**Service support available**	**TOTAL**
October	0	20	0	0	20
November	0	16	1	0	17
December	0	12	3	0	15
Total (Q3)	**0**	**48**	**4**	**0**	**52**

ii. Grade:

iii. Speciality:



Eleven of the 44 ERs submitted in Medicine came from haematology and oncology. The main issues raised were: Increased referrals and completion of tasks from the oncology help-line, senior medical input later in the day leading to a spill-over of trainee jobs beyond their standard hours and delay in completing ward rounds due to acutely unwell patients. I did escalate this to the clinical lead which led to an improvement in managing the help-line and planning ward rounds. There have been no further ERs from this speciality since November.

There have been six ERs for overtime due to mandatory attendance at the stroke & radiology meeting. I have escalated this to the clinical lead for a work schedule review.

All four ophthalmology ERs were due to over-running emergency eye clinics.

The only two general surgical ERs were submitted by a surgical FY2 who was moved to medicine to cover an outbreak ward during the day with an increased workload due to colleague absences.

Four exceptions reports have been submitted due to lack of provision for SDT from foundation doctors in the medical division. SDT is designed to be non-clinical time within the foundation doctor's work schedule which is used for activities to support their career and personal development. This was introduced by the HEE foundation programme in September and the 2016 Terms and Conditions of Service for doctors in training states that SDT is now a contractual requirement for foundation trainees. The intention was that it be applied flexibly by the divisions. Surgical and A/E directorates have rostered SDT within the trainee rota, however other specialities have decided to give it flexibly. I have escalated concerns from medicine and paediatric trainees that SDT is not being given consistently and the DME is aware and clarifying this further.

Majority of the exception reports (30 of 52 ERs) have been completed with an outcome of TOIL (time off in-lieu), the rest getting payment as compensation.

b) Rota gaps, areas of concern and updates

i. Response to the COVID-19 pandemic

Medical HR, Flexible workforce and the divisions have worked well with junior doctor representatives in agreeing a junior doctor rota for the second surge of the pandemic. There were weekly meetings where feedback was received from trainees who had worked at CHFT during the first pandemic wave in April as well as input from current CHFT trainees who had worked in other Trusts so that best practice could be adopted locally. For junior grades, this came into effect w/c 9/11/20 and for registrars from 23/11/20. This coincided with the escalation of medical consultant rotas, with increase consultant cover during twilight hours and weekends to support our junior doctors. The new rota has only affected trainees working in medical specialities and a 2-week notice period for step-up or down of rotas was agreed. All rotas are compliant. To improve communication with trainees over the continuing pandemic, there are fortnightly junior doctor workforce briefings, weekly medical workforce meetings and daily operational medical staffing meetings, open to all trainees and their representatives. At these meetings, any relevant COVID-19 information is communicated and trainees can escalate staffing or other concerns in a timely manner.

So far, during the second surge, there have been only 4 instances of relocating non-medical trainees from their speciality to medical wards during their contracted hours due to an acute clinical need.

ii. Areas of concern

Areas with significant vacancies are paediatrics, OBGYN and A & E.

i. Paediatrics: The junior rota (FY2-ST3) has only a 0.7 wte gap due to less than full-time trainees (LTFT). The trust has recruited a trust grade in post from December to fill this. The major gaps are at the ST3+ rota. Two trust grades cover most of the ST3+ gaps. The rest get covered by bank and agency locums.
ii. Obstetrics & Gynaecology: Since August '20, there have been 4 gaps at the registrar level due to deanery vacancies and maternity leave. These have been filled by locums so far. On a positive note, the trust has been successful in recruiting 4 trust grade doctors who will commence in post in the next few weeks.
iii. Accidents & Emergency: Nearly 7 wte gaps at ST3 and ST4 grade since August'20, which is likely to increase in the next quarter. There is one MTI and 2 FY3 doctors included in the ST3 rota. The ACPs sit on the junior rota. The minimum staffing levels have also increased due to the split ED and there is reliance on a large number of bank and agency locums. The division is doing some work on recruitment at the moment.

There are no notable gaps in medicine, surgery or anaesthetics. The few gaps that exist due to deanery vacancies or shielding colleagues have been covered by bank shifts.

An issue was raised by FY2 trainees in orthopaedics about expected attendance at the post-trauma ward round (PTWR) following a night shift. This would be exception reportable as it is beyond their contracted hours. I did escalate this to the clinical director and sector tutor and have been given assurance that the FY2 trainees do not need to attend the PTWR.

c) Guardian engagement with trainees (via teams meetings)

i. Fortnightly junior doctor work force briefings: I have attended these and communicated any relevant exception reporting information as well as infection prevention and control guidance specific to the COVID-19 pandemic.
ii. Weekly medical workforce planning for the second surge: Attended as GOSWH to support trainee rotas and any concerns raised
iii. Monthly meeting with FY1/FY2 trainees: Commenced these with the DME to improve communication. These are well attended and provision of SDT, access to exception reporting, post-shift rest facilities are some of the issues that have been discussed

d) Junior doctor forum

This was held on 23/11 with good engagement from trainees. Feedback was received from medical education, medical HR and trainee representatives. Medical education colleagues along with GOSWH and infection control have revised the COVID-19 risk assessments in the junior doctor's mess with improved visual signage following an exposure incident. There was further communication to trainee reps on accessing OOHs rest facilities. Junior doctor access to quiet rooms/PC rooms during medical teaching was clarified in response to a concern raised at the monthly FY1/2 meetings. The trainee reps escalated some rota issues which have been successfully dealt with in subsequent rota meetings.

e) Summary

This quarter has seen an increase in the number of exception reports submitted, mainly from the medical division. Majority have been due to increased workload, reflecting the higher acuity of patients and increased colleague absences. The junior doctors in the medical division were escalated to phase 2 rotas in November in response to the second pandemic surge. These rotas are fully compliant and have been designed by the trainees whilst supported by the division and medical HR. There remain significant rota gaps in paediatrics, OBGYN and emergency medicine and minimal staffing is being managed by locums (mainly bank) and other staff grades like ACPs and Trust grade doctors.

The Trust Board is asked to receive and note the Guardian of Safe Working Hour's report.

Anu Rajgopal
Guardian of safe working hours
January 2021

18. Quality Report

To Note

Date of Meeting:	Thursday, 14 January 2021
Meeting:	Board of Directors
Title:	Quality report
Author:	Doriann Bailey, Assistant Director of Patient Safety
Sponsoring Director:	Ellen Armistead, Executive Director of Nursing
Previous Forums:	Quality Committee – Wednesday, 30 December 2020

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 needs 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 ongoing response to the COVID pandemic, the processes and systems within the Trust to ensure quality and safety are fit for purpose.

To provide in some detail the Trust's preparedness for relevant regulatory scrutiny.

Key Points to Note

- There are some outstanding actions from the 2018 CQC inspection, the Trust still have five actions to complete. The expectation of the CQC response group is that these actions will be closed at the next meeting of the group.
- The Focused Support Framework piloting has been undertaken and plans for roll out are being enacted. Plans to develop this to become a more multi-professional process are underway.
- CHFT improved position for the Central Alert System (CAS) indicators.
- The Trust position for Facing the Future Standards for Children in Emergency Care settings. CHFT Current Position with Recommendation 9 & 10. Work is ongoing to provide further assurance in relation to risk mitigations.
- That CHFT will undergo a CQC Patient FIRST for Emergency Department review, the meeting which took place in October 2020.
- Pressure Ulcer – A reduction to 2 areas of limited assurance, noting an improving position with reasonable assurance across 6 areas.
- Nutrition and hydration – assurance remains limited
- Complaints: this remains a concern for the Trust and a service review is currently still underway.
- Venous Thromboembolism VTE – to note the achievement of the 95% target of patients being risk assessed for developing a VTE
- There are plans in place to improve reporting around quality indicators across the Trust.
- CHFT has made an initial submission on the 21st December 2020 in response to the Ockenden review.

EQIA – Equality Impact Assessment
In undertaking the Equality Impact Assessment this ensures that the Trust is sited on all aspect of our care delivery and the impact this can have on the diverse patient group. This in turn demonstrates that as a Trust we are considering the needs of all in our care and ensures that services we provide do not have a disproportionate impact on individuals or groups that share a protected characteristic under the Equality Act 2010. This report considers the impact on all 'protected` groups under the Equality Act 2010 including parents/carers and/or socio-economic groups. It is not anticipated that the contents within this report will have a detrimental impact on any of the protected characteristics but seeks to give the assurances that as a Trust we are doing everything in our power to reduce risk and ensure high quality and safe care for all to include improvements for dementia screening for our patients aged 75 and over. The Equality Impact Assessment is an ongoing process and every effort is made to ensure it is an integral part of service delivery and enable us to demonstrate that the Trust is offering a service that meets legislation, encourages equal access for all and reduces as many negative impacts identified as possible in terms of its overall delivery of high quality care. In ensuring the above as a Trust we well be well placed to respond positively to external scrutiny from the Commission for Equality & Human Rights, the Care Quality Commission, and the Audit Commission.
Recommendation
The Board is asked to note the content of the report and the ongoing 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 a Trust working towards the Outstanding CQC rating, 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 Quality Committee continues to provide the scrutiny, monitoring and assurance on all the quality programmes that are in place within the Trust. The Committee recognises the challenges placed upon the Trust in the face of the COVID -19 Pandemic and acknowledges the hard work from all staff as we seek to keep all our patients safe and continue to provide high levels of care.

This report provides an update on assurances against several quality measures for the period October– November 2020.

2. CHFT Care Quality Commission (CQC) Workstreams - Summary

During October and November 2020, the CQC workstreams have continued to be guided by the continuous engagement with the Trusts CQC Relationship Managers, Trusts recovery plan, national guidance and CQCs Emergency Support Framework.

The CHFT Emergency Department was part of two reviews with CQC in October 2020. The department was chosen to partake in the Provider Collaboration Review which focused on urgent and emergency care in eight systems. CQC looked at how providers are collaborating to develop urgent and emergency care services together in light of COVID-19 prior to potential further peaks, and ahead of this winter.

The department was also required to present to CQC how the Patient FIRST toolkit has been implemented and is being used in the Emergency Department. A meeting with CHFT executives, senior managers and clinicians responsible for urgent and emergency care was requested so that a structured conversation to understand the level of executive level support to the emergency department and patient flow through the hospital. The inspectors focused on specific key lines of enquiry (KLOEs) from the Safe, Responsive and Well Led domains.

The Focused Support Framework reviews were launched in October following a successful pilot on Ward 6C Cardiology at Calderdale in September, two further reviews have taken place in October & November 2020. Due to the pressures of the second peak of COVID-19 a decision was made to suspend the reviews from mid-November, this was considering the pressures on staff and the infection prevention and control risk of being within ward areas. The plan is to reinstate the reviews from February 2021.

2020/21 CQC Exceptions Action Plan – Update on 'Must Do' & 'Should Do' Actions

Of the outstanding actions from the 2018 CQC inspection, the Trust still have three 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 has improved in quarter three with a further two actions being closed, one Must Do action and one Should Do actions.

In brief the one 'must do' and two 'should do' are not yet embedded in the Trust and have resulted as actions for specific focus for the CQC Response Group. Further the one 'must do' actions remain incomplete pending further consideration of the quality and financial impact of the CQC actions.

Action leads were asked to present a position statement and plans to further progress all remaining 2018 CQC actions at the October CQC Response Group.

The exceptions plan below sets out, in detail, the present position:

Compliance	Quarter 2 20/21	Quarter 3 20/21	Plan for Q4	Assurance
MD1 - The trust must improve its financial performance to ensure services are sustainable in the future	The Trust has started a Use of Resources Self-Assessment process focusing on areas set out in the CQC Use Resources Criteria. This piece of work 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 five-year Financial Improvement Trajectory, this plan was overridden subsequently due to Covid-19. The Month 5 reported position was break-even, based upon the temporary financial regime in place to support Covid pressures.	Very long-term strategic recommendation, the plans linked to this were around reconfiguration. We continue to progress but due to current environment we are breaking even on a month on month basis to support Covid activity. Planning for the next financial year is taking place	It was agreed at the CQC Response Group that this action will be finalised long term and no further update is needed until April 2021.	**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.	During the escalation period, and during the re-set period it has become apparent that the concerns of the CQC, and indeed our own with regards the national guidance are very relevant to the current workload. After departmental meetings we are progressing with a consultation process (mediated by the Critical Care re-set group going forward), to evaluate the consensus approach to altering the CRH OOH consultant cover, which will be presented to IMT. In the interim the CRH ICM consultants have remained as resident due to concerns with the on-going risk	Current position, future position and all risk mitigations in place were presented to the CQC Response Group in October 2020. A formal review of the rota's take place on a 3 monthly interim basis with a 6-month formal review. This action has been considered by the response group and has a review process in place with escalation if necessary. This should remain on divisional risk register and there is clear link between an incident and this risk and if an incident occurs an instant review takes place. The group agreed that this as far as mitigation can go and the 3/6 month reviews to be monitored via the Quality Committee. It was agreed that this risk be closed as a system and process is now in place.	Action now closed but to be monitored via the Quality Committee and formal 3- and 6-month review of rotas to be undertaken. In the interim the risk continues to be managed by the existing work force.	**CLOSED**
SD3 - The trust should develop processes to measure the outcomes of mental health patients in order to identify opportunities to improve care	TOR for workstream agreed and new attendees invited to meeting. Mental Health policy approved pending comments at QC. Additional clinical guidelines reviewed in relation to Joint working with SWYPFT. Children and Young People and Community services guidelines are progressing.	There has been a lot of success around the current work undertaken to reduce the wait for a mental health assessment on attendance in ED and patients are usually seen by the Mental Health Liaison team within 1- 2 hours. An SOP has been developed to assess the quality of the care	To be presented back at the CQC Response Group in Jan 2021. There's a need to separate out ED and requested that this be completed quickly to enable the action to be	**SUBSTANTIAL ASSURANCE**

Compliance	Quarter 2 20/21	Quarter 3 20/21	Plan for Q4	Assurance
	CAMHS forum is embedded and in place. Meeting held to progress training strategy and Mental Health Dashboard. Ligature training to be reviewed alongside Policy development.	required within ED. The Mental Health Ops group holds ongoing meetings and the new dashboard is to be reviewed at each meeting and patient questionnaire is being developed. Ongoing improvement work is taking place via the mental health operations group to further seek feedback from mental health patients using the service within the Emergency Department with a questionnaire developed to go to the next operations meeting.	closed.	
SD6 - The trust should continue to strengthen staff knowledge and training in relation to mental capacity act and deprivation of liberty safeguards.	All levels of MCA DOLS training compliance currently above 90%. Level 2 and Level 3 training is currently on the intranet. 7 Minute briefings sent out during Covid -19. MCA DoLS questions are now included in the Focused Support Framework.	Training compliance is now at 90% and forms part of the essential skills training framework. We have measures around DOLS with Safeguarding Committee reviewing all training statistics. Committee received 3 audits and more work to be done with an action plan in place. Evaluations have taken place and 7-minute meetings have taken place during Covid and a Mental Capacity act template is to be built into Cerner. Testing has now been incorporated into the FSF process. Overall governance currently sits with the Safeguarding Committee. The group felt that in terms of closing this action, positive work is taking place with audit of this made by the FS Framework therefore action is to be closed with assurance that there is a governance framework in place and regular audits are maintained. Closure was agreed by the group.	Action now closed. Monitoring to be continued via the FSF reviews and regular audits which will be monitored via the governance structure.	**CLOSED**
SD9 - The Trust should ensure they work to meet the Royal College of Emergency Medicine recommendations of 16 hours consultant presence in the department.	3Rs paper written to support current 14 hours per day 5 days a week with consultant overlap to support busy periods. Action plan developed Assessment of demand within our Emergency Departments 14 hours consultant cover 5 days a week, with extra cover at weekend on a WLI basis/some contracted Pas	A piece of work around risk mitigation has been completed. Job planning is being examined but could take a few months to complete. The group requested that ED show how the division is managing the risk mitigation with completed actions i.e. minutes of meetings, available to view. To be closed after a couple of months of meeting minutes are available	Management of the risk mitigation to be presented back at the CQC Response Group in January 2021.	**SUBSTANTIAL ASSURANCE**

CQC Engagement Meetings

Regular catch up meetings have continued to 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 21st December 2020.

The engagement conversations have been structured in line with CQC Emergency Support Framework.

Moving forward the meetings will take a more structured approach focusing on:

- CQC update / arrangements during Covid-19
- CHFT community services: focus
- CHFT provider update: any changes to management structure, compliance Issues, finance, governance
- CQC inspection / action plan
- CHFT concerns: from clinical audit, clinical outcomes and unexpected deaths (including inquests)
- Risk Register: (any changes to current risk status with brief outline of mitigating actions taken)
- Specific data from safety systems: serious incidents/safeguarding/complaints
- Outcome of other external reviews or investigations

CHFT currently have 8 open enquiries with CQC; 1 of which is awaiting closure.

Focused Support Framework (FSF)

- **Purpose and Aim**

The newly devised framework has incorporated a new streamlined approach focused on collecting quality data while 'freeing up' frontline staff to focus on quality improvement projects with the aim of delivering excellent patient care.

Together the framework will aim to provide a 360-degree evaluation of the ward environment and workforce and has been streamlined to improve efficiency whilst providing nursing leaders with a temperature check of the ward culture and environment.

The FSF gives Ward Managers and their Teams the opportunity to showcase the Safe and Compassionate Care which is delivered to patients across the Trust on a daily basis. The review is also a mechanism used to identify where extra support may be needed within clinical areas. Support packages will be available where needed and implemented by our Trust subject experts.

- **Reviews to Date**

The Focused Support Framework Pilot was run on Ward 6C at CRH in September. A further two reviews have been undertaken during Q3; Ward 21 Orthopaedics HRI and Ward 7BCD Stroke CRH.

Unfortunately, due to the COVID-19 pressures the reviews have been suspended from mid-November, the decision was made considering the current staffing pressures and possible IPC impact of being within ward areas. The plan at this stage is to reinstate the reviews from February 2021.

From the reviews that have been undertaken to date feedback of the process has been positive from both the Review teams and Ward Managers. The process has been run successfully over a 1-week period, with a hybrid of onsite observations, off site review i.e. patient record audit and staff engagement via Teams.

The framework and process identified where extra support was needed on the ward area and also highlighted areas of good practice.

A final report was shared with the Ward Management team and a feedback panel was set up to discuss the findings.

From the findings a support package has now been put in place by the subject experts to ensure the Ward has the extra support needed.

During Q3 the framework has also been developed to include a comprehensive patient record audit tool.

- **FSF Review Next Steps**

Whilst the reviews have been suspended due to the COVID-19 pressures the plan is to develop the FSF, next steps for quarter 4 include:

- SOP to be developed outlining the final process and agreed.
- Pool of staff to be involved in the reviews to be.
- Where support packages are put in place from subject expert teams these can be easily accessible for other areas if the same support is needed. “Support Package Portfolio”.
- Process to share the learning from each review to be developed.
- FSF Digital – plans have progressed to make recording the FSF findings digitalised utilising Microsoft Forms which can then pull through to KP+, therefore Heatmap and FSF review findings will be accessible via 1 programme.
- Medic involvement and Medic Engagement section is needed – meeting booked to review with medic
- Review needs to take a more holistic approach and staff engagement to involve all disciplines with the ward area, domestic, AHP, HCAs.
- Safeguarding section to be tested in the next review by Vicky Thersby to ensure flow of questions and accuracy.
- The framework has been reviewed by paediatric and maternity services to ensure framework fits specialist areas – frameworks to be piloted

CQC Insight Report

The most recent CQC Insight Report was published in November 2020.

CHFT continues to demonstrate completion of actions for Central Alert System (CAS) indicators. We have evidenced partial completion for the alerts and plans are in place to ensure completed actions are closed and reported back to National Patient Safety Alert System

As of November 2020, the current position re CAS alerts is as follows:

We have the following open:

- 4 National Patient Safety Alerts

- 1 Medical Device Alert - MDA 2020/022 defibrillator paddles
- 2 Estates and Facilities Alerts (2020/01 allergens, 2019 05 door buffers)

Of the above Patient Safety Alerts – we currently have two outstanding, and the rest are ongoing and in date:

- **NatPSA/2020/003/NHSPS** - Blood control safety cannula & needle thoracostomy for tension pneumothorax. Confirmation of closure of this alert is being awaited – an email was sent this week for confirmation of closure.
- **NatPSA/2020/004/NHSPS** - Risk of death from unintended administration of sodium nitrite. Awaiting confirmation on closure of one out of five actions

Facing the Futures Standards for Children in Emergency Care settings

In June 2018 the Royal College of Paediatric and Child Health (RCPCH) published Facing the Future: Standards for children in emergency care settings, developed by the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings. The guidance included 70 standards across a range of areas including: integrated emergency care systems, the environment, workforce and training, management of treatment and care, safeguarding, mental health, complex needs, safe transfers, death of a child, information systems and research.

Following this publication, the CQC published a briefing guide in recognition that two of the Workforce Recommendations (9 & 10) are particularly difficult to meet in DGHs where there is no separate Children's ED. The CQC guide outlines mitigation that should be in place should standards 9 &10 be less than fully compliant.

Recommendation 9: Every emergency department treating children must be staffed with a Paediatric Emergency Medicine (PEM) consultant with dedicated session time allocated to paediatrics.

Recommendation 10: Every emergency department treating children must be staffed by two registered children's nurses on each shift.

CHFT Current Position with Recommendation 9 and 10

It has been identified that the Trust is currently not compliant with standards 9 & 10, this was also previously highlighted in the 2018 CQC inspection.

SD10 HRI: *The trust should ensure that children are seen in an appropriate environment by staff that are suitably skilled, qualified and experienced.*

CRH: *The service did not have two registered paediatric nurses on shift over a 24-hour period. Paediatric nurses did not work overnight. However, adult nursing staff undertook two days of paediatric training on induction that was delivered by a dual registered nurse consultant and included basic paediatric life support.*

HRI: *The service did not have registered paediatric nurses on shift despite seeing paediatric patients. However, staff undertook two days of paediatric training on induction that was delivered by a dual registered nurse consultant and included basic paediatric life support.*
A full review of the standards 9 & 10 and the required mitigation set out in the CQCs facing the futures briefing guide has been commissioned and undertaken by the Emergency Department. The final report is due to be presented at the January 2021 CQC Response Group.

In recognition of ongoing non-compliance and issues in relation to staffing challenges impacting on the HRI site the Chief Operating Officer has commissioned an urgent review of current cross site working arrangements and children's ED services. The Division has developed a set of recommendations for managing urgent risks as well as more medium-term arrangements for ED.

Use of Resources

The Trust is still progressing with its Use of Resources Self-Assessment process focusing on areas set out in the CQC Use Resources Criteria. This piece of work is now well underway with several teams meeting regularly to gather evidence and address all key lines of enquiry.

CQC Provider Collaboration Review in the Emergency Department (ED)

CHFT were asked to partake in the Provider Collaboration Review in ED. The meeting took place on 14th October 2020 and focused on the following:

The Provider Collaboration Review focused on urgent and emergency care in eight systems. CQC looked at how providers are collaborating to develop urgent and emergency care services together in light of COVID-19 prior to potential further peaks, and ahead of this winter.

For each review CQC interviewed a range of providers, including NHS 111, out of hours, urgent treatment centres, Accident & Emergency, and ambulance services. They also spoke to providers who are likely to experience urgent and emergency care services.

Following the review activity each system will receive a summary of findings and be asked to provide a response including planned actions.

A full summary report for all eight provider collaboration reviews with all of the themes and trends found will be published in January 2021 on the CQC website.

CQC Patient FIRST for ED

CQC brought together a team of senior emergency department clinicians to develop 'Patient FIRST'. The team included expertise from paediatrics. All the clinicians work in emergency departments rated as good or outstanding. And they are CQC specialist professional advisors.

Patient FIRST is a support tool designed by clinicians, for clinicians. It includes practical solutions that all emergency departments could consider. Implementing these solutions supports good, efficient and safe patient care - for both adult and paediatric care. It also includes guidance for senior leaders at trust and system level.

FIRST stands for:

- Flow
- Infection control, including social distancing
- Reduced patients in emergency departments
- Staffing
- Treatment in the emergency department

CQC requested a meeting with CHFT executives and senior managers and clinicians responsible for urgent and emergency care to have a structured conversation to understand the level of executive level support to the emergency department and patient flow through

the hospital. The inspector focused on specific key lines of enquiry (KLOEs) from the Safe, Responsive and Well Led domains.

The meeting took place between CHFT and CQC on 30th October 2020, the senior ED team presented to CQC how they are using the Patient FIRST toolkit within the department, the services current position and plans to progress the service. CQCs initial feedback was positive but no formal feedback has yet been received.

CQC Regulating During the Next Phase of the Coronavirus Pandemic

CQC Chief Inspectors, and Deputy Chief Inspector and lead for mental health services, have issued a joint statement setting out how they will regulate during the next phase of the coronavirus (COVID-19) pandemic.

From 6 October, they will begin to roll out our transitional regulatory approach, starting with adult social care and dental services.

The transitional regulatory approach is flexible and builds on what was learnt during the height of the pandemic. The key components are:

- A strengthened approach to monitoring, with clear areas of focus based on existing Key Lines of Enquiry (KLOEs), to enable us to continually monitor risk in a service
- Use of technology and our local relationships to have better direct contact with people who are using services, their families and staff in services
- Inspection activity that is more targeted and focused on where we have concerns, without returning to a routine programme of planned inspections.

CQC will continue to adapt transitional regulatory approach and remain responsive as the situation changes. They will also be considering longer-term changes to regulation, which they will explore through engagement on the future strategy.

CQC Strategy

As part of how CQC are developing their next strategy, they have shared their latest thinking on a range of key areas. The draft strategy is built on four central and interdependent themes that determine the changes they want to make to how they regulate. Running throughout each theme is an ambition to improve people's care by looking at health and care systems, and how they're working together to reduce inequalities. Key areas below:

- **PEOPLE**: We want to be an advocate for change, ensuring our regulation is driven by what people expect and need from services, rather than how providers want to deliver them. We want to regulate to improve people's experience, so they move easily between different services.

- **SMART**: We want to be smarter in how we regulate, with an ambition to provide an up-to-date, consistent, and accurate picture of the quality of care in a service and in a local area.

- **SAFE**: We want all services to promote strong safety cultures. This includes transparency and openness that takes learning seriously – both when things go right and when things go wrong, with an overall vision and philosophy of achieving zero avoidable harm.

- **IMPROVE**: We want to play a much more active role to ensure services improve.

Plan for Quarter 4 2020/21

Below sets out the CQC Workstream priorities for Quarter 4.

Quarter 4 Priorities	Trust Leads
Continuous monitoring of outstanding MD & SD Actions from 2018 Inspection with the aim of closing.	CQC Response Group / Action Leads
Finalise the Focused Support Framework including a schedule of reviews across the Trust (as set out in section 5.8)	Shelley Rochford / Janette Cockroft
CAS Alert Improvement Journey	Andrea McCourt / Doriann Bailey
Facing the Futures Standards – Clear position and mitigating risks report completed	ED Senior Leadership Team
Understanding the CQC Strategy and what this means for NHS Trusts	Doriann Bailey / Shelley Rochford
CQC Response Group Terms of Reference Review	Doriann Bailey / Shelley Rochford

Key workstreams in Quarter 4 will also be guided by CQC engagement and Trust rest plans.

3. Venous Thromboembolism (VTE)

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.

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 3	Aug and Sept 2020	Oct and Nov 2020	Assurance
To meet the 95% target of patients being risk assessed for developing a VTE	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	**October – 96.4% compliance** **November data – 96.1%** **VTE committee will review the individual ward/clinical area level breakdown especially with recent ward moves, update the VTE cohort list appropriately and liaise with appropriate divisional governance leads for feedback and to facilitate improvement measures**	**SUBSTANTIAL ASSURANCE**
Maintain the level of Hospital acquired VTE episodes, not more than 20% of all VTE episodes	Achieved	Achieved	**Achieved** **Oct 2020 -3 HAVTE out of 35 VTE diagnosis** **Nov 2020 – 6 HAVTE out of 37 cases**	**SUBSTANTIAL ASSURANCE**
No Avoidable hospital acquired VTE Deaths	Achieved	Achieved	**Achieved – Oct to Nov 2020**	**SUBSTANTIAL ASSURANCE**

VTE Outcome	Quarter 3	Aug and Sept 2020	Oct and Nov 2020	Assurance
Audit actions plan and schedule of re audit	Plan a re-audit this year of all action plans - ongoing GIRFT data presentation Pharmacy led audit on VTE prevention and prescribing prophylaxis – ongoing Management of suspected PE in pregnant patients – has been approved by MMC and now implemented	No change to Q3 position	**Await pharmacy led audit on VTE later this year** **Await presentation of GIRFT data on VTE to senior management** **VTE treatment guidance approved by MMC and has been implemented**	**REASONABLE ASSURANCE**

4. Pressure Ulcers

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.

Pressure Ulcer Collaborative meetings are held on a monthly basis. Minutes and action logs for these evidence initiatives taking place. Pressure Ulcer Collaborative reports are submitted to the Patient Safety Group, Safeguarding Operational Group and the Nursing and Midwifery Committee. These evidence Trust wide quality improvement initiatives.

Objective	Quarter 1 2020/21	July 2020	Aug and Sept 2020	Oct and Nov 2020	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).	There were 28 pressure ulcers in August and 42 in September. This represents a decrease from Q1 (134) to Q2 (103) Reports from 1/4/20 include all pressure ulcers category 2 and above (inclusive of unstageable and deep tissue injury). This aligns with NHSI recommendations.	There were 108 pressure ulcers in October and 100 in November 2020 Compliance with NHSI (2018) Pressure Ulcer Recommendations in reporting all CHFT acquired pressure ulcers regardless of avoidability (with effect from October 2020)	**LIMITED ASSURANCE** The Trust has been unable to evidence a sustained reduction in pressure ulcers. The reports outlined above demonstrate the initiatives in place.
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.	No category 4 pressure ulcers were reported in August and September 2020.	1 category 4 pressure ulcer was reported in October and 0 in November 2020.	**LIMITED ASSURANCE** The Trust has been unable to maintain zero incidence of category 4 pressure ulcers since October 2020
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).	There were 4 MDRPU in August and 5 in September. This represents a decrease from Q1 (24) to Q2 (11)	There were 14 MDRPU in October and 15 in November 2020. This represents an increase from September 2020 (5)	**LIMITED ASSURANCE** The reduction is not sustained, and actions are in place to address MDRPU.

Objective	Quarter 1 2020/21	July 2020	Aug and Sept 2020	Oct and Nov 2020	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.	There was 1 category 3 pressure ulcer in August and 0 in September. This represents a reduction from Q1 (2) to Q2 (1)	There were 2 category 3 pressure ulcers in October and 5 in November 2020	**REASONABLE ASSURANCE**
Education and Training	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	78 attendees accessed virtual tissue viability training events in last 3 months Made Easy Guides in skin care added to Powerchart to support best practice	Reduced attendance at virtual training due to Covid 19 pressures. Trust wide compliance with React to Red Pressure Ulcer Essential Training is 89% All clinical areas (hospital) provided with written guidance on maintaining, inspecting and condemning mattresses All care homes in Calderdale footprint provided with pressure ulcer prevention educational resources as part of International Stop The Pressure day.	**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 leaflet completed and to be submitted for addition to the repository.	Review of EPR Powerchart documentation completed with recommendations identified for change and submitted. SystmOne documentation review on going with community teams	Documentation change requests submitted to EPR teams.	Community Pressure Ulcer Checklist revised in line with national guidance and aSSKINg framework Tissue Viability Service referral template devised for SystmOne patient record	**REASONABLE ASSURANCE**
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	Non concordance policy drafted Virtual tissue viability Nurse consultations being provided to patients in care homes	All nursing homes across Calderdale footprint provided with heel inspection mirrors and pressure ulcer classification guides ASSKING framework promoted via Stop The Pressure MDT film endorsed by Chief Executive	**REASONABLE ASSURANCE**

Objective	Quarter 1 2020/21	July 2020	Aug and Sept 2020	Oct and Nov 2020	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	Ward mattress audit repeated in Sept 2020. Conclusions: 277/333 (83%) mattresses in an acceptable condition. All condemned mattresses were replaced immediately.	Additional pressure reducing cushions purchased for ward areas. Procurement exercise with NHS Supply Chain commenced in November 2020 for the replacement of hospital alternating pressure mattresses Training videos created for staff in the safe use of alternating pressure mattresses	**REASONABLE ASSURANCE**

5. Assessment and Dementia Screening

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

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.

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	Progress - Quarter 3	June and July 2020	Aug and Sept 2020	Oct and Nov 2020	Assurance
Dementia screen	40% (against national requirement of 90%)	June 2020 – 40.09% July 2020 – 40.37%	Aug 2020 - 42.49% Sept 2020 – 34.23%	Oct 2020 – 29.78% Nov 2020 – 24.78%	**LIMITED ASSURANCE**
Person centred dementia care training	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	This training is being delivered via Teams	This classroom training, which involves group work activities has been suspended due to COVID, and will be reviewed in the New Year	**LIMITED ASSURANCE**
Dementia strategy	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	Dementia strategy now complete and available on Intranet	**Dementia Strategy**	**SUBSTANTIAL ASSURANCE**
Dementia training	Overall compliance for Dementia training is 99.06%.	June 97.73% July 98%	Aug 97.48% Sept 97.25%	Oct 97.64% Nov 97.77%	**SUBSTANTIAL ASSURANCE**

6. Nutrition and Hydration

The Nutrition Operational Group continues to meet monthly and is currently being chaired by the Corporate matron with good representation from its multi-disciplinary team (MDT) members, however, there remains no clinical lead representative for nutrition and hydration. This has previously been escalated at the Clinical Improvement Group, further support is requested in this area to resolve the situation.

Enteral feeding training

The online training module available for updating clinical staff in the ongoing care and management of nasogastric tubes is accessible on the intranet. Compliance in staff training are for wards identified as having regular or a high utilisation of nasogastric tubes. The training compliance is monitored monthly via Nutrition Operational Group.

Due to the redeployment of staff to the Intensive Care Unit (ICU), new nursing staff to these clinical areas can access 1:1 initial training via the nutritional specialist nurses with competencies undertaken within the clinical environment.

Additional support is being offered to the Hospital Out of Hours Programme (HOOP) team to increase compliance to provide out of hours support and stroke services. Ongoing care is being proactively managed.

The Respiratory floor has become a regular user over the past six months and their compliance rate is currently 94.6%.

The training for medical staff remains as a theoretical session at induction, but there is not a practical competency programme of assessment in place, unless it is undertaken at the individuals request. This currently sits on the risk register (risk 6924) scoring 10.

Governance relating to incidents are reviewed monthly at the Nutrition Operational Group with a monthly performance report. Year to date, there have been 30 incidents and three complaints. There have been no never events reported.

Enteral Percutaneous Endoscopic Gastrostomy (PEG)

Work is further progressing with revising an integrated pathway post-PEG insertion, to provide further guidance after the initial insertion provided by the endoscopy department. A patient passport has been devised to provide information for continued care in community.

Malnutrition Universal Screening Tool (MUST) training compliance

MUST compliance (Nutritional screening for adults) online training remains good with all Divisions scoring 90% or above, with the exception of community due to small numbers of staff. The division require only two members of staff to complete in order to achieve 100%.

STAMP (Screening Tool for the Assessment of Malnutrition in Paediatrics) nutritional training is to be rolled out in the near future which will provide online training.

Nutritional and Hydration documentation compliance

Compliance in all aspects of clinical documentation remains of concern, with limited assurance provided in four out of five sections for nutrition and hydration. Dietetic referrals

have further reduced in referral compliance; however, the recording system has been reviewed, and this is an accurate reflection of the search criteria undertaken.

The recently launched Focused Support Framework includes observation at mealtimes, and a further review of documentation standards with timely feedback to ward staff and resume for ward leaders.

Objective	Quarter 2	Quarter 3	June and July 2020	Aug and Sept 2020	Oct and Nov 2020	Assurance
All patients (>LoS 8hrs) have a completed fluid balance chart?	10.1%	23.3%	19.4%	15.7%	**10.2%**	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%	88.1%	**90.5%**	SUBSTANTIAL ASSURANCE
Patients with a MUST score of 2 or above will be referred to a dietician	2.7%	4.4%	4.6%	7.8%	**2.9%**	LIMITED ASSURANCE
Food charts will be completed for patients with a MUST of 2 or above	31.9%	16.9%	13.5%	14.9%	**25.3%**	LIMITED ASSURANCE
All adult patients will receive a MUST assessment within 24 hours admission/ transfer to the ward?	15.0%	16.6%	22.1%	18.0%	**15.7%**	LIMITED ASSURANCE

Allergen awareness Allergen awareness training

Estates and Facilities Alert (EFA-2020-001) Issued: 29 January 2020 Valid until 29 January 2022 Allergens Issues - Food Safety in the NHS
https://www.health-ni.gov.uk/sites/default/files/publications/health/EFA-2020-001-Allergens-Alert.pdf

Throughout November 2020 there was a communication strategy and links to training for allergen awareness on the intranet. Further awareness in early January 2021 will be promoted at ward level. The current Nutrition and hydration policy now includes a revised section on allergen awareness and food intolerance.

NHS Food Review October 2020

https://www.gov.uk/government/publications/independent-review-of-nhs-hospital-food

The report highlights the main challenges for NHS catering and makes recommendations covering:

- Workforce
- Nutrition and hydration
- Food safety
- Facilities
- Technology
- Sustainability
- Enforcing standards
- The way forward to improving hospital food for patients, staff and visitors.

Initial review of the recommendations has identified that under the Nutrition and hydration section and its associated recommendations, there are identified gaps in two specific recommendations:

- **Ensure there is a named food service dietitian in every trust responsible for overseeing patient, staff and visitor catering, with appropriate funding to support this role outside of clinical responsibilities**.

At present there is no dietician fulfilling this specific role.

- **Make nutrition and hydration a mandatory part of health and care professionals' training, including existing doctors' continuing professional development.**

There is no specific training module available on the electronic staff record (ESR) platform for nutrition and hydration for staff to access, and the healthcare assistant competencies do not have a module for nutrition.

A full review of the recommendations will be undertaken by the Operational steering group and gap analysis undertaken to the Trusts position, within the next two months.

7. Sepsis

The Sepsis Collaborative in June 2020 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 of 10% to >72%
- Sepsis Care Bundle compliance – improvement trajectory to 50%

The lead nurse post has been vacant since April 2019 with the position being appointed to in March 2020. A robust 12-month action plan (see appendix 1) has been created and underpinned from the sepsis collaborative work.

Sepsis performance data is discussed with actions at the monthly sepsis collaborative meeting. There is varying compliance of antibiotic administration within 60 minutes in the emergency depts. Completion of the sepsis 6 care plan is inconsistent on Cerner, in particular, the oxygen and urine output aspects.

Introduction of a new sepsis power plan in the electronic patient record (EPR), recruitment of doctor and nurse sepsis champions and support of the communication team are assisting the improvement work. Additionally, sepsis training, education and learning from incidents within is strengthening the key messages of sepsis recognition, treatment and management.

Objective	Quarter 4	June and July 2020	Aug And Sept 2020	Oct and Nov 2020	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. 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 in face to face training. Sepsis nurse is delivering training on new starter induction	WTGR updated monthly prior to sepsis collaborative meeting.			**REASONABLE ASSURANCE**
		Further work to improve antibiotic administration compliance in ED continues. ED compliance improved to 80% in the month of June (May position 67.7%).	Antibiotic administration compliance in ED August = 62.8% Sept = 56.8% ED consultant monitoring cat 2 patients being seen sooner; purchase of sepsis trollies both EDs; improving escalation of IV access issues; micro teachings in EDs; new ED clinical skills trainer for nurses now in place. Sepsis 6 poster drop and sepsis information boards	Antibiotic administration compliance in ED October 2020=52.8% November 2020=63.2% ED consultant auditing non-compliant patients and feeding back issues at ED doctor handovers. Possible setting up of Piperacillin Tazocin docking stations for ED underway to support antibiotic administration within 60 mins from earliest alert. Sepsis portal accessible for inpatient and ED antibiotic, sepsis 6 compliance through KP+	
	Sepsis dashboard will provide compliance figures monthly. Improvement from 37.8% to 45.1% of bundle compliance noted.		Recording of all elements of the sepsis 6 care bundle August = 41.4% Sept = 42.4% showing an improvement of 2%	Recording of all elements of sepsis 6 care bundle- October 2020=37.4 November 2020=43.2 Health care	

				assistant training regarding urine output measurement accuracy ongoing. Sepsis nurse working with data collection team to improve recording oxygen and urine compliance for DRs in sepsis bundle on EPR.	
	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 power form guidance added to junior doctors' induction. Sepsis 6 poster campaign commenced.	Sepsis 6 CHFT screen saver arranged for month of October 2020	CHFT sepsis 6 screen saver actioned in November.	
	Sepsis nurse is delivering training on new starter induction.	Sepsis training progressing, lead nurse is being supported with training of surgical nurses by band 7	Sepsis training and train the trainer ongoing at both sites.	Sepsis training ongoing.	
	Recruitment of sepsis champions completed at HRI, CRH ongoing.	Sepsis champions recruited both sites and Train the Trainer commenced in front end areas.	Sepsis champion doctors now being recruited from Medicine with support of Acute floor consultant.	Sepsis EPR power plan training has been arranged for Dr sepsis champions, further recruitment taking place in surgical division.	
	Monthly sepsis newsletter commenced April 2020 & distributed. Sepsis Press education digital newspaper being built for quarterly release.		Newsletter continues to be distributed monthly	Newsletter ongoing monthly, Comms Dept assist in wider electronic distribution. Electronic digital news- paper aimed at education being built, agreed name - CHFT Sepsis Press	

8. Outpatients and Records

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.

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.

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.

The developed action plan was categorised into the three key issues which were identified from the deep dive.

The original action plan had 50 items. 38 of these items are now complete and closed. 12 items are being closed with clear plans to manage them either through existing workstreams or as part of business as usual. These 12 items and plans for managing them have been detailed in the below update.

This action plan is now closed and information for awareness below about the 12 items that will be managed via other workstreams or BAU

This work is now included as part of the response to the Focussed Quality Priority: Clinical Prioritisation and is reviewed by the Quality Committee. There are a number of workstreams in place to ensure safety nets are in place to assess risk and impact of reducing planned activity as a result of COVID.

Objective	Quarter 3	Quarter 4	June and July 2020	Aug And Sept 2020	Oct and Nov 2020	Assurance
Issues related to EPR and digital patient communi-cations	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	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	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	**5 Items for closure** These items are still outstanding but being picked up by different work streams therefore proposed for close on the action plan. **All referrals to be electronic** – Majority of referrals are now received and processed electronically except for Con to	**Actions closed**	**SUBSTANTIAL ASSURANCE**

Objective	Quarter 3	Quarter 4	June and July 2020	Aug And Sept 2020	Oct and Nov 2020	Assurance
	developed for operational staff.	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.	outstanding issues have now evolved as a result.	Con and Max Fax. Long term work ongoing with digital health team. **Lead Clinician** – Task and finish group identified number of causes and solutions. Causes include migrated data which is being cleaned up and system not updating when new appointment is cancelled and rebooked to different clinician, change request logged with EPR back office. **Encounters –** Report now available on KP+ to identify errors. Training video has been made mandatory and CD's will be picking training issues with individuals. Data being cleaned. Being monitored through DQ. **Dr's leave to be managed electroni-cally –** This project is being managed through medical HR **Arden's to be deployed and used by all GP's –** This is a long-term piece of work being picked up by the Trusts Transforma-tion team		
User issues	There has been clear progress during quarter	Paused as indicated above	The Trust has now commissioned a company called	**3 Items for closure**	**Actions closed**	

Objective	Quarter 3	Quarter 4	June and July 2020	Aug And Sept 2020	Oct and Nov 2020	Assurance
	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.		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.	These items are still outstanding but being picked up by different work streams therefore proposed for close on the action plan. **Retrain all users on how to use EPR –** All training plans revised and updated. Plan for booking training however paused due to covid and not been appropriate to go ahead but will when able. **Digital information hubs –** Paused due to covid as not appropriate to have physical stands in OP for people to huddle around. Patient engagement continues through transformation team utilising outside agencies as requires such as health watch. **Staffing Huddles**- Not feasible as now majority of clinics are taking place outside of a traditional outpatient setting. CDs invited to fortnightly contact meetings instead		

Objective	Quarter 3	Quarter 4	June and July 2020	Aug And Sept 2020	Oct and Nov 2020	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 follow-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.	**<u>3 Items for closure</u>** These items are still outstanding but being picked up by different work streams therefore proposed for close on the action plan. **New and Follow-up ASI's** – Due to covid patient waiting lists have increased significantly. Several measures taking by organisation to manage risk and ensure the most clinically urgent are prioritised e.g. CAS clinics, Virtual clinics Prioritisation buddies to aid clinical assessment Regular performance meetings **Consultant succession plan** – Long term plan to be picked up through the medical directors' office **Outpatient room booking system** – Long term plan for outpatients will need digital investment to be picked up through Outpatient Productivity post covid	**Actions closed**	

9. Experience, Participation, Equalities

Reality

A facilitated '3Rs' session has been undertaken to co-creating the vision, ambition and programme of Transformation for patient and carer experience and participation:

- Vision - The programme supports the role of the Trust as an 'anchor institute' in our 'System' (System by Default)
- Ambition - Transformational whole system approach programme that engages with our current and future service users along the whole 'participation continuum' and pathways of care.
- Programme - Activity across the Trust, clear support offer for staff, programme office infrastructure and clear governance and two-way reporting from ward to board and board to ward. Narrative that describes impact.

A structured programme which lends support to the ongoing trust wide activities is being progressed

In support of the programme, the annual workplan has been refreshed, key priorities include:

- Commitment to carers
- Reducing noise at night
- Making complaints count
- Embedding a volunteer presence – front of house 'meet and greet'
- Friends and family test – implementation of national changes
- Quality priority - Learning lessons to improve patient experience.

A robust infrastructure of support to underpin the programme functionality is in development, this includes:

- The tools planning and reporting templates
- The techniques – nationally recognised QI approaches
- The support – leads, champions, experts, related teams

Board champion for Patient Experience- Andy Nelson (non-executive director) secured, will be future chair of the Patient Experience and Caring Group

Successful bid made to the NHSE&I 'winter volunteering programme', has created an opportunity to fund a temporary co-ordinator post within the Quality Directorate with a remit of:

- Establishing and embedding a robust front of house / meet and greet service
- Exploring how the service can maximise the opportunities to support patients and carers on discharge from hospital
- Working with volunteers who wish to look at opportunities to apply for paid work for the Trust

The patient experience team are part of the current cohort of NHS Quest IS4L (improvement science for leaders) programme, using the expertise and guidance to support the ambition to develop a programme approach / infrastructure and trust-wide cohesion to the current patient experience activities happening at within the Trust.

Challenges

- Due to competing priorities as part of our COVID response the development work has experienced challenges resulting in the programme development work not progressing as originally envisaged
- Achieving a distributed leadership approach that is consistent across the whole organisation to the delivery of the programme. This requires a mindset shift in certain parts of the organisation, which will see staff empowered to lead / deliver associated programme projects supported by the core team, rather than looking to the core team to deliver.
- Ability to capture the range of patient experience activities within the trust to give recognition to the work and maximise the opportunities for shared learning as a catalyst for further improvements It is envisaged that the development of the web pages and the learning portal will go some way to address this known challenge

Programme Objectives

Establish and deliver an annual Transforming Patient & Carer Participation & Experience Programme.

- Develop a robust programme infrastructure: Analytical support, Programme management set up, Networking and learning from others, Building capacity and capability, Website development (intranet and extranet)
- Increase the capacity within the Trust Patient Experience Team – creating a social movement, 'bringing people with us'
- Prioritise projects that are focussed on closing inequality gaps and deliver against trust priorities with the ultimate aim of supporting the trust in a collective ambition to achieve a CQC excellence rating.
- Integrated with CHFT Transformational programme
- Horizon scanning / go see – what is out there, nationally and locally
- Maintain a strong governance and assurance framework, with clear indicators for success e.g. IPR metrics
- Influence Corporate & Divisional reporting requirements
- Do the essentials – national and local priorities

Support the principles of the NHS Long Term Plan (2019) to provide high-quality services that are accessible and convenient for patients and a commitment to prioritising more integrated care

- Maximise the opportunities offered to the Trust in its place as an anchor institute withing the West Yorkshire Partnership
- Promote greater partnership and co - productive working with our communities and stakeholder organisations, using the participation continuum to determine the appropriate approach to be taken

Ensure that patient experience and participation is embraced as part of organisational business / activities - Lord Darzi 'High Quality Care for All' (2008) established patient experience as one of the three elements of high-quality care, alongside clinical effectiveness and safety.

- Demonstrate contribution to the Trust's QI agenda
- Deliver the focused quality priorities 2020/21 specific to patient experience
- Establish, monitor and achieve a set of Key Performance Indicators as detailed in the IPR

- Build the capability and capacity of the core team through the involvement with QUEST learning QI network
- Maximising go see and learning opportunities offered through national and regional networks – e.g. Future NHS collaboration platform, Heads of patient experience network, regional complaints forum etc

Lead an organisational understanding of the relevant legal and policy requirements e.g. equality act and sections 242 of the health and social care act limited

- Support the organisation to implement, embed and audit against the associated guidance and policy directives e.g. NICE creating a culture that recognises the 'patient experience' through all decision making
- Create a common understanding and common language around the principles and approaches to 'involvement, engagement, participation and experience'
- Develop a participation framework that includes an opportunity to understand and address any potential equalities and health inequalities - how to engage (inclusion and equality)

Assurance

Objective	Oct and Nov 2020	Dec 2020 and Jan 2021	Feb and Mar 2021	Assurance
Establish and deliver an annual Transforming Patient & Carer Participation & Experience Programme	Trust-wide programme developed, based on national priorities and local insight Non-Exec director part of leadership team Commenced collaborative projects which will support the ambition to reduce inequalities – commitment to carers, caring for blind / partially sighted patients • IPR metrics revised to give increased level of detail • Divisional PSQB reporting template for Quality Committee updated			**REASONABLE ASSURANCE**
Support the principles of the NHS Long Term Plan (2019) to provide high-quality services that are accessible and convenient for patients and a commitment to prioritising more integrated care	• System working to deliver the unpaid carer programme, via West Yorkshire & Harrogate Health and Care Partnership • Place-based approach to the submission for NHSE&I Winter Volunteering Programme			**REASONABLE ASSURANCE**
Ensure that patient experience and participation is embraced as part of organisational business / activities - Lord Darzi 'High Quality Care for All' (2008) established patient experience as one of the three elements of high-quality care, alongside clinical effectiveness and safety	• KPIs established to measure impact of activities that demonstrate a caring and responsive organisation • Focused quality priorities being progressed to improve patient and carer experience • Patient Experience team participating in the NHS QUEST learning QI network			**REASONABLE ASSURANCE**
Lead an organisational understanding of the relevant legal and policy requirements e.g. equality act and sections 242 of the health and social care act limited	Undertaking an equality impact assessment of the Trust's visiting policy to ensure due regard is paid to the equalities act and identify any potentially negative impacts			**LIMITED ASSURANCE**

10. Complaints and Patient Advice and Liaison Service (PALS)

A service review has been completed and a comprehensive reporting bundle went to the Weekly Executive Board (WEB) meeting on 10 December 2020. This was very well received and key recommendations were agreed. Membership for The Improvement Collaborative that is currently being convened has been widened to include Divisional Directors and Assistant Directors of Nursing. WEB have been asked to receive an early Business Case aimed at resourcing ,PMO support, the delivery of the quality priority (development of a learning app/ online portal) investigator training and the development of divisional mini support teams(complaints, incidents, quality improvement). The slidedeck has been updated to reflect the WEB decisions. Feedback received by board members will be incorporated into the workplan of The Improvement Collaborative:

– Patient experience and outcome measures incorporated into all patient pathways as part of core operational business with Divisions, identifying PROMS and PREMS for pathways.
– GIRFT - Stronger emphasis
– Process for managing cross-organisational complaints where multiple stakeholders were involved
– Datix / Alerting system for serious incidents - immediate alerting system to be considered for complaints.

We referenced in the last report that our monitoring and recording of equality data is below standard and we will be looking at ways of capturing and recording this information on Datix in the New Year. This process is very simple to implement and manage so we should have some results to show in the February-March 2021 report.

Following last years' service review, an action plan was progressed, the latest activity is as follows:
The Complaints Team are in the process of devising some accessible module complaints investigator training on the Intranet – this is ongoing, and we will also be looking at implementing short training webinars to support the training schedule;

We have also drafted a new survey to roll out in the New Year. This will be aimed at people who have made a complaint and will be sent out a few months after they have received their response. We have included a free text area in the survey for any comments and suggestions, which we hope to use to identify patient experience/involvement projects. The survey also has a 'help us improve our service and processes' form for anyone who would like to be involved in service improvement and co-production. We hope to encourage people who are 'experts by experience' to work with us on pilot projects so that we can gain their valuable feedback. A standard operating practice (SOP) is being written to support this piece of work.

October / November 2020 - Complaints & PALS Summary:

	Oct	Nov
Complaints received	34	39
Open complaints	31	64
Breaching complaints	5	12
Complaints closed	43	32
Complaints reopened	1	4
PALS contacts received	336	250
Compliments received	24	44
PHSO complaints received	0	0
PHSO complaints closed	0	0
Complaints under investigation with PHSO	6	6

Objective	Quarter 3	Quarter 4	June and July 2020	Aug and Sept 2020	Oct And Nov 2020	Assurance
Senior divisional decision makers should receive all complaints and allocate accordingly	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.	Audit spot check completed; Divisions are allocating complaints to investigation in a timely manner.	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	No progress made.	No progress made.	No progress made during pandemic - Divisional update to be provided	No progress made during pandemic - Divisional update to be provided	Gathering information and contact details for current investigators to indicate where there are gaps	**LIMITED ASSURANCE – this should improve when the training modules are rolled out**
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.	Complaints Training currently under review.	Complaints Training currently under review and working with Divisions.	Complaints Training currently under review and working with Divisions.	Complaints Training currently under review and working with Divisions.	**REASONABLE ASSURANCE**
Audit of learning from PHSO cases	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	Spot checks of historic learning/actions still being implemented in areas on hold due to Covid-19 pandemic.	Spot checks of historic learning/actions still being implemented in areas on hold due to Covid-19 pandemic.	Cases to be reviewed to identify themes and trends, this will be shared with the Divisions	**REASONABLE ASSURANCE**

Objective	Quarter 3	Quarter 4	June and July 2020	Aug and Sept 2020	Oct And Nov 2020	Assurance
		implemented and in addition to ensure stricter monitoring that actions as a result of a complaint have been completed.				

11. Legal

Business Continuity Risks and Mitigating Action

The permanent Head of Legal Services commenced employment with the Trust on 7 December 2020; the Interim Head of Legal Services remains in post until late January 2021 to ensure a robust and effective induction and handover of responsibilities. As indicated previously, in order to lend support to these interim arrangements, the Assistant Director for Patient Experience continues to provide managerial support.

The assistance of a member of the PALS team in dealing with Lost Property claims has resulted in a number of claims being concluded, including some which had not been progressed previously. Current cases are now being handled with far greater speed and efficiency, resulting in much improved patient experience.

Clinical Negligence

- 171 active clinical negligence claims
- 11 new clinical negligence claims were received.
- 10 clinical negligence claims were concluded.
- Damages totalled £314,500

Employers' and Public Liability (EL/PL) Claims

- 27 active EL/PL claims
- 3 EL/PL claims were received
- 2 EL/PL claims were concluded
- Damages totalled nil

Lost Property

- 21 active lost property claims
- 5 lost property claims were received
- 9 lost property claims were concluded
- £4,857 paid in respect of lost property claims

Inquests

- 101 active inquests
- 10 inquests were opened
- 3 inquest files were closed

Assurance

Objective	Quarter 4	June and July 2020	Aug And Sept 2020	Oct and Nov 2020	Assurance
System in place to ensure effective communication within the Legal Services Department	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.	Snapshot service review completed. New Head of Legal Services to review further on commencement.	**New Head of Legal Services in post, handover of responsibilities in progress, and forward plans being developed with Assistant Director of Patient Experience.**	**LIMITED ASSURANCE**
Datix Module for Legal Services reviewed and updated	Legal Services Department together with wider Governance Department moved offices and sites during Q4. Work on Datix module was paused during this time to focus on the move.	Not implemented	New Head of Legal Services to review further on commencement.	**New Head of Legal Services in post and handover of responsibilities in progress.**	**LIMITED ASSURANCE**
Audit of Legal Services files on Datix	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.	File audit continues in association with quarterly and bi-monthly reporting, plus ad hoc sampling, therefore more regularly than quarterly.	**File audit continues in association with bi-monthly reporting. A data cleansing exercise will be completed in January 2021 in relation to clinical negligence claims, resulting in improved data accuracy.**	**REASONABLE ASSURANCE**
SOP for DP7 requests	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.	Access to Health Data are updating the main Access to health records policy, of which this forms a part.	**Access to Health Records have now updated their SOP. Those related to Trust staff are managed under the SOP for legal disclosures.**	**REASONABLE ASSURANCE**.

Objective	Quarter 4	June and July 2020	Aug And Sept 2020	Oct and Nov 2020	Assurance
Disclaimers for personal property on EPR	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	NB Disclaimers have only limited benefit; they cannot avoid responsibility or liability where it is present and are not valid when the patient lacks mental capacity to sign them.	**EPR SOP Is now in place for Recording patient property and valuables. The associated policy is now being developed and work ongoing with the NHSE/I Property in Hospital Working Group.**	**LIMITED ASSURANCE**

Legal Service Learning

Sharing Learning from Clinical Negligence Claims

Claim D3564: Alleged failure to diagnose Impetigo and triage the correct category level during ED attendance leading to an early discharge resulting in claimant admitted to ICU. The patient was incorrectly given a Triage category of 4, instead of 2, due to the heart rate being over 120, and was referred to the Out of Hours GP service delivered by LCD. The patient re-attended ED the following day and was critically ill with sepsis or Toxic Shock Syndrome and was transferred to ICU. Claim settled out of court for £100,000 plus Claimant's solicitors' costs of £73,000 and Defence solicitors' costs of £14,798, giving a total cost to the NHS of £187,798.

The main clinical learning from this matter was outlined in the original incident investigation: all ED nursing staff to have refresh Triage training. However, it is worth detailing the subsequent chronology to appreciate the consequences of the incident, in addition to the actual patient experience:

20/12/15 Incident date
23/12/15 Duty of Candour delivered.
29/12/15 Incident reported (also LCD incident re OOH GP)
10/02/16 Complaint made (re progress of incident investigation and communications therein)
15/04/16 Orange incident investigation report completed
13/05/16 Complaint response
01/08/16 Complaint meeting
19/09/16 Request for records re Claim
06/02/18 Letter of Claim served
16/07/18 Letter of Response served
06/11/19 Particulars of Claim served
30/12/19 Defence served (making admissions of liability)
06/10/20 Claim settled and all costs settled.

Finally, it is worth emphasising the importance of attention to detail in such investigations e.g. in both the incident investigation report and the complaint response successive references to the date concerned refer to December 2015 then, within a few lines, December 2016.

12. Incidents

Summary of Patient safety Incidents and Incidents with Severe Harm or Death for the year April 2019 to November 2020 and number of SIs reported by month. There has been an increase in the number of severe harm and death incidents reported in November due to Hospital Onset Covid-19 Infections (HOCI) where patients have died. The SI Panel is reviewing these cases and Covid workstreams continue to manage and minimise risks.

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
Aug 2020	937	3	2
Sept 2020	954	7	4
Oct 2020	992	4	2
Nov 2020	1079	31	1

SI Declared in October and November by StEIS

In October there were 2 StEIS reportable incidents and 1 in November.

Never Events

In 2020/21, the Trust has reported the following Never Events:

- April 2020 - Wrong site surgery - Moderate Harm
  Dermatology wrong site wide local excision

A summary of the incident and immediate actions was provided to Quality Committee in May 2020.

- June 2020 – Retained swab – Moderate Harm
  Urology retained swab requiring further surgery for retrieval.

A summary of the incident and immediate actions was provided to Quality Committee in July 2020

Summary of Progress with SI Actions

Work continues with the division to manage outstanding actions to include the development of a robust process to ensure all action owners are aware of their actions and that they are responded to in a timely manner. There is however an acknowledgement of the clinical pressures faced by staff and the incident team continues to offer support alongside the Quality Governance Leads to divisions.

Learning from Safety Incidents in Quarter 3

Serious incident reports continue to be shared with the Clinical Commissioning Group (CCG) to include the learning for the Trust. For October and November 9 reports was shared and the commonalities were around the delays in identifying the deteriorating patients.

Lessons learnt were as follows:

- SBAR to provide a structured and systematic method of communicating handover to staff.
- Recognition of deterioration with NEWS and worsening symptoms.
- Observation levels and NEWS score is not an absolute indication that the patient is safe. There should be a timely assessment by the clinical speciality.

13. Medicine Safety

The Medication Safety and Compliance group continues to raise awareness of the importance of safe storage and handling of medication.

Objective	Quarter 4	July and Aug 2020	Aug and Sept 2020	Oct and Nov 2020	Assurance
Non-compliance of the medicines management 'must do's	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.		**Clinical areas continue to receive pharmacy bi-annual spot check audits. 95% of all clinical areas have been audited at least once by the end of November 20. 73% of those areas audited demonstrated improvement in standards in the follow up audit. Recent issue of theft from medicines trolley due to trolley not being locked indicates we can't claim substantial assurance of must do's adherence for all areas.**	**REASONABLE ASSURANCE**
Non-secure storage of medication cupboard keys in those areas not open 24/7	Key safes and digilocks have been procured and installed.	Completed		**Check of safe key storage included in bi-annual pharmacy spot check audit. Ward Staff reminded of importance of key security in induction/ must dos. No recent incidents reported of missing keys in those areas not open 24/7.**	**SUBSTANTIAL ASSURANCE**
Annual medication fridge temperature monitoring audit highlighted only 39% of all areas 100% compliant (audit completed July/ results shared September 19)	Spot checks continue and new monitoring sheet implemented. Business case finalised for WIFI based system for monitoring of ambient and fridge temperatures. Business case presented at Scan5safety project group to request funding.	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.	Comms being issued to wards. Software to be calibrated. SOP to be finalised. Then training plan to be implemented.	**Delay in roll out of active temperature monitoring system due to current Covid operation pressures. Situation to be reviewed in February 2021. Continue to monitor fridges manually on a daily basis. Issues still reported of days when a record of temperature has not been recorded.**	**REASONABLE ASSURANCE**

Objective	Quarter 4	July and Aug 2020	Aug and Sept 2020	Oct and Nov 2020	Assurance
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	BOC DNO training completed. Michelle Bamforth's team to lead on ensure refresher training is completed every 3 years. Medical gas leaflet approved and shared with ward managers to cascade to staff.	**Medical device/ oxygen trainer has left the Trust. Interim plan is for Clinical nurse educators to support and new trainer starting in February 21**	**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	Theatres, facilities and endoscopy have yet to nominate lead to complete COSSH risk assessment. New Health and Safety manager appointed and commenced in post on 21st Sept and he is aware of the issue and requested him to lead taking this forward.	**New Health and Safety lead now in post. Initial meeting with CD of Pharmacy to fully brief H&S lead. He has produced an action plan and currently seeking suppliers to deliver this testing.**	**LIMITED ASSURANCE**

The November MSCG meeting was cancelled due to Trust operational pressures and current medication safety priorities for the Clinical Director of Pharmacy and MSO have been as follows:

- Ensuring robust medication governance and safe storage processes are in place to meet both security and also cold chain requirements for Covid vaccines. This has proved challenging due to rapid changes in operational requirements and also to amendments to regulatory legislation.

- Ensuring robust oxygen cylinder replacement and oxygen administration practices are delivered to avoid shortages in portable oxygen cylinders. The increase in Covid patients has seen a significant increase in oxygen CD cylinder use and highlighted some poor practices for cylinder management. The MSO is part of the Trust Covid oxygen group who have been meeting twice weekly to resolve issues and ensure a clear understanding of current oxygen use requirements for each clinical area.

14. Maternity

Ockenden Review

The Ockenden review was published on the 10th December 2020. The report presents the findings on an independent review into baby and maternal deaths at Shrewsbury and Telford NHS Trust between 2000 and 2019. Set against a backdrop of other high-profile independent reviews into maternity unit safety Trusts have been asked to submit a position statement against 7 key actions and 12 safety priorities.

In line with expectations the Trust made the initial submission by the 21st December 2020. There were 2 areas where the Trust needed to take urgent action. Firstly, the Trust needed to identify a Non-Executive Director (NED) maternity safety champion, Karen Heaton has stepped into the role. The other area was around the number of formal ward rounds on labour suite. For many years there has been an informal ward round in the evening, and this is now formalised. In all other areas there was a high level of assurance.

The report recommendations make clear the need to have clear Board oversight of maternity safety issues. A Board development session is planned to discuss this in more detail and agree reporting arrangements into Board.

The Trust is in the process of preparing a more detailed and comprehensive response by the deadline of the 15th January 2021.

Maternity incidents

Obstetrics/Midwifery incidents reported during Q3 2020/21 by Type and date reported

	Jul 2020	Aug 2020	Sep 2020	Total
Abuse/Self-Harm	1	0	1	2
Appointment/Admission/Transfer/Discharge	43	46	40	129
Assessment/Treatment/Diagnosis	12	15	4	31
Blood Transfusion Related Issues	6	1	1	8
Confidentiality/Communication/Consent/IG	4	5	4	13
Health and Safety/Sharps/Security	0	1	0	1
Infection Control	1	1	0	2
Infrastructure/Resources/Staffing	4	10	5	19
Investigations (Scans/Tests/Results)	4	3	1	8
Maternity Incidents	96	71	79	246
Medical Device	1	2	0	3
Medication	2	0	2	4
Slips, trips and falls	1	0	2	3
Total	175	155	139	469

Obstetrics/Midwifery incidents reported during Q3 2020/21 by date reported and level of investigation

	Green - Local review (no omissions)	Yellow - Local level investigation	Orange - Divisional level investigation	Total
Jul 2020	161	12	2	175
Aug 2020	151	4	0	155
Sep 2020	134	3	2	139
Total	446	19	4	469

The division reported a reduction in the number of incidents over quarter 3

HSIB updates

HSIB cases
Case Number: 2009-2498 **Date of Incident:** 17/09/20 **Criteria:** HIE/cooling **Update:** • In QA stage • Report panel booked for 07/01/21
Case Number: 2009-2504 **Date of Incident:** 14/09/2020 **Criteria:** Cooled Baby **Update:** 16/11/2020 • In QA stage - Report panel 04/01/2021
Case Number: 2010-2618 **Date of Incident:** 17 October 2020 (referred on 26 October 2020) **Criteria:** Cooled Baby **Update: 16/11/20** • Draft report in progress
Completed Cases: There were 10 completed reports and 1 case was rejected. **Rejected Cases:** 2010-2620 (did not meet the COVID criteria for investigation)

19. Integrated Performance Report – November 2020

To Note

Calderdale and Huddersfield NHS Foundation Trust

COVER SHEET

Date of Meeting:	Thursday 14th January 2021
Meeting:	Board of Directors
Title:	QUALITY & PERFORMANCE REPORT
Author:	Peter Keogh, Assistant Director of Performance
Sponsoring Director:	Helen Barker, Chief Operating Officer
Previous Forums:	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 November 2020.

Key Points to Note

Trust performance for November 2020 was 65.7% showing some deterioration in month.

Narratives have been provided for any key indicators that are failing to hit target including Complaints, ED 4 hours, Cancer 62-day screening and 38 day referral to tertiary and Stroke admitted directly to a stroke unit within 4 hours.

SHMI has just gone above 100 for the last 12 months. 3 out of 4 stroke targets have been missed and we had a last minute first Outpatient appointment cancelation that we were unable to reschedule within 28 days due to the second Covid outbreak.

We have seen further 12-hour trolley waits in month although processes have been put in place to resolve this issue.

Long-term sickness has now tipped into Red with a peak of 2.77% for the last 12 months.

A number of access indicators continue to be affected adversely by the COVID situation including Diagnostics 6 week waits which is improving, ASIs and 52 week waits.

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 November.

compassionate care

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Integrated Performance Report

November 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	

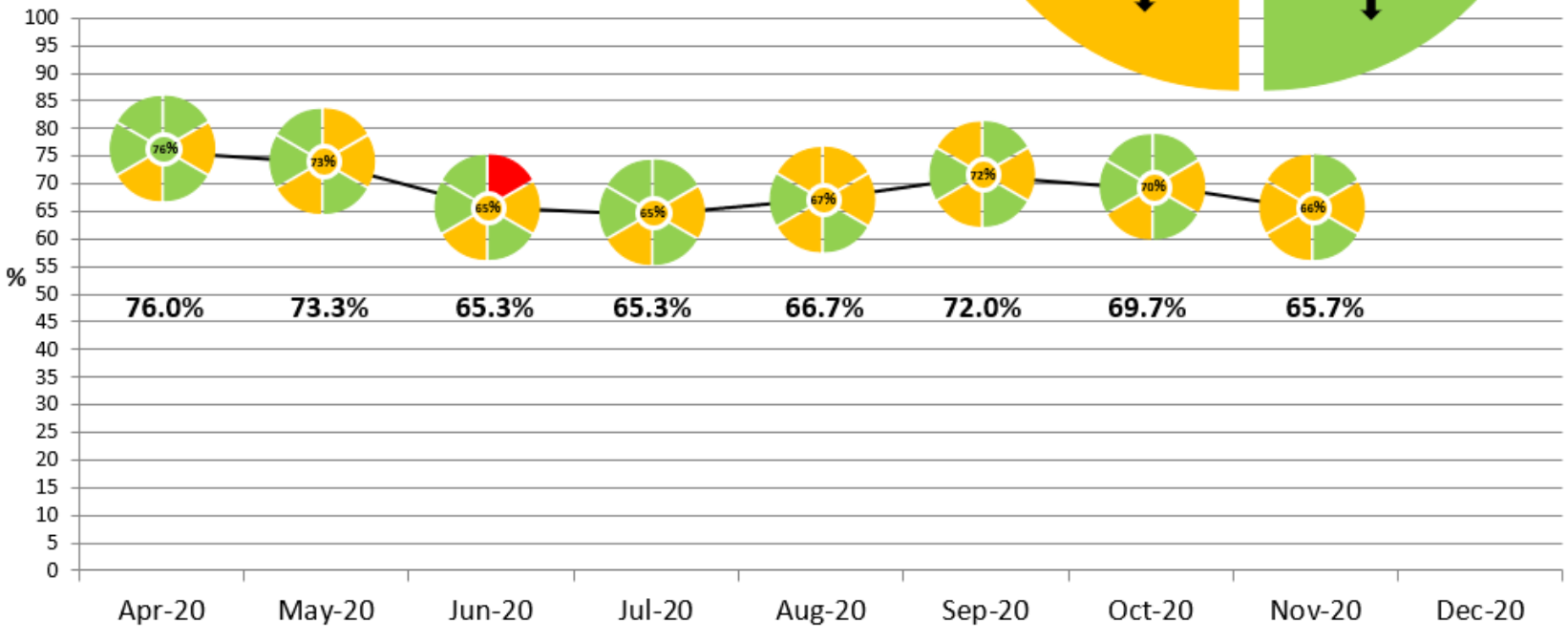
Performance Summary

November 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	Aug-20	Sep-20	Oct-20	Nov-20	YTD	Performance Range		
SAFE											Green	Amber	Red
Never Events	1	0	1	1	0	0	0	0	**0**	**2**	0		>=1
CARING											Green	Amber	Red
% Complaints closed within target timeframe	42.00%	94.0%	82.0%	80.0%	70.0%	71.0%	62.0%	44.0%	**50.0%**	**65.0%**	100%	86% - 99%	<=85%
EFFECTIVE											Green	Amber	Red
Number of MRSA Bacteraemias – Trust assigned	1	0	0	0	0	0	0	0	**0**	**0**	0		>=0
Preventable number of Clostridium Difficile Cases	5	1	1	1	0	0	0	0	**0**	**3**	4		3.4
Local SHMI - Relative Risk (1 Yr Rolling Data)	98.63	98.4	98.68	99.05	99.74	100.88				**100.88**	<=100	101 - 109	>=110
Hospital Standardised Mortality Rate (1 yr Rolling Data)	88.6	91.32	91.56	92.39	91.88	92.85	93.32			**93.32**	<=100	101 - 109	>=111
RESPONSIVE											Green	Amber	Red
Emergency Care Standard 4 hours	87.48%	92.59%	95.24%	94.76%	93.72%	90.65%	88.93%	81.25%	**81.42%**	**89.60%**	>=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%	54.41%	58.33%	50.94%	49.18%	**55.90%**	**60.05%**	>=90%		<=85%
Two Week Wait From Referral to Date First Seen	98.59%	98.24%	99.02%	98.52%	98.92%	99.65%	97.85%	99.04%	**98.49%**	**98.72%**	>=93%	86% - 92%	<=85%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	97.66%	100.00%	100.00%	97.70%	95.87%	100.00%	99.27%	100.00%	**94.85%**	**98.15%**	>=93%		<=92%
31 Days From Diagnosis to First Treatment	99.64%	99.42%	97.37%	98.26%	97.83%	97.69%	100.00%	98.66%	**96.50%**	**98.31%**	>=96%		<=95%
31 Day Subsequent Surgery Treatment	98.96%	96.88%	96.00%	69.57%	86.84%	91.30%	none to report	none to report	**one to repo**	**88.65%**	>=94%		<=93%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	97.87%	97.83%	100.00%	100.00%	100.00%	**100.00%**	**99.45%**	>=98%		<=97%
38 Day Referral to Tertiary	53.08%	76.00%	45.45%	40.00%	65.00%	47.06%	41.67%	50.00%	**14.29%**	**51.94%**	>=85%		<=84%
62 Day GP Referral to Treatment	90.81%	93.61%	91.41%	85.59%	91.72%	91.16%	93.03%	89.67%	**95.24%**	**91.75%**	>=85%	81% - 84%	<=80%
62 Day Referral From Screening to Treatment	90.80%	72.22%	37.50%	0.00%	0.00%	33.33%	0.00%	83.33%	**80.95%**	**45.98%**	>=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%	70.98%	85.89%	73.70%	80.21%	83.25%	82.95%	82.91%	**80.86%**	**80.42%**	>=70%		<=74%
WORKFORCE											Green	Amber	Red
Sickness Absence rate (%) - Rolling 12m	3.93%	4.11%	4.22%	4.25%	4.25%	4.22%	4.24%	4.24%	*	-	<=4%	<=4.5%	>4.5%
Long Term Sickness Absence rate (%) -Rolling 12m	2.50%	2.61%	2.69%	2.73%	2.74%	2.72%	2.72%	2.72%	*	-	<=2.5%	<=2.75%	>2.75%
Short Term Sickness Absence rate (%) -Rolling 12m	1.43%	1.50%	1.52%	1.53%	1.51%	1.50%	1.51%	1.51%	*	-	<=1.5%	<=1.75%	>1.75%
Overall Essential Safety Compliance	94.81%	93.61%	94.11%	94.24%	95.85%	94.42%	95.28%	95.51%	95.18%	-	>=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	0.00	0.00	0.95	**0.16**	**1.11**			

Executive Summary

The report covers the period from November 2019 to allow comparison with historic performance. However the key messages and targets relate to November 2020 for the financial year 2020/21.

Domain	Area
Safe (83%)	**All key indicators are achieving target.**
Caring (50%)	• **Complaints closed within timeframe** - Complaints performance was 50% in November, first improvement since April. 2020 Review, Yorkshire Audit (internal audit) and Spot Audit findings were presented to the Executive Board and Board of Directors 10th December and will again 14th January. Key recommendation is the formation of an improvement collaborative - progress against the delivery plan will be included in future reports. A revised set of IPR metrics will be established by 31st December. Quality priority; there will be further work on the development of a learning portal and associated guidance for staff relating to learning from incidents and complaints to be completed by 31st March.
Effective (77%)	• **SHMI -** performance has just gone above 100 for the latest 12 month period.
Responsive (59%)	• **Emergency Care Standard 4 hours** - Performance for October was 81.42%, similar to October and previous December. Although the number of trolley waits has increased in month, they occurred in the middle of the month and a number of new processes have now been put in place to prevent any recurrence. A new SOP for managing patient waits is now in use with training being rolled out to ensure all relevant colleagues aware of the new processes. We have reviewed the breach investigation process with the Associate Director of Patient Safety and have agreed a new process moving forward that we see a weekly meeting established with specialty areas involved in breaches to ensure the true root cause of the breach is reached and that learning is maximised. We have introduced a ward buddy system with a focus on reason to reside and ensuring there are clear medical plans in place on the wards and therefore shortening delays for scanning/therapy etc. • **Stroke targets** - % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival is now at 55% against the 90% target, small improvement in month. A number of actions have been highlighted for implementation during December: Review use of ESD to ensure timely discharges to maximise capacity utilisation. Further analysis into medical outliers and consider protection of bed base for stroke patients only. Establish early stroke input into patients presenting with dizziness, falls, confusion and headache as these are the patients receiving late diagnosis. Development of improved stroke pathway from HRI (23% of all breaches) supported by stroke telemedicine review, improved CT access and YAS transfer to CRH, this is already being progressed and final barriers to implementation are being discussed. • **62 Day Referral From Screening to Treatment and 38 day referral to tertiary continue to be t**he only 2 cancer targets being missed. There have been capacity issues in theatre, patients have been delayed having diagnostics and the endoscopy unit has reduced staffing to support the Trust. Tertiary referrals capacity has reduced in other organisations which is also causing delayed pathways for patients. Working on releasing staff to increase diagnostic services. FIT test process to be implemented early January with colon capsules to help with colorectal services. One stop Derm and Plastics clinics commence w/c 14th December which will help to support 2ww breaches. Additional capacity implemented with Breast Services for Radiology. Appointing operational support to improve link with other organisations.
Workforce (70%)	• **Overall Sickness absence/Return to Work Interviews -** Sickness absence data does not include self / household / shielding isolation. Sickness rolling 12 month total has been amber since April. Short-term sickness has been round about the 1.5% target level whereas long-term sickness levels have now peaked at 2.77% on a rolling 12 month basis. Hotspot areas have been identified with regular focused deep dives taking place across Directorates.
Finance (69%)	**All key indicators are achieving target.**

Safe - Key messages

Area	Reality	Response	Result
Pressure ulcers	Dramatic increase in the number of pressure ulcers for the month of October (*additional month in arrears*).	This is due to a change in the way activity is being counted. From September all Community ulcers are included. Previously any ulcers for community where there was 'No Harm' were excluded. Excluding the community activity the pressure ulcers figures would have reduced from 109 to 72.	From next month the activity will be back dated to include the community activity so comparisons can be made to previous months.

Safe - Key measures

	19/20	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	YTD	Performance Range		
Falls / Incidents and Harm Free Care																Green	Amber	Red
All Falls	1,815	165	163	169	154	161	93	117	141	155	132	170	161	**184**	**1,153**	Refer to SPC charts		
Inpatient Falls with Serious Harm	25	3	6	1	1	4	0	0	3	4	1	5	4	**2**	**19**	Refer to SPC charts		
Falls per 1000 bed days	7.7	8.3	7.7	8.0	7.9	9.4	8.6	9.8	10.5	10.5	8.5	11.3	9.7	**11.3**	**10.0**	Ongoing Monitoring		
Number of Serious Incidents	36	6	3	2	2	0	1	1	8	2	2	4	2	**1**	**21**	Refer to SPC charts		
Number of Incidents with Harm	2,236	176	153	180	166	145	128	146	174	198	145	165	213	**271**	**1,440**	Refer to SPC charts		
Percentage of Duty of Candour informed within 10 days of Incident	99%	100%	100%	100%	100%	91%	100%	100%	100%	93%	90%	100%	100%	**100%**	**97%**	100%	96 - 99%	<=95%
Never Events	1	0	1	0	0	0	0	1	1	0	0	0	0	**0**	**2**	0		>=1
Percentage of SIs investigations where reports submitted within timescale – 60 Days	50.00%	0.00%	0.00%	none to report	0.00%	none to report	25.00%	0.00%	0.00%	0.00%	100.00%	33.00%	40.00%	**0.00%**	**18.50%**	Ongoing Monitoring		
% Emergency Sepsis patients receiving antibiotic treatment within 1 hour of diagnosis	75.00%	70.00%	74.00%	74.00%	72.00%	70.00%	78.00%	82.00%	88.00%	95.45%	82.14%	90.19%	in arrears	**in arrears**	**86.09%**	>=90%	86% - 89%	<=85%
% Inpatient Sepsis patients receiving antibiotic treatment within 1 hour of diagnosis	68.26%	64.29%	61.11%	71.43%	70.00%	68.75%	64.86%	60.00%	64.00%	86.36%	64.00%	77.14%	in arrears	**in arrears**	**67.58%**	>=90%	86% - 89%	<=85%
Maternity																		
Elective C-Section Rate	10.41%	8.29%	11.06%	8.96%	11.85%	11.89%	9.86%	9.30%	11.78%	13.03%	10.14%	10.42%	9.61%	**11.65%**	**10.74%**	<=10% Threshold		
Emergency C-Section Rate	15.77%	15.28%	14.75%	12.83%	14.88%	14.08%	14.25%	14.93%	15.18%	18.30%	14.52%	15.14%	16.50%	**21.02%**	**16.22%**	<=16% Threshold		
Total C-Section Rate	26.17%	23.58%	25.81%	21.79%	26.72%	25.97%	24.11%	24.23%	26.96%	31.33%	24.66%	25.56%	26.11%	**32.67%**	**26.96%**	<=27% Threshold		
% PPH ≥ 1500ml - all deliveries	3.06%	2.33%	1.61%	3.15%	2.75%	3.16%	3.01%	2.54%	4.19%	3.26%	4.11%	2.98%	3.69%	**3.41%**	**3.40%**	<= 3.0%	3.1% - 3.4%	>=3.5%
Antenatal Assessments < 13 weeks	92.13%	93.32%	91.55%	90.02%	91.79%	92.50%	92.93%	93.02%	92.84%	94.03%	94.74%	90.62%	92.70%	**93.20%**	**93.00%**	>90%	81% - 89%	<=80%
Maternal smoking at delivery	12.35%	14.50%	12.67%	9.69%	11.57%	13.11%	14.50%	11.80%	10.70%	9.00%	9.00%	10.90%	10.30%	**12.80%**	**11.10%**	<=12.9%		>=13%
Pressure Ulcers/VTE Assessments																		
Number of Trust Pressure Ulcers Acquired at CHFT	98	29	23	26	25	21	41	42	35	23	26	34	109	**under validation**	**310**	Refer to SPC charts		
Pressure Ulcers per 1000 bed days	1.38	1.46	1.09	1.23	1.28	1.22	3.80	3.52	2.61	1.56	1.68	2.26	6.55	**under validation**	**3.14**	Refer to SPC charts		
Number of Category 2 Pressure Ulcers Acquired at CHFT	291	26	20	23	23	20	19	25	23	10	12	19	43	**under validation**	**151**	Refer to SPC charts		
Number of Category 3 Pressure Ulcers Acquired at CHFT	33	3	3	3	1	1	2	2	0	1	1	0	2	**under validation**	**8**	Refer to SPC charts		
Number of Category 4 Pressure Ulcers Acquired at CHFT	0	0	0	0	1	0	0	0	0	0	0	0	0	**under validation**	**0**	0		>=1
Number of Deep Tissue Injuries	123	9	8	7	14	7	14	9	10	11	5	10	41	**under validation**	**100**	0		>=2
Number of Unstageable Pressure Ulcers	38	4	3	1	8	1	6	6	2	1	8	5	23	**under validation**	**51**	0		>=3
Number of patients with a Pressure ulcer	282	29	23	24	24	17	31	33	31	18	23	26	86	**under validation**	**248**	Refer to SPC charts		
% of leg ulcers healed within 12 weeks from diagnosis	92.07%	97.22%	100.00%	86.40%	80.00%	26.30%	40.00%	44.40%	12.50%	42.90%	50.00%	38.50%	43.80%	**56.30%**	**40.20%**	>=90%	86% - 89%	<=85%
Percentage of Completed VTE Risk Assessments	96.04%	96.60%	96.38%	95.97%	96.06%	95.46%	95.56%	96.05%	95.89%	96.26%	96.14%	95.54%	96.44%	**96.13%**	**96.02%**	>=95%	86% - 89%	<=85%
Safeguarding																		
Health & Safety Incidents	220	19	14	19	14	17	4	28	35	18	19	17	25	**20**	**166**	Ongoing Monitoring		
Health & Safety Incidents (RIDDOR)	4	1	0	1	0	0	2	2	1	0	1	0	0	**0**	**6**	0		>=1
Medical Reconciliation within 24 hours (excluding Children)	36.70%	37.60%	38.10%	38.80%	39.00%	39.60%	72.80%	57.60%	58.30%	61.20%	56.60%	58.90%	48.40%	**54.60%**	**58.00%**	>=68%		<=67%
Electronic Discharge																		
% Complete EDS	96.58%	96.99%	96.63%	95.15%	93.74%	93.58%	95.22%	95.00%	95.06%	94.00%	91.99%	94.39%	94.05%	**in arrears**	**93.33%**	>=95%	91% - 94%	<=90%

Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	A total of 36 complaints were closed during November 2020: 50% (14/36) of complaints were closed within the target timeframe 25% (1/4) in Surgery and Anaesthetic Division 50% (6/12) in Medicine Division 64% (7/11) in FSS Division 0% (0/1) in Community Division 0 complaints were re-opened in November.	2020 Review, Yorkshire Audit (internal audit) and Spot Audit findings were presented to the Executive Board and Board of Directors 10th December and will again 14th January. The focus of the spot audit was on learning from complaints. Key recommendation is the formation of an improvement collaborative - progress against the delivery plan to be included in future reports. A revised set of IPR metrics will be established by 31st December 2020. Quality priority; there will be further work on the development of a learning portal and associated guidance for staff relating to learning from incidents and complaints to be completed by 31st March 2021.	By implementing the recommendations highlighted in the recent service review and audits and improving complaints processes, we will achieve our performance targets and evidence quality improvements for patients and staff alike. The overall improvement and development will take 1-3 years to achieve and will benefit positive culture change; however early improvements will be demonstrated in the first quarter of 2021/22. This will include a focus on learning from complaints and staff training. *Accountable: Head of Complaints & PALS*

Complaints Background

Complaints background Q3 2020/21:

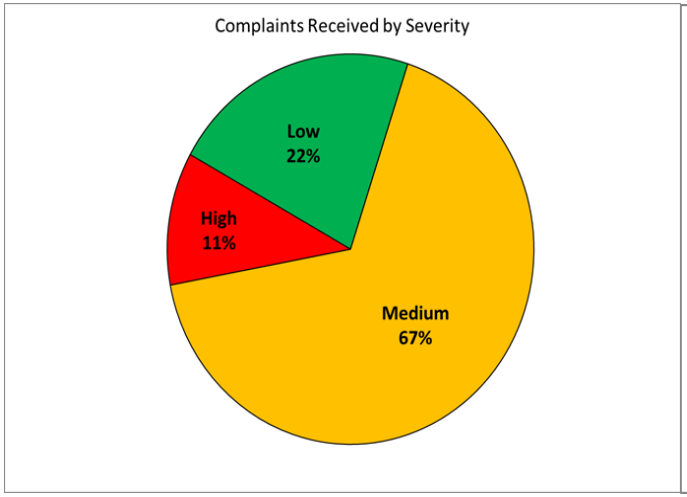
Top 3 complaints subjects (47 subjects recorded):
Patient care: 16 (34%)
Communications: 15 (32%)
Clinical treatment: 7 (15%)

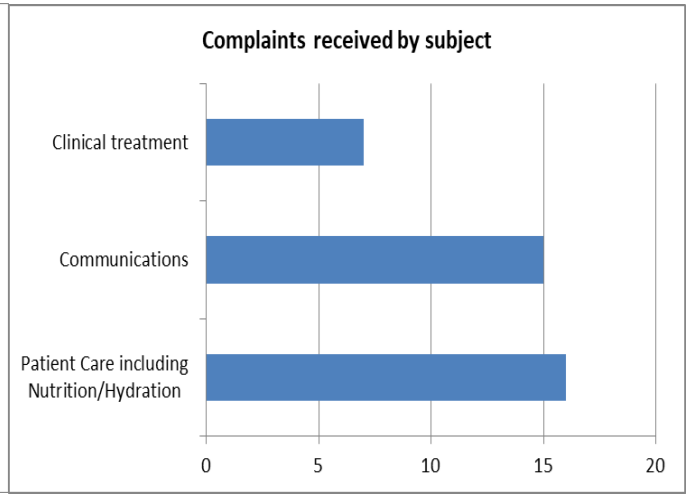
Complaints severity:
High: 11%
Medium: 67%
Low: 22%

PHSO cases:
A full report will be issued about the PHSO cases for the next IPR.

Caring – Key Measures:

Complaints	Nov 2020	YTD
% Complaints closed within target timeframe =	50%	65%
Total Complaints received in the month =	36	201
Complaints re-opened =	0	16
Inpatient Complaints per 1000 bed days =	data not available	
No of Complaints closed within Timeframe =	14	113
Total Complaints Closed =	28	176





Caring - Key measures

	19/20	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	YTD	Performance Range		
Complaints																Green	Amber	Red
% Complaints closed within target timeframe	42.0%	41.0%	50.0%	51.0%	47.0%	64.0%	94.0%	82.0%	80.0%	70.0%	71.0%	62.0%	44.0%	**50.0%**	**65.0%**	100%	86% - 99%	<=85%
Total Complaints received in the month	494	40	32	43	31	27	10	14	29	17	30	32	33	**36**	**201**	no target		
Complaints re-opened	68	6	5	8	5	3	1	2	4	1	4	3	1	**0**	**16**	no target		
Inpatient Complaints per 1000 bed days	2.12	2.01	1.61	2.13	1.64	1.57	0.93	1.17	2.17	1.15	2.26	2.26	2.04	**2.02**	**1.75**	no target		
No of Complaints closed within Timeframe	222	20	24	19	18	13	15	18	16	16	5	14	15	**14**	**113**	Refer to SPC charts in Appendix		
Total Complaints Closed	545	55	53	36	40	21	16	22	20	23	7	26	34	**28**	**176**	no target		
Friends & Family Test																		
Friends & Family Test (IP Survey) - % would recommend the Service	96.88%	96.78%	97.06%	95.79%	96.44%	COVID	COVID	COVID	COVID	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%	92.80%	92.68%	92.68%	92.08%	COVID	COVID	COVID	COVID	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%	81.84%	85.78%	86.49%	86.25%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=87.2%	82.8% - 87.1%	<=82.7%
Friends & Family Test (Maternity) - % would recommend the Service	99.20%	98.70%	98.73%	99.30%	99.50%	COVID	COVID	COVID	COVID	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%	94.66%	96.70%	97.46%	93.91%	COVID	COVID	COVID	COVID	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%	35.45%	39.50%	40.72%	42.89%	40.74%	35.28%	40.15%	40.09%	40.37%	42.49%	34.23%	29.78%	**24.78%**	**35.40%**	>=90%	88% - 89%	<=87%

Effectiveness - Key measures

	19/20	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-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	2	0	2	3	5	1	2	4	7	4	2	4	**2**	**26**	No target		
Preventable number of Clostridium Difficile Cases	5	0	0	1	0	0	1	1	1	0	0	0	0	**0**	**3**	<=4 & YTD <=40		
Number of MSSA Bacteraemias - Post 48 Hours	19	2	2	4	1	0	0	2	3	2	1	2	2	**0**	**12**	No target		
Number of E.coli - Post 48 Hours	29	0	1	3	1	5	2	5	4	2	1	2	3	**0**	**19**	No target		
MRSA Elective Screening – Percentage of Inpatients Matched	96.22%	96.70%	94.20%	95.20%	94.90%	95.80%	87.00%	69.00%	73.00%	68.40%	61.40%	75.00%	66.40%	**49.70%**	**68.50%**	>=95%	94% - 93%	<=92%
Mortality																		
Stillbirths Rate (including intrapartum & Other)	0.16%	0.00%	0.45%	0.00%	0.00%	**0.24%**	0.27%	0.00%	0.26%	0.50%	0.27%	0.25%	0.49%	**0.85%**	**0.36%**	<=0.47%		>=0.48%
Perinatal Deaths (0-7 days)	0.10%	0.00%	0.00%	0.24%	0.27%	0.00%	0.00%	0.00%	0.00%	0.25%	0.00%	0.00%	0.00%	**0.00%**	**0.04%**	<=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)	99.94	97.42	98.99	98.89	98.84	99.94	98.4	98.68	99.05	99.74	100.88	Due Jan 21	Due Feb 21	Due Mar 21	**100.88**	<=100	101 - 109	>=110
Hospital Standardised Mortality Rate (1 yr Rolling Data)	89.64	88.86	91.43	90.35	89.34	89.64	91.32	91.56	92.39	91.88	92.85	93.32	Due Jan 21	Due Feb 21	**93.32**	<=100	101 - 109	>=111
Crude Mortality Rate	1.25%	1.27%	1.73%	1.21%	1.14%	1.62%	4.66%	2.30%	1.69%	1.37%	1.87%	1.50%	2.25%	**2.54%**	**2.19%**	No target		
Coding and submissions to SUS																		
% Sign and Symptom as a Primary Diagnosis	8.11%	8.09%	7.39%	8.22%	8.05%	7.10%	5.34%	7.84%	7.82%	8.18%	8.17%	7.79%	8.16%	**8.92%**	**7.88%**	<=8.3%	8.4% - 9.4%	>=9.5%
Average co-morbidity score	5.52	5.10	5.58	5.55	5.65	6.38	7.00	6.66	6.62	6.44	6.91	6.13	6.36	**6.41**	**6.54**	>=5.08 / >=5.30 from April 20		<=4.7
Average Diagnosis per Coded Episode	6.06	5.91	6.11	6.03	6.24	6.64	7.86	7.97	7.74	7.61	7.94	7.52	7.69	**7.83**	**7.76**	>=6.14 / >=6.48 from April 20		<=5.8
Recruitment to Time and Target (Research)	83.33%	87.70%	82.10%	82.30%	83.50%	82.90%	83.34%	83.10%	73.68%	77.78%	79.98%	80.49%	81.82%	**82.22%**	**80.30%**	>=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%	91.89%	72.41%	77.36%	67.57%	77.08%	56.10%	56.67%	66.67%	42.86%	51.06%	74.36%	75.68%	**67.39%**	**60.90%**	>=85%	84% - 83%	<=82%
IPMR - Breastfeeding Initiated rates	76.39%	76.20%	74.30%	75.50%	78.00%	76.40%	78.57%	77.70%	81.10%	76.30%	75.30%	72.90%	76.50%	**77.70%**	**76.92%**	>=70%	66% - 69%	<=65%
Readmissions																		
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Trust (excluding ambulatory)	8.80%	8.66%	9.56%	8.82%	8.81%	10.41%	14.49%	11.48%	11.41%	10.89%	11.72%	10.13%	9.42%	**10.20%**	**11.22%**	<=7.96% as per Model Hospital		>=8.99%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG (excluding ambulatory)	9.70%	9.42%	10.93%	9.15%	10.16%	11.85%	14.52%	11.47%	10.40%	11.18%	12.10%	10.73%	11.03%	**10.80%**	**11.53%**	<=7.96% as per Model Hospital		>=8.99%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG (excluding ambulatory)	9.62%	9.45%	10.15%	10.26%	9.19%	10.39%	14.97%	12.67%	13.13%	10.97%	12.39%	10.07%	9.01%	**10.30%**	**11.69%**	<=7.96% as per Model Hospital		>=8.99%
Community																		
% Readmitted back in to Hospital within 30 days for Intermediate Care Beds	5.78%	9.70%	7.00%	6.80%	5.10%	8.10%	17.50%	7.70%	2.00%	7.40%	6.30%	2.00%	3.80%	**5.50%**	**6.50%**	No target		
Hospital admissions avoided by Community Nursing Services	2,995	315	283	320	259	277	350	267	228	264	241	240	202	**196**	**1,988**	>=186		

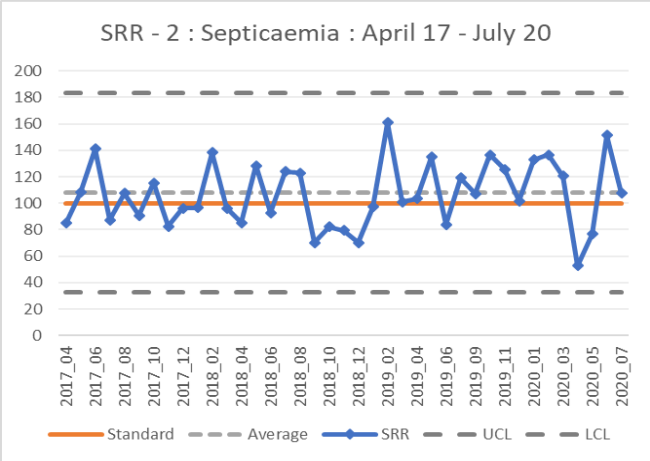
Summary for Integrated Performance Report

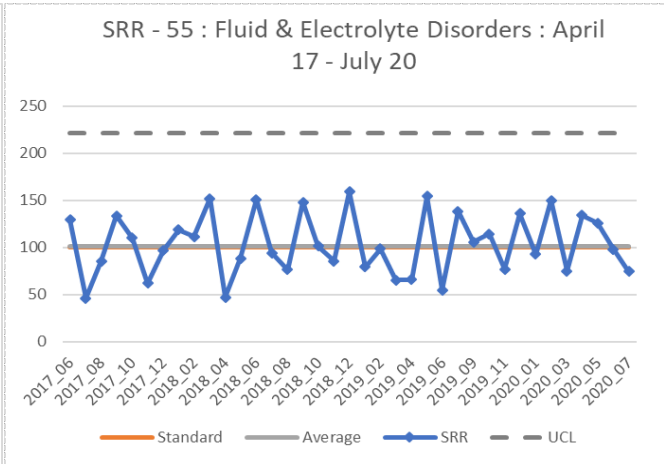
Outcome Indicators

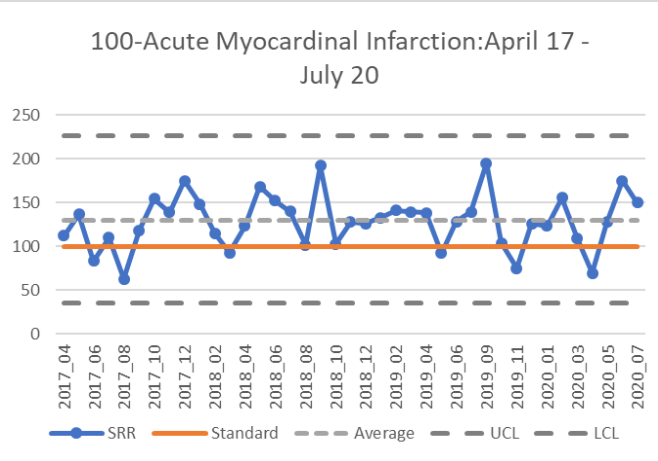
Approach taken - worked with our Benchmarking software providers Healthcare Evaluation Data (HED) to understand if they provided facility to monitor these areas as per Insight Report
Insight Report focuses on 10 Clinical Classification System (CCS) Diagnostis Groups - there are in total over 250, need 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 - Jul 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	119	(101.40, 138.60)	587	26.1
55 - Fluid and electrolyte disorders	110	105.8	106.9	97.1	101.8	(87.60, 117.60)	688	3.2
100 - Acute myocardial infarction	137.8	139.2	134.8	138.1	131.7	(113.00, 152.60)	884	51.6
109 - Acute cerebrovascular disease	114.4	72.4	131.1	105	113.1	(94.50, 134.30)	858	-4
122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	117.6	105.8	114	107.7	108.2	(100.20, 116.60)	2954	35
125 - Acute bronchitis	113.1	98.6	112.2	99	98.8	(88.50, 110.00)	1978	20.1
127 - Chronic obstructive pulmonary disease and bronchiectasis	117.9	119.7	106.9	111.8	109	(98.90, 119.90)	1396	48.2
157 - Acute and unspecified renal failure	122.5	121.9	108.3	108	111.8	(96.50, 128.90)	675	12.1
159 - Urinary tract infections	117.9	109.2	120.8	111.9	109.6	(100.60, 119.10)	2340	50.5
226 - Fracture of neck of femur (hip)	94	87.2	79.7	84.3	83.4	(66.00, 104.00)	613	-15.7

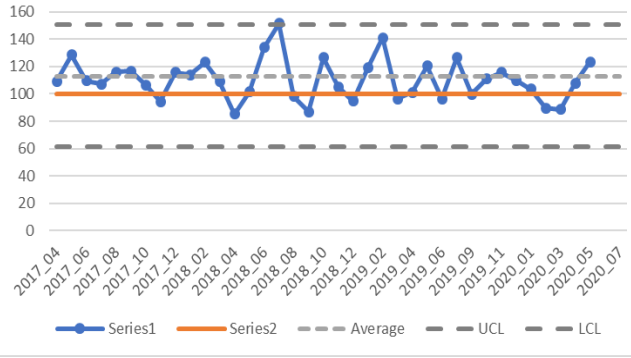




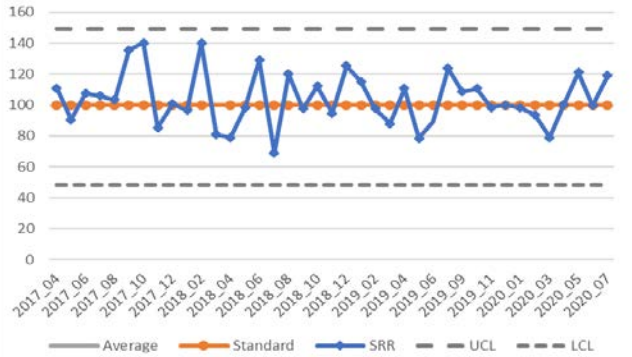


SRR - 109 Acute Cerebrovascular disease: Apr 17- July 20

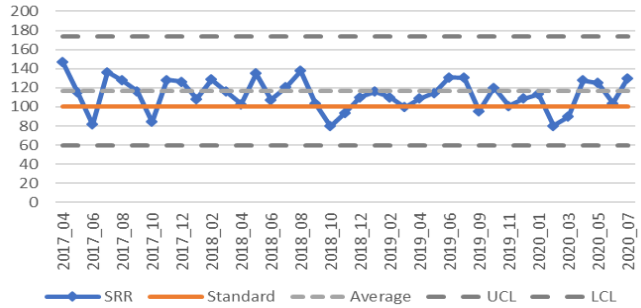
SRR-122 Pneumonia: Apr 17- July 20



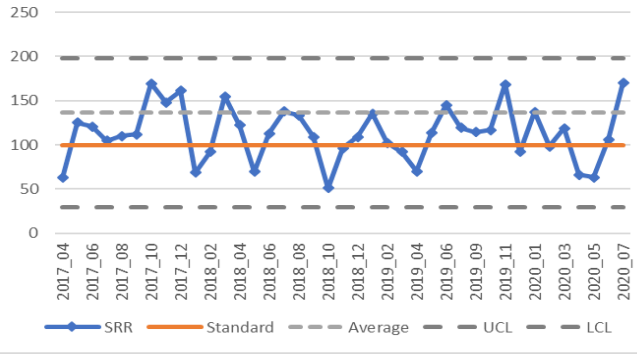
SRR - 125 Acute Bronchitis : April 17 - July 20



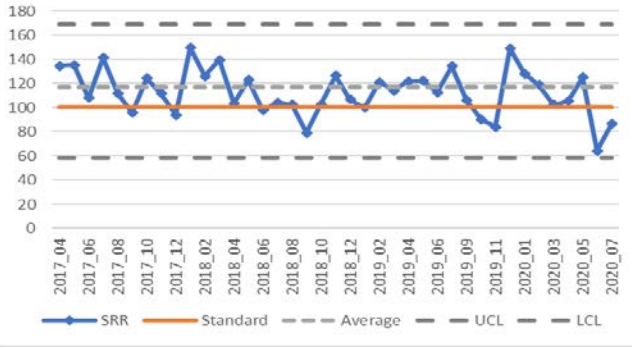
SRR - 127 : Chronic obstructive pulmonary disease and bronchiectasis : April 17 - July 20



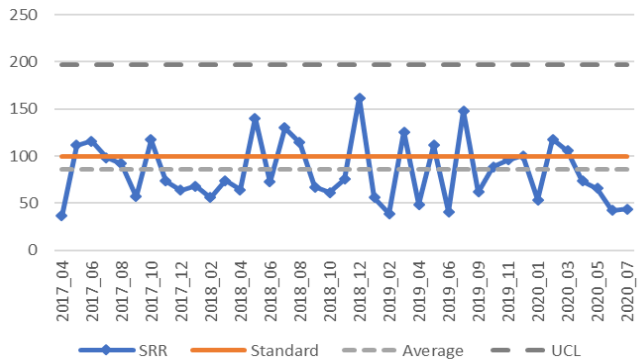
SRR 157 - Acute and unspecified ren : April 17 - July 20



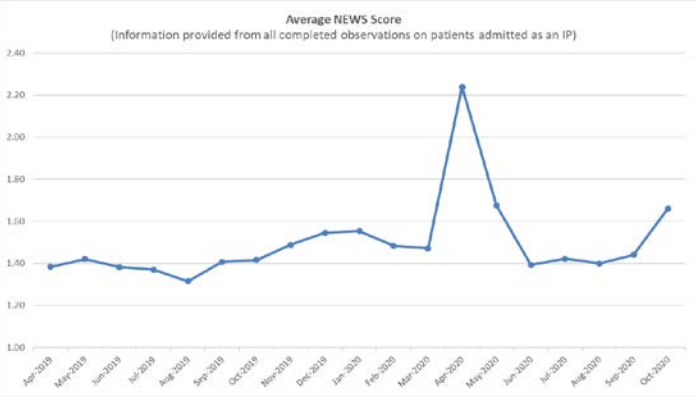
SRR 159 - Urinary tract infections : April 17 - July 20

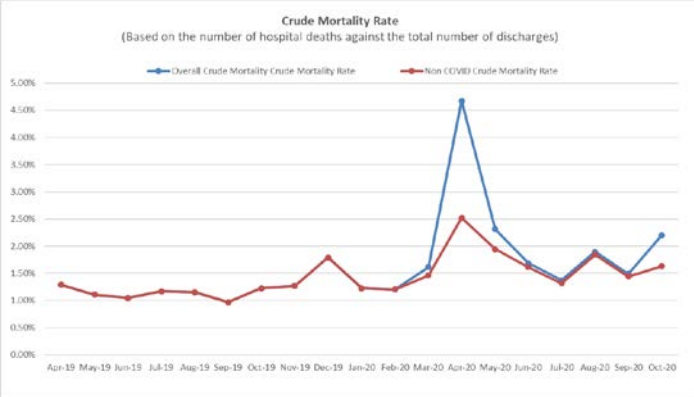


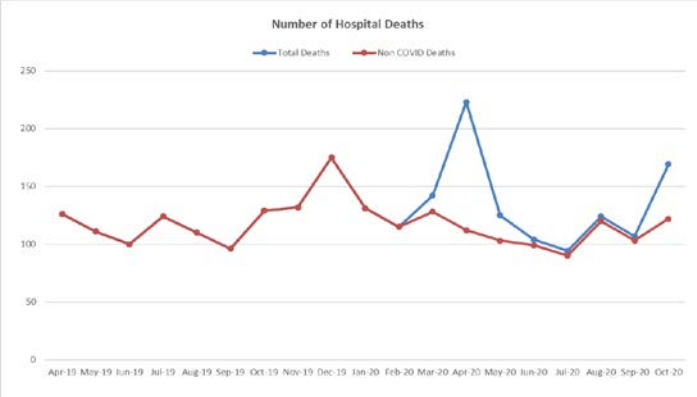
SRR - 226 - Fracture of neck of femur (hip): April 17 - July 20

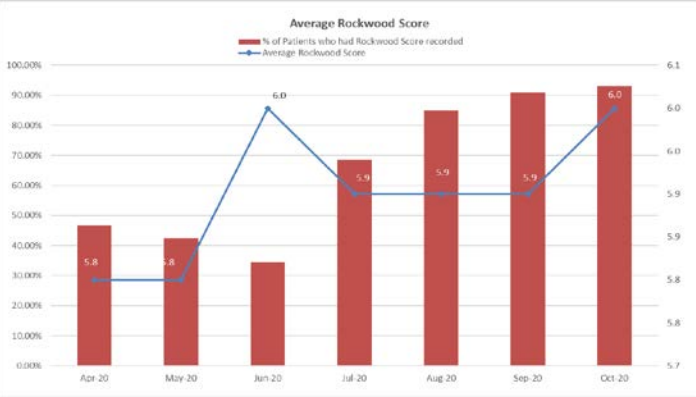


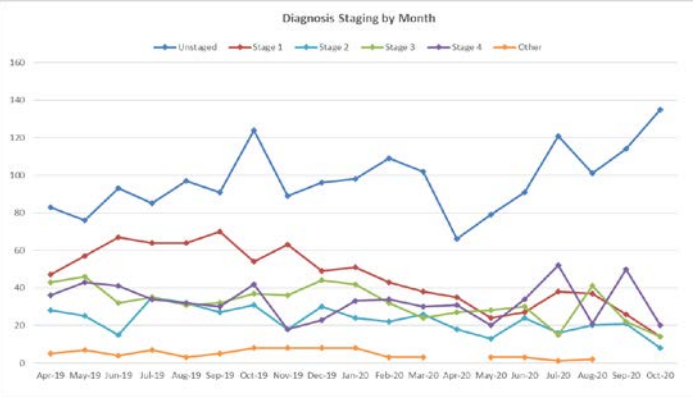
Outcome Measures

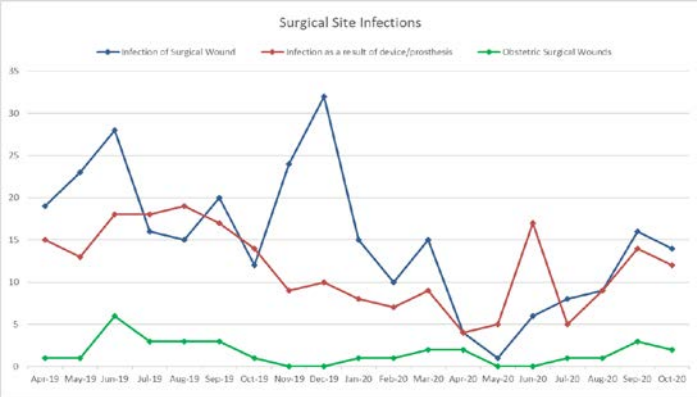












Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	**ECS - <4 hours performance -** Slight increase in month to 81.42% in November from 81.25% in October. YTD position of 89.6%. **A&E Ambulance Handovers 30-60 mins** - 40 in month which is a small decrease from October. **A&E Ambulance Handovers over 60 mins** - 25 in month which is an increase from last month. There have been 47 YTD. **A&E Trolley Waits (from decision to admit)** - 21 in month which is an increase from 15 in October.	Although the number of trolley waits has increased in month, they occurred in the middle of the month and a number of new processes have now been put in place to prevent any recurrence. A new SOP for managing patient waits is now in use with training being rolled out to ensure all relevant colleagues aware of the new processes. We have reviewed the breach investigation process with the Associate Director of Patient Safety and have agreed a new process moving forward that we see a weekly meeting established with specialty areas involved in breaches to ensure the true root cause of the breach is reached and that learning is maximised. The ED matron at HRI is now working a number of twilight shifts to reduce the number of breaches, and to ensure band 7 nursing colleagues are trained in the same approach making any improvement sustainable. We have introduced a ward buddy system with a focus on reason to reside and ensuring there are clear medical plans in place on the wards and therefore shortening delays for scanning/therapy etc. We are arranging a trial of the voicera earpieces – these will be worn by the co-ordinators in ED and Acute Floor to ensure timely communication. Creating ED helpdesk to assist band 7 workload and the recruitment process for this has now started. Continuing with the internal ED escalation processes for managerial, nursing and clinical colleagues. The process is aimed at providing internal consistency, splitting the required actions out into two hourly intervals. The ED daily huddle continues to remind colleagues to book bed at the time of decision to admit. Awaiting delivery of the two additional trolleys for each site which will allow ambulance crews to leave the patient. 3 weekly calls between ED GM and head of YAS are continuing to ensure any issues are addressed quickly and to ensure patients are in the right place. National 111 appointments programme – go live early December. SOP complete, will go through IMT once agreed with YAS. Meetings have started to develop a directory of services at front and back end of ED to ensure all options for managing patients are known and understood at any point in time. Additional GP streaming continues on both sites 12-6pm until the end of March 2021. Work has continued to develop streaming pathways out of the ED; criteria for streaming to frailty SDEC has been broadened to increase the number of patients that can be pulled from ED; work continues to finalise pathways into medical ambulatory and the orthopaedic registrar continues to pull patients into the orthopaedic assessment area.	A project team has been set up to look at improvements to ED performance and is currently confirming a realistic timeframe for this. Accountable: Director of Operations - Medicine
Stroke	Stroke - 1 out of 4 targets achieved in the month % Stroke patients spending 90% of their stay on a stroke unit is showing a decrease in month to 81.40% from 83.87% this remains below the 90% target. % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 55.9% in month which is up from 49.18% during October. % Stroke patients Thrombolysed within 1 hour - 66.7% of Stroke patients were thrombolysed within 1 hour of hospital arrival. This is an increase from 57.14% last month. % Stroke patients scanned within 1 hour of hospital arrival was 32.2% in month against 48% target and down from 61.29% the previous month.	A number of actions have been highlighted for implementation during December: Review use of ESD to ensure timely discharges to maximise capacity utilisation Further analysis into medical outliers and consider protection of bed base for stroke patients only Establish early stroke input into patients presenting with dizziness, falls, confusion and headache as these are the patients receiving late diagnosis Data validation prior to submission to prevent reporting errors Development of improved stroke pathway from HRI (23% of all breaches) supported by stroke telemedicine review, improved CT access and YAS transfer to CRH, this is already being progressed and final barriers to implementation are being discussed Stroke assessment bed (SAB) open 24/7 instead of Mon-Fri 08.00-17.00 at CRH and HRI MAU to triage all potential strokes referred direct from GP and redirect to CRH ED Our initial analysis into the reduction in patients being scanned within 1 hour points to delays due to the scanner requiring a full deep clean following the scanning of a Covid positive patient. We are carrying out a review now to understand this in more detail and to identify required actions going forward.	The actions outlined are planned for implementation during December 2020. Accountable: Divisional Director Medicine/Dr Nair.

Responsive - Key messages

Area	Reality	Response	Result
Cancer	**38 Day Referral to Tertiary** Within the Surgical Division there has been capacity issues in theatre, patients have been delayed having diagnostics and the endoscopy unit has reduced staffing to support the Trust. Tertiary referrals capacity reduced in other organisations which is also causing delayed pathways for patients. Head and neck - reduced theatre capacity, only 1 cancer doctor operating at the moment due to long-term sick. **62 Day Referral From Screening to Treatment** Lower Gi Reduced to 1 theatre per week for patients to be treated, due to covid and staffing issues at the Trust. As a result of this some patients have breached 62 days . Head and neck Thyroid patients are having multiple diagnostics with insufficient results. Within Medicine one patient fell under the 38 day referral to tertiary, and they were referred on day 62 of their pathway. The patient was on a fast track pathway which started with Upper GI team who referred to Respiratory on day 28. From referral the Respiratory team worked her up and referred her to Leeds 34 days after receiving referral.	Working on releasing staff to increase diagnostic services. FIT test process to be implemented early January with colon capsules to help with colorectal services. One stop Derm and Plastics clinics commence w/c 14th December help to support 2ww breaches. Additional capacity implemented with Breast Services for Radiology. Appointing operational support to improve link with other organisations. Head And neck – working to increase theatre / diagnostic capacity. Recruiting for locum head and neck cancer services. Improved 7 day for first appointment – improved to 65%. Patients that have breached will be clinically reviewed Changes have been made to track patients individually. Operational support admin to be recruited to support and man mark patients. Working to increase theatre lists to ensure patients are being treated before breach days.	Diagnostic tests to be quicker to improve IPT Communication to be improved between organisations Ensure that IPT targets are improved. Reduce 62 day breaches in head and neck , and increase diagnostic capacity to avoid repeating of FNAs. Accountable: Director of Operations & GM for Respiratory

Responsive - Key measures

	19/20	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	YTD	Performance Range		
																Green	Amber	Red
Accident & Emergency																		
Emergency Care Standard 4 hours	87.48%	82.68%	81.97%	85.88%	85.55%	87.96%	92.59%	95.24%	94.76%	93.72%	90.65%	88.93%	81.25%	**81.42%**	**89.60%**	>=95%		<95%
Emergency Care Standard 4 hours inc Type 2 & Type 3	89.08%	85.06%	84.42%	87.70%	87.41%	89.26%	93.12%	95.52%	95.11%	94.10%	91.13%	90.04%	82.44%	**82.67%**	**90.30%**	>=95%		<95%
A&E Ambulance Handovers 15-30 mins (Validated)	9,469	840	941	802	632	641	255	254	253	395	411	406	491	**463**	**2,928**	0		>=1
A&E Ambulance Handovers 30-60 mins (Validated)	369	48	41	32	40	14	3	0	1	3	8	7	45	**40**	**107**	0		>=1
A&E Ambulance 60+ mins	20	0	2	1	5	0	0	0	0	0	3	2	17	**25**	**47**	0		>=1
A&E Trolley Waits (From decision to admission)	9	9	0	0	0	0	0	0	0	0	0	0	15	**21**	**36**	0		>=1
Patient Flow																		
Delayed Transfers of Care	3.30%	3.17%	3.93%	3.33%	3.65%	3.94%	0.15%	0.21%	0.17%	0.22%	0.47%	0.21%	0.30%	**0.09%**	**0.23%**	<=3.5%	3.6% - 4.9%	>=5%
Coronary Care Delayed Discharges	591		53	57	51	33	COVID	COVID	COVID	COVID	COVID	COVID	COVID	**COVID**	**COVID**		No target	
Green Cross Patients (Snapshot at month end)	25	90	90	104	106	25	17	48	49	52	47	51	60	**53**	**53**	<=40	41 - 45	>=45
Advice & Guidance responded within 48 hours	82.03%	82.09%	79.53%	76.96%	83.90%	83.50%	79.00%	84.30%	81.40%	78.90%	77.40%	82.30%	79.40%	**72.90%**	**79.00%**	>=80%	71% - 79%	<=70%
Stroke																		
% Stroke patients spending 90% of their stay on a stroke unit	73.62%	67.24%	63.50%	83.02%	79.49%	86.76%	92.86%	91.23%	74.14%	81.16%	82.98%	83.33%	83.87%	**81.40%**	**83.63%**	>=90%	89% - 86%	<=85%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	51.21%	47.37%	40.40%	49.06%	58.97%	55.88%	71.43%	71.93%	67.24%	54.41%	58.33%	50.94%	49.18%	**55.90%**	**60.05%**	>=90%		<=85%
% Stroke patients Thrombolysed within 1 hour	77.78%	63.64%	85.70%	100.00%	25.00%	75.00%	62.50%	53.85%	83.33%	90.00%	85.71%	75.00%	57.14%	**66.70%**	**73.77%**	>=55%		<=50%
% Stroke patients scanned within 1 hour of hospital arrival	53.99%	50.79%	53.80%	50.94%	48.72%	45.71%	48.84%	50.88%	57.63%	40.85%	48.98%	44.23%	61.29%	**32.20%**	**50.13%**	>=48%		<=45%
Cancellations																		
% Last Minute Cancellations to Elective Surgery	0.92%	1.07%	0.92%	1.06%	0.79%	0.81%	0.32%	0.30%	0.00%	0.13%	0.36%	0.38%	0.30%	**0.23%**	**0.25%**	<=0.6%		>=0.8%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	0	0	0	0	0	0	17	0	0	0	0	0	0	**1**	**18**	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	1,472	1,680	1,730	1,305	1,396	2,306	3,542	4,531	6,264	8,133	8,446	6,632	**6,294**	**6,294**	0		>=1
RTT Waits over 52 weeks Threshold > zero	5	3	8	7	6	5	28	76	176	331	509	777	1063	**1,523**	**1,523**	0		>=1
% Diagnostic Waiting List Within 6 Weeks	95.04%	98.80%	98.32%	98.62%	99.70%	95.04%	40.24%	34.60%	46.98%	51.96%	46.14%	50.73%	60.36%	**65.43%**	**65.43%**	>=99%		<=98%
Cancer																		
Two Week Wait From Referral to Date First Seen	98.59%	99.40%	99.20%	99.07%	99.59%	99.20%	98.24%	99.02%	98.52%	98.92%	99.65%	97.85%	99.04%	**98.49%**	**98.72%**	>=93%	86% - 92%	<=85%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	97.66%	97.92%	98.38%	99.41%	98.66%	99.24%	100.00%	100.00%	97.70%	95.87%	100.00%	99.27%	100.00%	**94.85%**	**98.15%**	>=93%		<=92%
31 Days From Diagnosis to First Treatment	99.64%	100.00%	100.00%	99.45%	100.00%	99.30%	99.42%	97.37%	98.26%	97.83%	97.71%	100.00%	98.66%	**96.50%**	**98.31%**	>=96%		<=95%
31 Day Subsequent Surgery Treatment	98.96%	100.00%	100.00%	100.00%	100.00%	92.86%	96.88%	96.00%	69.57%	86.84%	91.30%	none to report	none to report	**none to report**	**88.65%**	>=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%	97.87%	97.83%	100.00%	100.00%	100.00%	**100.00%**	**99.45%**	>=98%		<=97%
38 Day Referral to Tertiary	53.08%	57.14%	54.17%	57.69%	63.16%	61.11%	76.00%	45.45%	40.00%	65.00%	47.06%	41.67%	50.00%	**14.29%**	**51.94%**	>=85%		<=84%
62 Day GP Referral to Treatment	90.81%	91.85%	91.49%	87.08%	96.15%	91.44%	93.61%	91.41%	85.59%	91.72%	91.16%	93.03%	89.67%	**95.24%**	**91.75%**	>=85%	81% - 84%	<=80%
62 Day Referral From Screening to Treatment	90.80%	100.00%	92.86%	95.45%	80.00%	90.48%	72.22%	37.50%	0.00%	0.00%	33.33%	0.00%	83.33%	**80.95%**	**45.98%**	>=90%		<=89%
104 Referral to Treatment - Number of breaches - Patients Treated	29.0	3.5	3.5	3.5	1.5	2.5	0	2.0	3.0	1.5	0.5	2.5	1.0	**0.5**	**11.0**	0		>=1
104 Referral to Treatment - Number of breaches - Patients Still waiting	7	7	8	7	5	7	4	6	11	11	9	10	9	**8**	**8**	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%	71.34%	71.98%	71.54%	79.41%	79.81%	70.98%	85.89%	73.70%	80.21%	83.25%	82.95%	82.91%	**80.86%**	**80.42%**	>=70%		<=74%
Elective Access																		
Appointment Slot Issues on Choose & Book	28.15%	31.20%	23.50%	18.26%	25.39%	20.40%	130.03%	112.99%	105.12%	85.56%	79.00%	85.48%	84.49%	**66.65%**	**93.67%**	<=20%		>=21%
ASI (Appointment Slot Issues) > 22 Weeks	354	131	95	112	183	354	800	999	1585	2244	2012	1,234	845	**1,118**	**1,118**	0		>=1
Total Holding List	10,663	8,291	9,600	8,406	8,661	10,663	14,562	17,946	19,911	21,651	21,591	20,286	19,244	**19,734**	**19,734**		No target	
Holding List > 12 Weeks	1,832	1,244	1,501	1,090	1,513	1,832	3,081	4,314	5,497	6,757	9,195	7,192	6,545	**5,767**	**5,767**	0		>=1

Workforce - Key Metrics

	18/19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	YTD	Target	Threshold/Monthly
Staff in Post																	
Staff in Post Headcount		5717	5694	5733	5733	5721	5858	5869	5876	5870	5724	5738	5762	5782	-	-	
Staff in Post (FTE)		5037.98	5015.81	5050.59	5044.89	5049.46	5168.35	5173.65	5184.72	5195.15	5064.84	5096.10	5106.28	5124.91	-	-	
Vacancies																	
Establishment (Position FTE)**		5248.77	5249.17	5248.92	5250.42	5219.02	5314.42	5312.37	5323.61	5373.84	5376.13	5381.86	5408.16	5418.98	-	-	
Vacancies (FTE)**		210.79	233.36	198.33	205.53	169.56	146.07	138.72	138.89	178.69	311.29	285.76	301.88	294.07	-	-	
Vacancy Rate (%)**		4.02%	4.45%	3.78%	3.91%	3.25%	2.75%	2.61%	2.61%	3.33%	5.79%	5.31%	5.58%	5.43%	-	-	
Staff Movements																	
Turnover rate (%) - in month		0.42%	0.59%	0.60%	0.41%	0.73%	0.48%	0.57%	0.40%	0.56%	0.74%	0.77%	0.45%	0.65%	-	-	
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		7.55%	7.43%	7.36%	7.35%	7.26%	7.09%	7.20%	6.86%	6.84%	6.98%	7.27%	7.24%	7.46%	-	**11.50%**	<=11.5% Green <=12.5 >11.5% >12.5% Red
Retention/Stability Rate (%) - rolling 12m		90.29%	90.11%	89.63%	89.55%	89.49%	90.38%	90.29%	90.53%	90.84%	90.70%	90.39%	90.62%	90.33%	-	-	
Sickness Absence - Rolling 12 month																	
Sickness Absence rate (%) - rolling		3.74%	3.84%	3.86%	3.86%	3.93%	4.11%	4.22%	4.25%	4.25%	4.22%	4.24%	4.29%	*	-	**4.00%**	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%) - rolling		2.42%	2.47%	2.48%	2.49%	2.50%	2.61%	2.69%	2.73%	2.74%	2.72%	2.72%	2.77%	*	-	**2.50%**	=< 2.5% Green 2.5% -2.75% Amber >2.75% Red
Short Term Sickness Absence rate (%) - rolling		1.33%	1.37%	1.37%	1.37%	1.43%	1.50%	1.52%	1.53%	1.51%	1.50%	1.51%	1.52%	*	-	**1.50%**	=< 1.5% - Green 1.5% -1.75% Amber >1.75% Red
Attendance rate (%) - rolling		96.26%	96.16%	96.14%	96.14%	96.07%	95.89%	95.78%	95.75%	95.75%	95.78%	95.78%	95.71%	*		**96.00%**	
Sickness Absence - Monthly																	
Sickness Absence rate (%) - in month		4.07%	4.34%	4.25%	3.89%	4.63%	5.47%	4.52%	3.75%	3.61%	3.67%	4.08%	4.74%	*	-	-	
Long Term Sickness Absence rate (%) - in month		2.51%	2.69%	2.58%	2.52%	2.72%	3.35%	3.19%	2.67%	2.55%	2.65%	2.75%	3.23%	*	-	-	
Short Term Sickness Absence rate (%) - in month		1.56%	1.65%	1.67%	1.37%	1.91%	2.12%	1.33%	1.08%	1.06%	1.02%	1.33%	1.52%	*	-	-	
Attendance rate (%) - in-month		95.93%	95.66%	95.75%	96.11%	95.37%	94.53%	95.48%	96.25%	96.39%	96.33%	95.92%	95.26%	*		**96.00%**	
Attendance Management																	
Sickness Absence FTE Days Lost -in month		6233.03	6728.98	6628.90	5687.70	7238.10	8363.71	7244.23	5818.30	5801.84	5839.32	6195.16	7483.23	*	-	-	
Average days lost (FTE) per FTE - Rolling 12 month		13.66	14.02	14.09	14.09	14.34	14.80	15.19	15.30	15.33	15.30	15.33	15.54	*	-	-	
Sickness Absence Estimated Cost (£) - month		£0.57M	£0.62M	£0.60M	£0.52M	£0.67M	£0.79M	£0.65M	£0.52M	£0.52M	£0.52M	£0.56M	£0.70M	*	-	-	
Return to work Interviews (%)		78.11%	76.43%	71.27%	69.43%	58.15%	51.54%	56.86%	60.32%	63.12%	65.03%	57.56%	61.39%	*	-	**90.00%**	90% Green 65%-89% Amber <65% Red
Spend																	
Substantive Spend (£)		£19.76M	£19.64M	£20.05M	£19.95M	£20.15M	£21.07M	£20.89M	£21.34M	£20.25M	£21.38M	£20.92M	£21.25M	£20.93M	-	-	
Bank Spend (£)		£1.46M	£1.55M	£1.40M	£1.71M	£1.93M	£1.68M	£1.52M	£1.64M	£1.79M	£1.64M	£2.14M	£1.81M	£2.45M	-	-	
Agency Spend (£)		£0.58M	£0.38M	£0.45M	£0.46M	£0.47M	£0.37M	£0.21M	£0.23M	£0.32M	£0.43M	£0.40M	£0.37M	£0.44M	-	-	
Proportion of Temporary (Agency) Staff		2.67%	1.74%	2.06%	2.08%	2.07%	1.59%	0.94%	1.00%	1.42%	1.82%	1.69%	1.56%	1.85%	-	-	
Essential Safety (12m rolling)																	
Overall Essential Safety Compliance		95.32%	95.13%	94.79%	94.88%	94.81%	93.61%	94.11%	94.24%	95.85%	94.42%	95.28%	95.51%	95.18%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Conflict Resolution (3 Year Refresher)		96.55%	96.39%	95.96%	96.26%	96.27%	94.73%	95.94%	96.04%	96.04%	96.10%	96.41%	96.81%	96.86%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Data Security Awareness (1 Year Refresher)		92.51%	92.95%	93.94%	94.14%	94.32%	92.73%	90.76%	90.36%	90.36%	90.77%	92.13%	97.91%	92.27%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Dementia Awareness (No Renewal)		99.31%	99.14%	99.13%	99.39%	99.34%	97.49%	97.73%	97.72%	97.16%	97.48%	97.25%	97.64%	97.77%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Equality and Diversity (3 Year Refresher)		97.94%	97.68%	97.10%	97.26%	97.54%	96.07%	96.93%	97.16%	91.04%	97.21%	97.58%	92.96%	97.44%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Fire Safety (1 Year Refresher)		95.03%	94.60%	94.31%	94.77%	93.42%	90.40%	90.27%	91.04%	97.07%	90.29%	92.86%	97.88%	91.72%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Health and Safety (3 Year Refresher)		98.46%	98.34%	98.21%	97.95%	97.98%	96.28%	96.96%	97.07%	92.09%	97.32%	97.78%	93.43%	97.64%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Infection Control (1 Year Refresher)		93.97%	93.51%	94.04%	93.99%	94.86%	92.89%	92.84%	92.09%	90.36%	91.86%	93.17%	92.65%	93.67%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Manual Handling (2 Year Refresher)		93.70%	93.01%	90.90%	89.77%	89.81%	89.30%	91.57%	91.67%	91.67%	92.57%	94.29%	94.14%	93.33%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Safeguarding (3 Year Refresher)		89.97%	90.32%	89.62%	89.96%	89.55%	91.03%	91.62%	92.48%	94.43%	93.64%	93.64%	93.94%	92.86%	-	**90.00%**	>=90% Green >=85%<90% Amber <85% Red
Appraisal																	
Appraisal (1 Year Refresher) - Non-Medical Staff		94.65%	93.65%	92.75%	91.62%	90.12%	6.20%	20.85%	33.49%	47.31%	56.27%	68.29%	92.32%	93.74%	-	**95.00%**	>=95% Green >=90%<95% Amber <90% Red
Appraisal (1 Year Refresher) - Medical Staff (Rolling 12mth)		88.42%	83.23%	82.21%	78.61%	84.10%	80.76%	76.37%	72.83%	67.25%	63.07%	58.38%	55.28%	53.61%	-	**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 Medical Appraisals, the monthly Metric is lower than would normally be expected

Workforce Key Metrics

Workforce - Key Metrics

WORKFORCE	Current Month Score	Previous Month	Trend	Change	NHSi Submitted Position
Staff In Post (Headcount)	**5782**	5762	↑	20	-
Staff In Post (FTE)	**5124.9**	5106.3	↑	18.63	-
Establishment (FTE)	**5419.0**	5408.2	↑	10.82	-
Starters	**46.60**	29.50	↑	17.10	-
Leavers	**32.37**	21.50	↓	10.87	-
Vacancies (FTE)	**294.07**	301.88	↑	-7.81	-
Vacancies (%)	**5.43%**	5.58%	↑	-0.16%	-
Turnover Rate (rolling 12 month) (%)	**7.46%**	7.24%	↓	0.23%	*11.5%

ATTENDANCE MANAGEMENT	Current Month Score	Previous Month	Trend	Change	Target
Sickness Absence Rate (rolling) (%)	**4.29%**	4.24%	↓	0.05%	4.0%
Long Term Sickness Absence Rate (rolling) (%)	**2.77%**	2.72%	↓	0.05%	2.5%
Short Term Sickness Absence Rate (rolling) (%)	**1.52%**	1.51%	↓	0.00%	1.5%
Sickness Absence Rate (month) (%)	**4.74%**	4.08%	↓	0.66%	4.0%
Long Term Sickness Absence Rate (month) (%)	**3.23%**	2.75%	↓	0.47%	2.5%
Short Term Sickness Absence Rate (month) (%)	**1.52%**	1.33%	↓	0.19%	1.5%
Return to work interviews completed (%)	**61.4%**	57.6%	↑	3.83%	90.0%

APPRAISAL	Current Month Score	Previous Month	Trend	Change	Target
Appraisal (YTD)	**93.74%**	92.32%	↑	1.42%	95.00%
Medical Appraisal (YTD)	**53.61%**	55.28%	↓	-1.67%	-

ESSENTIAL SAFETY TRAINING	Current Month Score	Previous Month	Trend	Change	Target
Data Security Awareness (1 Year Refresher)	**92.27%**	97.91%	↓	-5.64%	90.00%
Infection Control (1 Year Refresher)	**93.67%**	92.65%	↑	1.02%	90.00%
Fire Safety (1 Year Refresher)	**91.72%**	97.88%	↓	-6.16%	90.00%
Manual Handling (2 Year Refresher)	**93.33%**	94.14%	↓	-0.81%	90.00%
Safeguarding (3 Year Refresher)	**92.86%**	93.94%	↓	-1.08%	90.00%
Conflict Resolution (3 Year Refresher)	**96.86%**	96.81%	↑	0.05%	90.00%
Equality & Diversity (3 Year Refresher)	**97.44%**	92.96%	↑	4.48%	90.00%
Health, Safety & Wellbeing (3 Year Refresher)	**97.64%**	93.43%	↑	4.21%	90.00%
Dementia Awareness (No Renewal)	**97.77%**	97.64%	↑	0.13%	90.00%

Key

- ↔ No movement from previous month
- ↑ Improvement from previous month
- ↓ Deterioration from previous month
- * Internal target rather than NHSi Submitted Position
- Not achieving target
- Achieving target

* 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.

RECRUITMENT	AfC Current Month Avg Days	AfC Previous Month	Medical Current Month Avg Days	Medical Previous Month	All Current Month Avg Days	All Previous Month	All Trend	All Change	All Target (Days)
Vacancy approval to advert placement	4.6	5.1	6.1	5.8	**4.7**	5.1	↑	-0.4	8
Shortlisting to interview	3.9	5.1	2.8	6.6	**3.8**	5.2	↑	-1.4	12
Interview to conditional offer	1.6	1.5	7.6	0.9	**2.0**	1.5	↓	0.5	6
Pre employment to unconditional offer	20.2	19.8	39.8	26.5	**21.4**	20.0	↓	1.4	18
Unconditional Offer to Acceptance	3.2	0.5	1.0	0.0	**3.1**	0.5	↓	2.6	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.

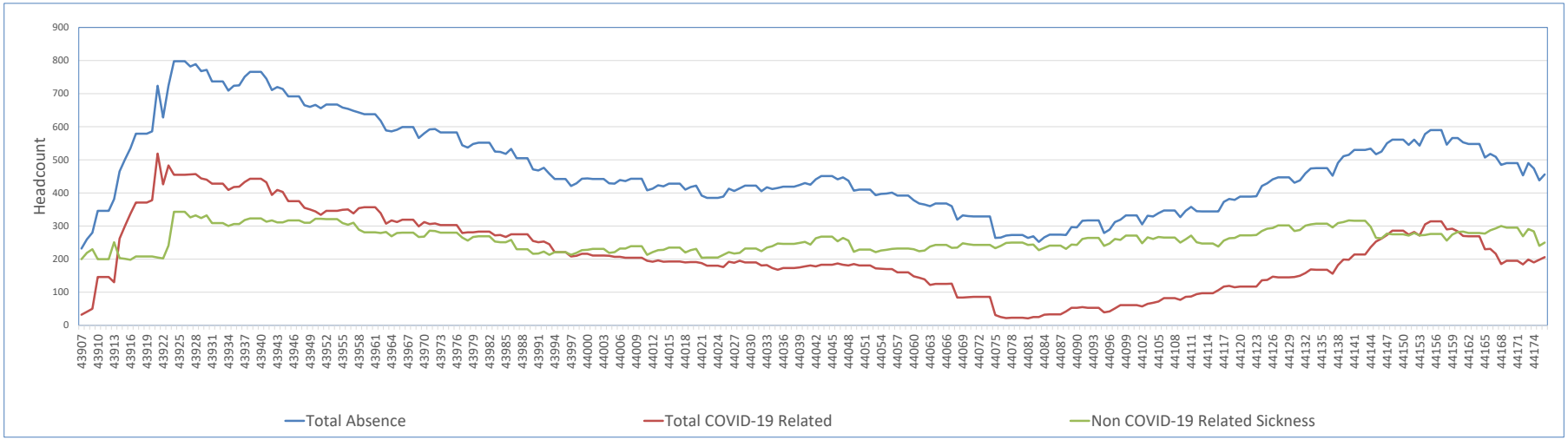
Pre employment to unconditional offer -The average number of days between the date Conditional Offer letter sent & the date Unconditional Offer letter sent

Unconditional Offer to Acceptance - The average number of days for Unconditional Offer to Acceptance

PAY	Current Month Spend	Previous Month	Trend	Change	Target (Budget)
Substantive Expenditure	**£20.93M**	£21.25M	↑	-£0.32M	£19.92M
Agency Expenditure	**£0.44M**	£0.37M	↓	£0.08M	£0.81M
Bank Expenditure	**£2.45M**	£1.81M	↓	£0.64M	£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 @ 11 December 2020

	Headcount	% of workforce
Absence - COVID-19 Related	206	3.3%
Absence - Sickness (Non COVID-19 Related)	250	4.0%
Total Absence	456	7.3%

Testing

Location	Number Tested
CHFT	2666
Locala	6
Home	62
External	202
Total	2936

Results *		
Negative	2325	81.7%
Positive	488	17%
Awaiting	33	1.2%

* Excludes inconclusive tests

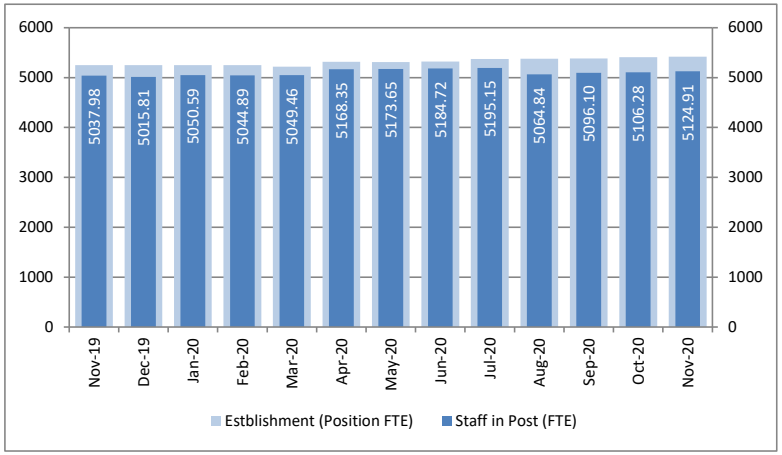
Self Isolation (Staff Presenting Symptoms) Testing

	Number Tested	Negative	Positive	Awaiting
BAME (incl mixed and other)	328	74%	25%	1%
White	1309	81%	18%	1%
Not Stated	75	79%	20%	1%

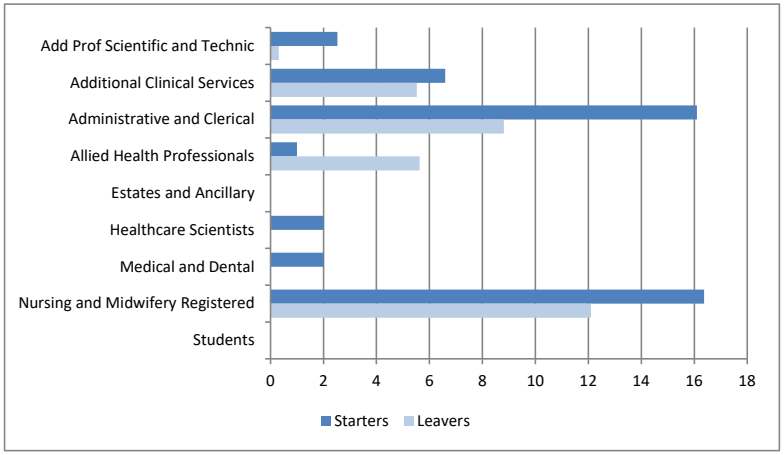
Covid Related Key Metrics

Reality

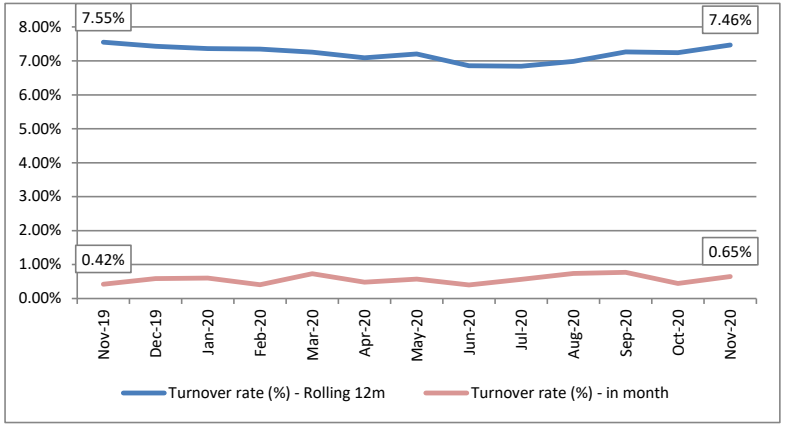
Staff in Post (FTE) v Establishment (FTE)



Starters & Leavers (FTE) by Staff Group - November 2020



Turnover



Turnover by Staff Group

Staff Group	In-Month	Rolling
Add Prof Scientific and Technic	0.15%	9.44%
Additional Clinical Services	0.42%	6.59%
Administrative and Clerical	0.88%	6.95%
Allied Health Professionals	1.44%	13.36%
Estates and Ancillary	0.00%	5.50%
Healthcare Scientists	0.00%	9.23%
Medical and Dental	0.00%	8.06%
Nursing and Midwifery Registered	0.74%	6.31%

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'.

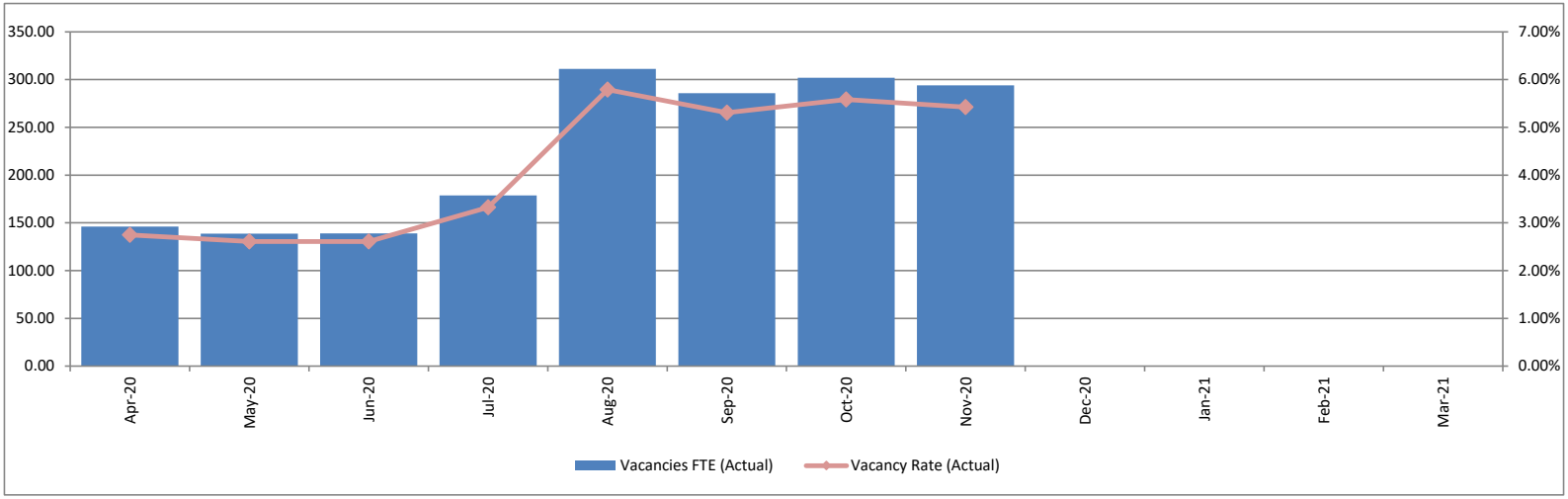
To support the retention of the Nursing workforce, the Trust offers a comprehensive induction and all new starters are enrolled on a year long graduate programme which is supported by the preceptorship programme.

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	222.56	209.83	12.73
Additional Clinical Services	1128.49	1074.84	53.65
Administrative and Clerical	1090.82	1010.61	80.21
Allied Health Professionals	383.11	404.99	-21.88
Estates and Ancillary	56.07	48.19	7.88
Healthcare Scientists	125.84	118.34	7.50
Medical and Dental	652.83	626.55	26.28
Nursing and Midwifery Registered	1759.26	1629.76	129.50
Students	0.00	1.80	-1.80
Total	**5418.98**	**5124.91**	**294.07**

Additional Clinical Services Breakdown

Role	Establishment (FTE)	Actual (FTE)	Vacancies (FTE)
Asst./Associate Practitioner Nursing	0.86	1.85	-0.99
Health Care Support Worker	81.24	70.15	11.09
Healthcare Assistant	709.68	633.86	75.82
Nursery Nurse	1.83	1.03	0.80
Nursing Associate	10.91	21.40	-10.49
Trainee Nursing Associate	2.00	51.00	-49.00
Total (Unregistered Nursing)	**806.52**	**779.29**	**27.23**
Other Additional Clinical Service	321.97	295.55	26.42

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

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 will be deployed into the workforce as registered nursing associates. Cohort 2 TNA's will complete studies in December 2020 and join the nursing workforce thereafter. The organisation has also been successful in its bid to NHSi to secure funding to expand our international nurse recruitment programme. We have also partnered with HEE's Global Learners project and are expecting deployment of nurses early in the new year.

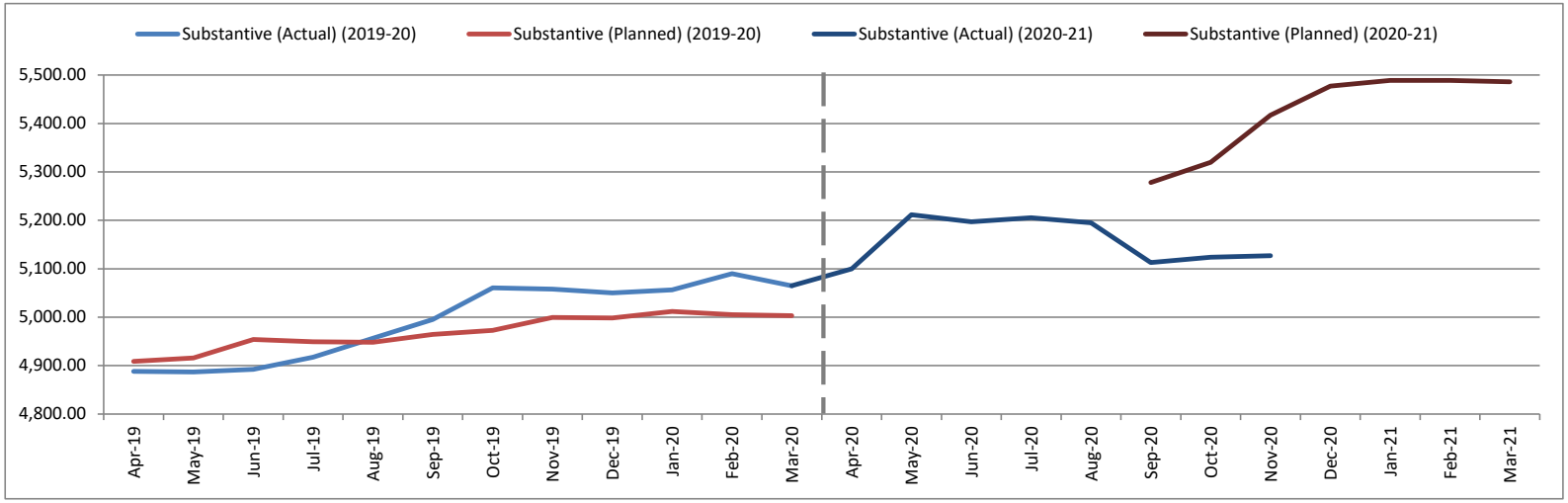
Medical Recruitment

Escalated rotas remain in place for Medicine trainees at all levels. One of the challenges is the requirement for regular review. There are daily operation meeting and very few occasion have required trainees from outside of medicine to be redeployed to support Covid positive patients. Foundation trainees rotated as planned to their next specialty in the firs week of December and trainees that are due to commence in February 2021 were sent their work schedules as per our usual practice. The investment ratio for the Clinical Excellence Awards 2020 -21 was confirmed nationally and these monies have been shared out equally amongst eligible consultant staff from CHFT and will be paid in December 2020. The new scheme after 2021 has not been launched yet so future arrangements have not yet been determined. We are working with BMJ Careers on a targeted recruitment campaign for consultant level doctors in Strike Medicine and Haematology. The posts have been advertised previously without success. Plans to do the same for Emergency medicine are in place. There is ongoing collaboration with Doncaster and Bassetlaw for registrar level doctors for ED from overseas. Yr on Yr we have a net gain of 24 doctors.

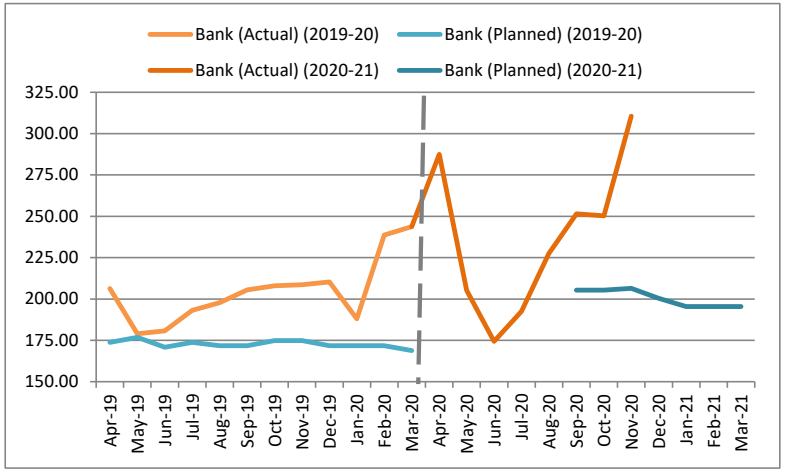
Vacancies

Reality

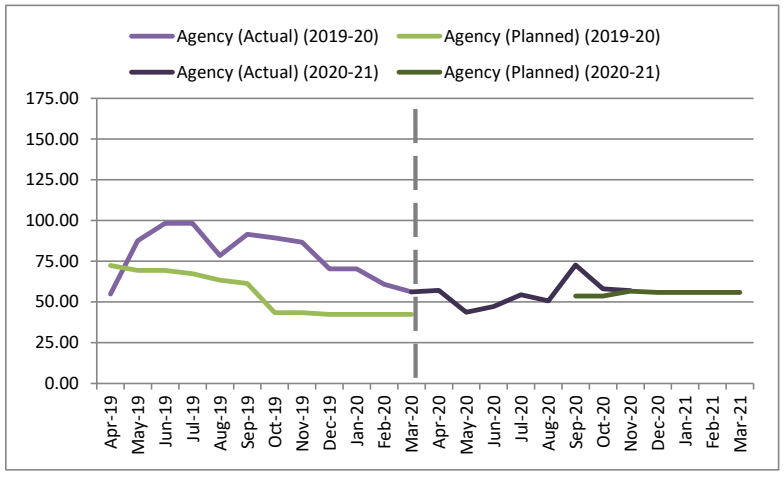
Substantive



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.

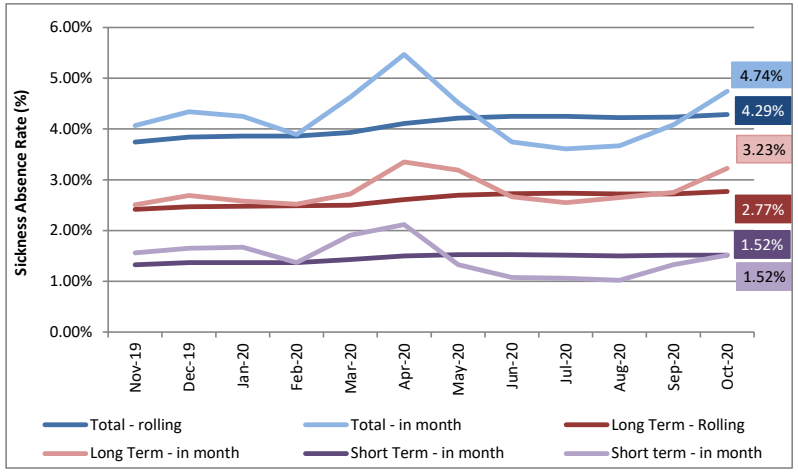
Operational planning was suspended by NHSi for an initial period of 1 April 2020 to 31 July 2020.

Final phase 3 workforce plans for the period September 20 to March 21 have been submitted to NHSi in September 2020.

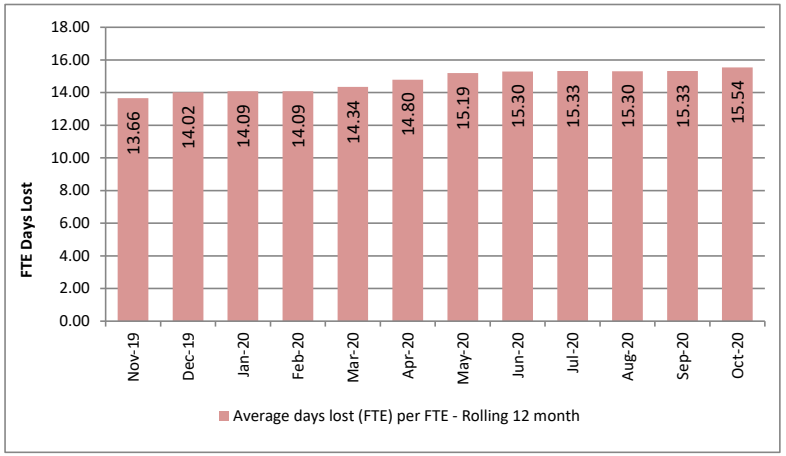
Workforce Plan

Reality

Sickness Absence



Average Days Lost Per FTE - rolling 12 month



Sickness Absence Reasons - October 20

Reason	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	2558.25	35.44%
S15 Chest & respiratory problems	814.92	11.29%
S12 Other musculoskeletal problems	590.41	8.18%
S13 Cold, Cough, Flu - Influenza	549.56	7.61%
S25 Gastrointestinal problems	411.87	5.71%
S28 Injury, fracture	356.93	4.95%
S11 Back Problems	298.41	4.13%
All Other Reasons	1637.44	22.69%

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 over 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.
There has been an increased demand for staff swabbing in connection with the return of children to school, and a sense of a slight increase in the number of positive cases being identified.

The Seasonal Flu campaign plans are finalised with the ambition to immunise as near to 100% of colleagues as possible and using Covid safe methods of administration.
The campaign launched from 28 September with further details published on the intranet from 21 September.
As of 16 December 2020 4,197 colleagues (71.2%) have received the flu immunisation. With **75%** of front-line staff being immunised.

The wellbeing questionnaire remains live for any colleague who wishes to undertake a personal risk assessment of their health and wellbeing

Sickness Absence

Reality

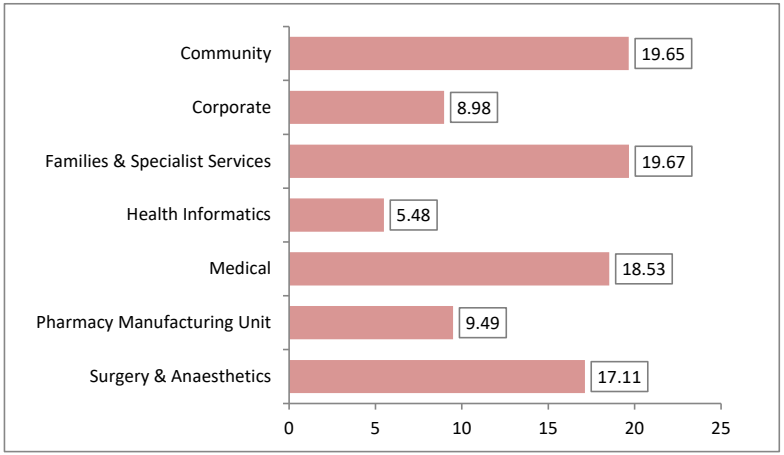
Sickness Absence - in-month

Division	Sep-20	Oct-20
Community	4.49%	5.38%
Corporate	2.11%	2.46%
Families & Specialist Services	4.27%	5.39%
Health Informatics	1.39%	1.50%
Medical	4.54%	5.08%
Pharmacy Manufacturing Unit	2.59%	2.60%
Surgery & Anaesthetics	4.36%	4.69%

Sickness Absence by Staff Group - rolling 12 month

Staff Group	Short Term	Long Term	Total
Add Prof Scientific and Technic	1.47%	1.23%	2.69%
Additional Clinical Services	2.25%	4.45%	6.70%
Administrative and Clerical	0.94%	2.50%	3.44%
Allied Health Professionals	0.85%	2.08%	2.93%
Estates and Ancillary	2.15%	5.90%	8.06%
Healthcare Scientists	1.65%	2.90%	4.55%
Medical and Dental	1.02%	0.89%	1.91%
Nursing and Midwifery	1.72%	4.27%	5.99%
Students	2.93%	0.00%	2.93%

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**, Attendance is being managed in accordance with Trust policy. This month has seen the introduction of a Finance and Workforce Performance meeting which is aimed at supporting the managers to manage attendance. Focus is being given to improving RTW compliance, with this playing a part in these meetings as well as a weekly focus to improve compliance.

In **Medicine** Hotspot areas for absence have been identified and HR colleagues are supporting managers in these areas to review plans for deep dives given current operational pressures. RTW compliance has improved. Trust action plan to address compliance to be taken to Workforce Committee

In **FSS** LT absence has seen a further increase, the team continue to review cases and sickness deep dives/summits are held across the directorates regularly. Final Attendance panels are planned in for several cases from now and into the new year. RTW compliance has seen an increase of around 10% In October. This follows a number of deep dives during which absence data was examined and gaps highlighted. Workforce reports have also been shared regularly to teams throughout November and on an ongoing basis.

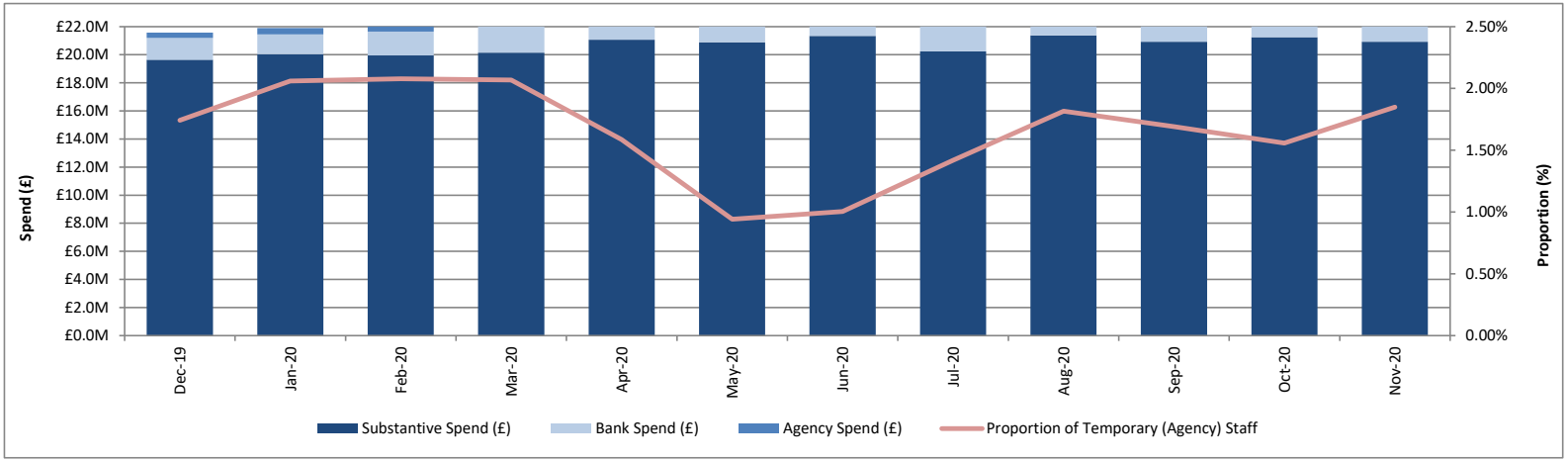
In **Community**, management of sickness absence continues. HR Adviser continues to support line managers with the management of Long term sickness Absence. Additional support has been provided to line managers in hot spot areas.

In **Corporate, PMU & THIS** HR Adviser continues to support line managers with the management of Long term sickness Absence. Additional support has been provided to line managers in hot spot areas. HR Adviser contacts all line mangers who have not completed a Return to work interview.

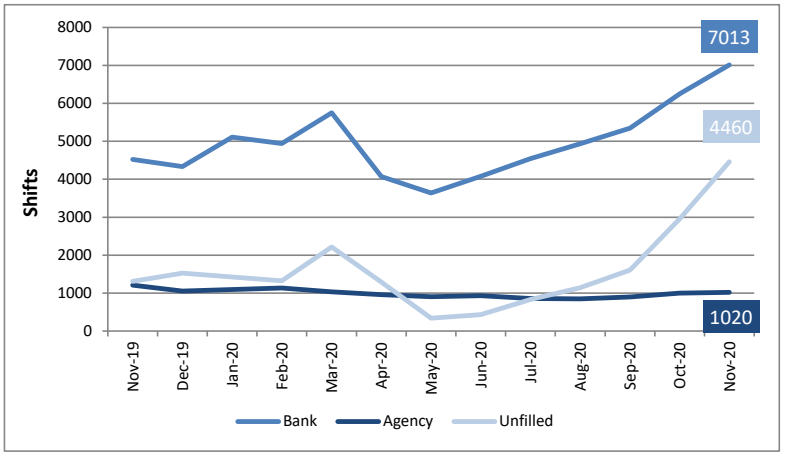
Sickness Absence - Divisional/Staff Group

Reality

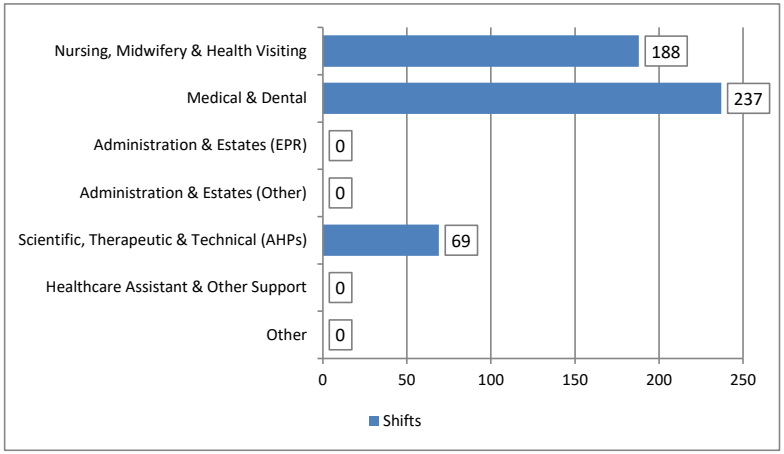
Workforce Spend



Agency, Bank and Unfilled Shifts



Number of shifts that broke the agency cap - November 2020



Result

Continue to reduce the use of agency colleagues and reduce the bank paybill in 2019/2020.

Response

A total of 405 shifts broke the agency cap in October 2020, this is an increase on 366 in October 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.

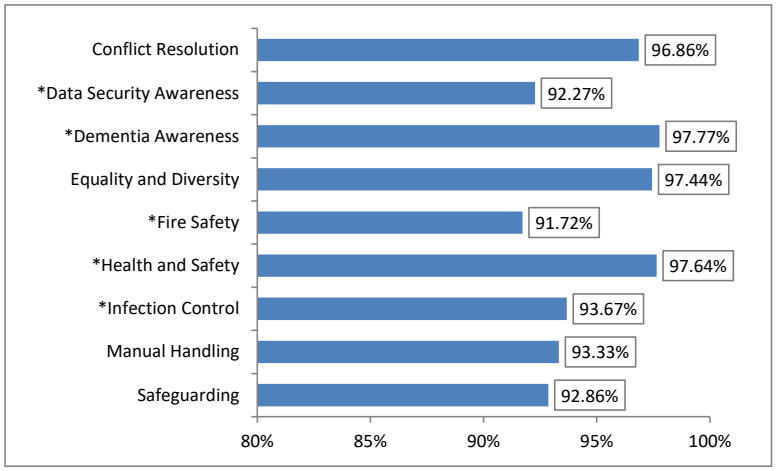
Removing these two Tiers has helped to achieve lower average hourly rates, from £34.01 to £31.17 per hour.

Agency usage remains low with 45.6% of Nursing shifts and 85.5% of Medical shifts filled by Bank.

Workforce Spend / Agency Usage

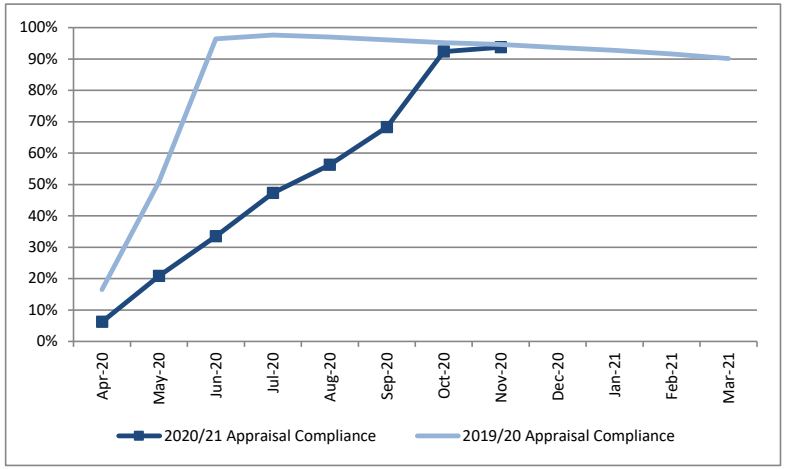
Reality

Essential Safety Training

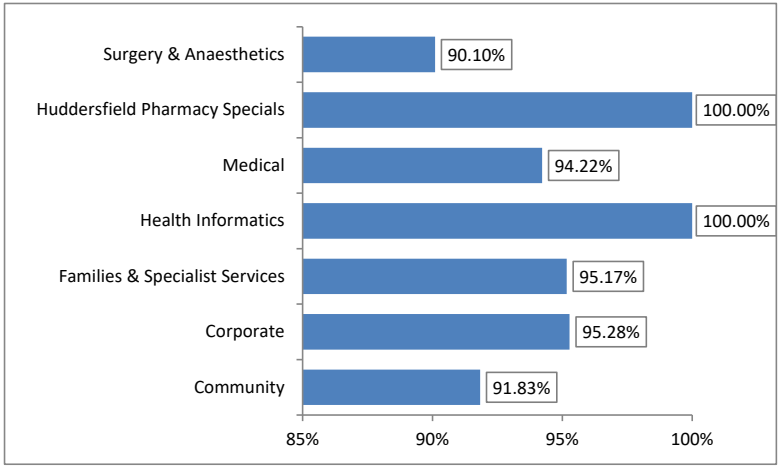


* Essential Safety Training elements that are covered at Corporate Induction.

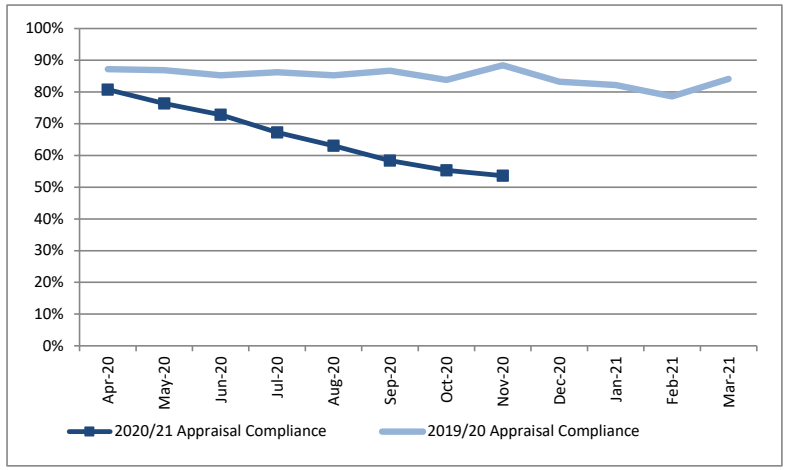
Non-Medical Appraisal Compliance



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 was postponed due to the ongoing COVID-19 situation. The appraisal season for AfC staff in 2020/21 ended on 31 October 20 and activity is underway to ensure an accurate position is available to be reported in January.

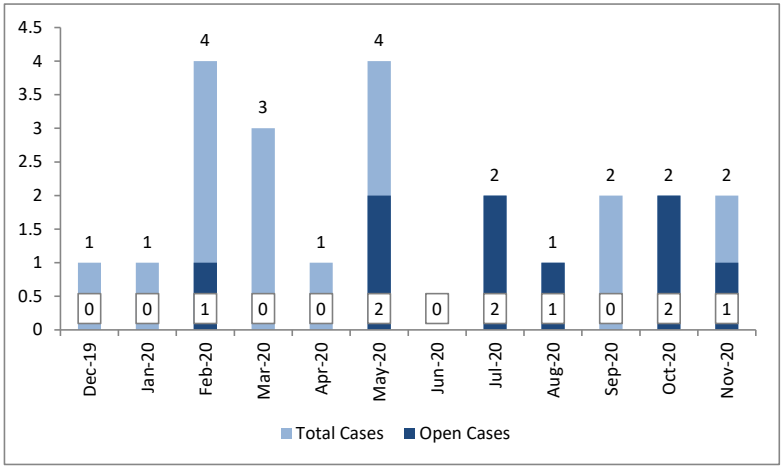
A shortage of Medical Appraisers has now been resolved through recruitment and training existing colleagues.

Oral Surgeons have now been excluded from the denominator in the medical appraisal compliance as the General Dental Council undertake the appraisal.

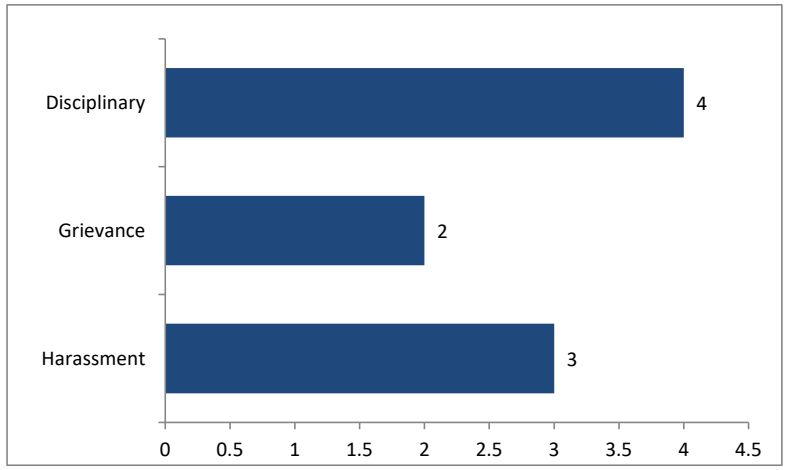
Essential Safety Training / Appraisals

Reality

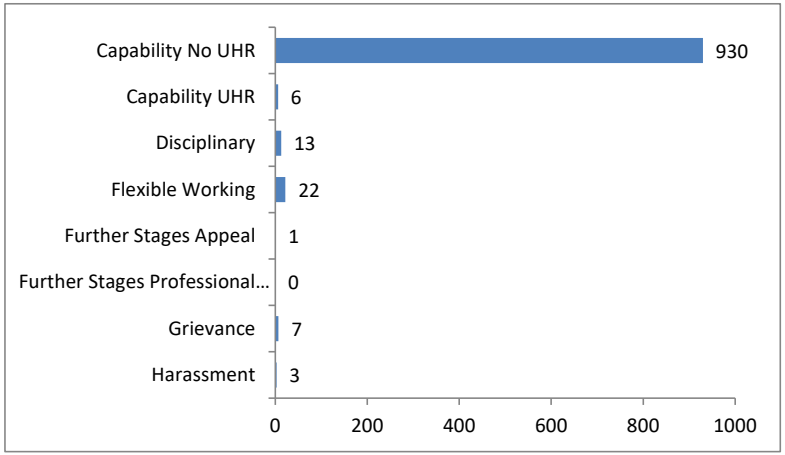
Disciplinary, Grievance, Harassment cases opened last 12 months



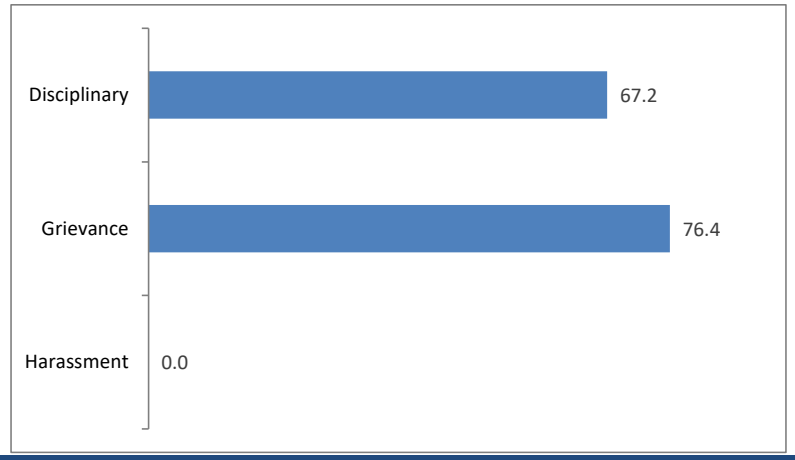
Open Disciplinary, Grievance, Harassment cases by type



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.

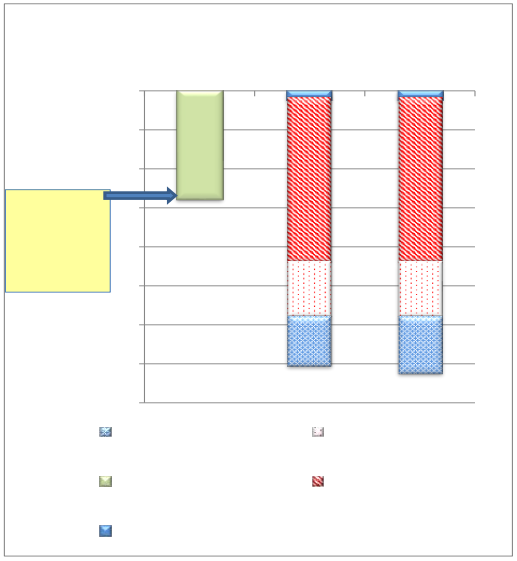
* The average no. of days to close Harassment cases is zero due to the cases still remaining open.

Employee Relations

EXECUTIVE SUMMARY: Total Group Financial Overview as at 30th Nov 2020 - Month 8

KEY METRICS

	M8				YTD (NOV 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)	(£0.09)	£0.07	£0.16		(£0.29)	£0.82	£1.11		(£1.92)	(£1.92)	£0.00	
Agency Expenditure	(£0.47)	(£0.44)	£0.03		(£2.90)	(£2.76)	£0.14		(£4.78)	(£4.43)	£0.36	
Capital	£2.15	£3.20	(£1.05)		£11.88	£8.64	£3.24		£20.85	£24.38	(£3.54)	
Cash	£54.42	£60.33	£5.91		£54.42	£60.33	£5.91		£28.04	£32.38	£4.34	
Invoices paid within 30 days (% (Better Payment Practice Code)	95%	94%	-1%		95%	86%	-9%					
CIP	£1.23	£0.58	(£0.65)		£9.85	£3.25	(£6.60)		£14.77	£5.87	(£8.91)	
Use of Resource Metric	3	3			3	2			2	2		



Year to Date Summary

For the second half of the financial year, the Trust has submitted a revised plan to NHSI that reflects the Phase 3 activity plan. Income flows remain largely on a block basis and system funding has been allocated to cover the majority of Covid-19 costs. Year to date the position is a surplus of £0.82m, a favourable variance of £1.11m compared to plan. The M1-6 plan has now been reset to actual expenditure, so the YTD variance represents only 2 months.

- Retrospective funding to cover M1-6 Covid costs has been approved and received for M1-5. M6 funding of £2.38m has been partially approved and is due to be received in December, but £0.26m of this total remains pending approval . £1.81m of Covid funding has been allocated for M8, with a further £0.71m requested to cover costs outside of the system envelope.
- Year to date the Trust has incurred costs relating to Covid-19 of £20.84m. M8 costs incurred were £3.00m driven by: Covid-19 virus testing, staff working additional shifts, the segregation of patient pathways and backfill for increased sickness absence.
- The underlying position excluding Covid-19 costs is a year to date favourable variance of £3.29m, driven by the impact of lower levels of other activity on non-pay costs and staffing vacancies.
- The reported position does not include the potential impact of the Elective Incentive Scheme which remains a financial risk. Based on Month 6 & 7 activity compared to National targets, the year to date impact of this penalty is estimated to be £1.46m which if imposed would wipe out the reported year to date surplus.
- The Trust continues to deliver some efficiency savings. CIP achieved year to date is £3.25m, £6.60m below the original Trust plan. Compared to the Phase 3 Plan, the Trust has delivered £1.28m of savings in 2 months, slightly below the £1.46m described in the revised plan.
- Agency expenditure year to date is £2.76m, £0.14m below the revised planned level.

Key Variances (compared to Phase 3 plan submission)

- Clinical Contract income is largely in line with the Phase 3 plan due to fixed block and top up arrangements, which now includes a fixed monthly allocation to cover Covid-19 expenditure. Most Covid expenditure will have to be managed within that fixed allocation, although there remains an element of Retrospective Covid funding available for Testing, Vaccinations and NHS Nightingale. Income of £0.66m has been assumed to cover testing costs, with a further £0.04m for the R&D SIREN project.
- Pay costs are £1.68m below the planned level year to date due to some slippage on recruitment to the additional approved posts required to deliver Phase 3 activity plans and the timing of implementation of new Medical rotas.
- Non-pay operating expenditure is higher than planned by £2.18m. This is due to increased costs in the Trust's commercial operations (offset by additional income), an increase in provisions and some non recurrent legal costs.

Forecast

The current Block and Top Up arrangements with access to retrospective funding to cover Covid costs have now ended. For Month 7-12 (Phase 3), the Trust will be required to manage within the ICS agreed financial envelope. The Trust has been allocated Covid funding on a fair shares basis to cover the remainder of the year. The plan submitted to the ICS and NHSI originally included a £23m non cash accounting adjustment and it has since been agreed that this transaction will now be delayed until 21/22, with both the plan and forecast adjusted accordingly. This leaves an underlying unfunded gap (deficit) of £1.92m. The Trust forecast assumes that this plan is achievable. The in-month improvement and some ongoing slippage on recruitment should offset the unidentified place-based gap of £1.4m that was assumed to be delivered in the Trust's plan.

- The forecast excludes the potential impact of the Elective Incentive Scheme, which based on the current activity forecast could drive a penalty of circa £4.25m. Full details of how this scheme will operate are yet to be confirmed.

Total Group Financial Overview as at 30th Nov 2020 - Month 8

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M8

CLINICAL ACTIVITY

	M8 Plan	M8 Actual	Var
Elective	1,218	1,127	(91)
Non-Elective	34,054	31,024	(3,030)
Daycase	16,225	16,146	(79)
Outpatient	189,083	194,311	5,227
A&E	86,740	83,326	(3,414)
Other NHS Non-Tariff	583,479	726,577	143,097
Other NHS Tariff	33,484	42,110	8,627
Total	**944,283**	**1,094,620**	**150,337**

TOTAL GROUP: INCOME AND EXPENDITURE

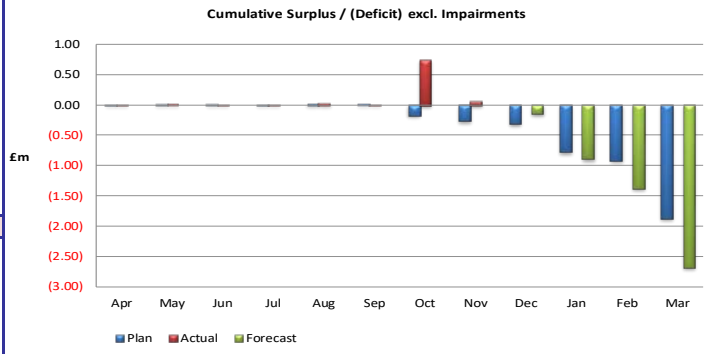
	M8 Plan	M8 Actual	Var
	£m	£m	£m
Elective	£11.83	£11.83	(£0.00)
Non Elective	£75.81	£75.81	£0.00
Daycase	£20.68	£20.68	£0.00
Outpatients	£31.09	£31.09	(£0.00)
A & E	£15.65	£15.65	(£0.00)
Other-NHS Clinical	£70.41	£70.92	£0.51
CQUIN	£2.54	£2.54	£0.00
Other Income	£30.81	£31.73	£0.92
Total Income	**£258.83**	**£260.26**	**£1.43**
Pay	(£187.46)	(£185.78)	£1.68
Drug Costs	(£27.84)	(£27.48)	£0.36
Clinical Support	(£19.20)	(£19.25)	(£0.05)
Other Costs	(£45.12)	(£47.62)	(£2.49)
PFI Costs	(£8.96)	(£8.96)	£0.00
Total Expenditure	**(£288.59)**	**(£289.09)**	**(£0.50)**
EBITDA	**(£29.75)**	**(£28.83)**	**£0.93**
Non Operating Expenditure	(£16.02)	(£16.02)	£0.01
Surplus / (Deficit) Adjusted*	**(£45.78)**	**(£44.84)**	**£0.93**
Conditional Funding (MRET/FRF/Top Up)	£45.49	£45.66	£0.18
Surplus / Deficit*	**(£0.29)**	**£0.82**	**£1.11**

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

DIVISIONS: INCOME AND EXPENDITURE

	M8 Plan	M8 Actual	Var
	£m	£m	£m
Surgery & Anaesthetics	£14.07	£15.35	£1.28
Medical	£22.01	£22.61	£0.60
Families & Specialist Services	(£4.01)	(£3.14)	£0.87
Community	(£1.99)	(£1.45)	£0.55
Estates & Facilities	£0.00	£0.00	(£0.00)
Corporate	(£30.74)	(£31.46)	(£0.72)
THIS	£1.01	£1.36	£0.34
PMU	£2.06	£2.40	£0.34
CHS LTD	£0.48	£0.25	(£0.22)
Central Inc/Technical Accounts	(£3.34)	(£4.14)	(£0.79)
Reserves	£0.16	(£0.97)	(£1.13)
Unallocated CIP	£0.00	£0.00	£0.00
Surplus / (Deficit)	**(£0.29)**	**£0.82**	**£1.11**

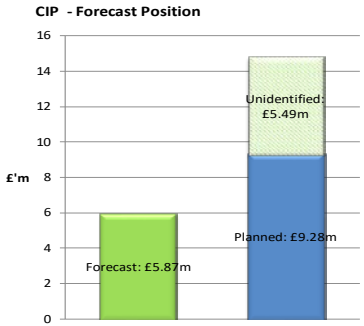
TOTAL GROUP SURPLUS / (DEFICIT)

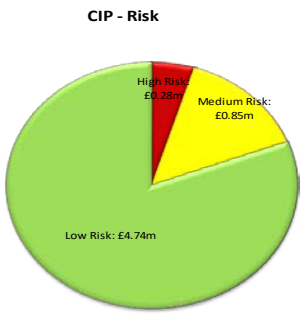


KEY METRICS

	Year To Date			Year End: Forecast		
	M8 Plan	M8 Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit)	(£0.29)	£0.82	£1.11	(£1.92)	(£1.92)	£0.00
Capital	£11.88	£8.64	£3.24	£20.85	£24.38	(£3.54)
Cash	£54.42	£60.33	£5.91	£28.04	£32.38	£4.34
Invoices Paid within 30 days (BPPC)	95%	86%	-9%			
CIP	£9.85	£3.25	(£6.60)	£14.77	£5.87	(£8.91)
	Plan	Actual		Plan	Forecast	
Use of Resource Metric	3	2		2	2	

COST IMPROVEMENT PROGRAMME (CIP)





Total Planned: £14.77m

Total Forecast £5.87m

YEAR END 20/21

CLINICAL ACTIVITY

	Plan	Actual	Var
Elective	2,245	1,812	(433)
Non-Elective	53,875	50,904	(2,971)
Daycase	28,176	26,515	(1,661)
Outpatient	298,401	296,833	(1,568)
A&E	133,952	123,276	(10,676)
Other NHS Non- Tariff	876,782	1,086,639	209,857
Other NHS Tariff	49,737	62,471	12,735
Total	**1,443,168**	**1,648,451**	**205,282**

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	£105.17	£106.19	£1.02
CQUIN	£3.79	£3.79	£0.00
Other Income	£47.57	£48.70	£1.13
Total Income	**£389.43**	**£391.59**	**£2.15**
Pay	(£286.54)	(£285.70)	£0.84
Drug Costs	(£41.90)	(£41.96)	(£0.07)
Clinical Support	(£31.01)	(£30.82)	£0.19
Other Costs	(£64.57)	(£67.90)	(£3.33)
PFI Costs	(£13.44)	(£13.46)	(£0.03)
Total Expenditure	**(£437.46)**	**(£439.84)**	**(£2.39)**
EBITDA	**(£48.03)**	**(£48.26)**	**(£0.23)**
Non Operating Expenditure	(£24.06)	(£24.04)	£0.02
Surplus / (Deficit) Adjusted*	**(£72.08)**	**(£72.30)**	**(£0.21)**
Conditional Funding (MRET/FRF/Top Up)	£70.17	£70.38	£0.21
Surplus / Deficit*	**(£1.92)**	**(£1.92)**	**£0.00**

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

DIVISIONS: INCOME AND EXPENDITURE

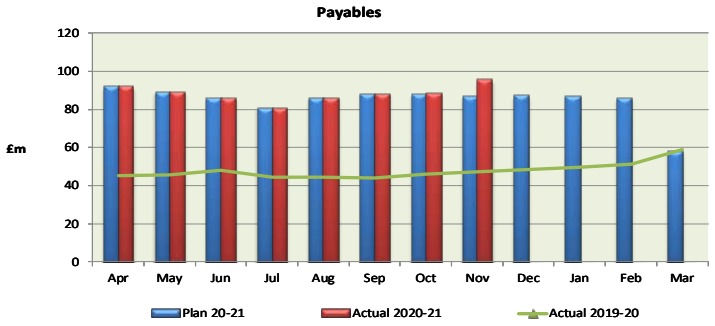
	Plan	Forecast	Var
	£m	£m	£m
Surgery & Anaesthetics	£17.51	£18.99	£1.48
Medical	£31.43	£31.65	£0.21
Families & Specialist Services	(£7.45)	(£6.65)	£0.80
Community	(£3.90)	(£2.72)	£1.17
Estates & Facilities	£0.00	£0.00	(£0.00)
Corporate	(£46.03)	(£47.17)	(£1.14)
THIS	£1.49	£1.48	(£0.00)
PMU	£3.00	£3.35	£0.35
CHS LTD	£0.71	£0.45	(£0.25)
Central Inc/Technical Accounts	£0.38	(£0.25)	(£0.63)
Reserves	£0.94	(£1.04)	(£1.98)
Unallocated CIP	£0.00	£0.00	£0.00
Surplus / (Deficit)	**(£1.92)**	**(£1.92)**	**£0.00**

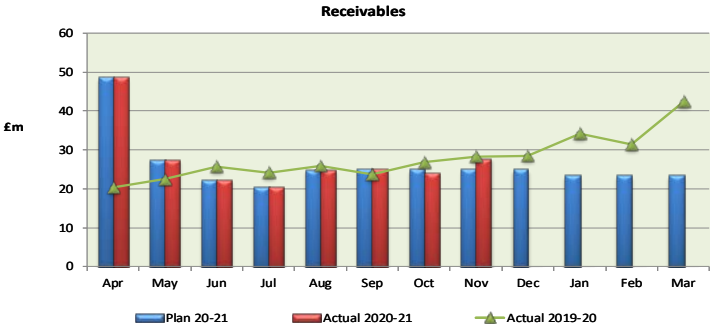
Total Group Financial Overview as at 30th Nov 2020 - Month 8

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

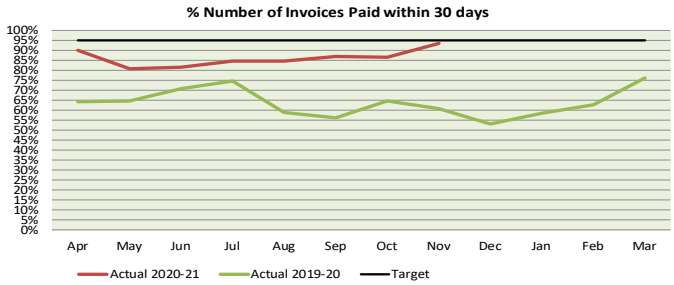
WORKING CAPITAL

	M8 Plan £m	M8 Actual £m	Var £m	M8
Payables (excl. Current Loans)	(£86.63)	(£95.39)	£8.76	
Receivables	£24.87	£27.74	(£2.87)	



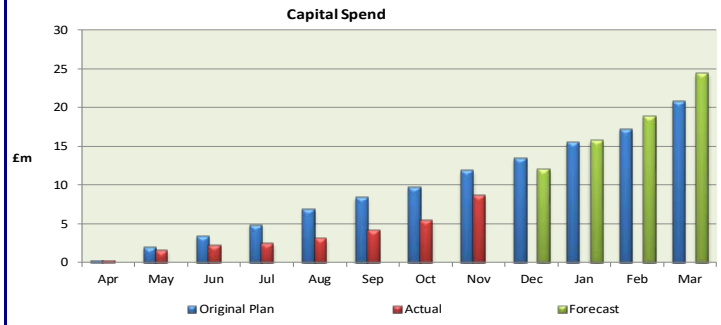


BETTER PAYMENT PRACTICE CODE



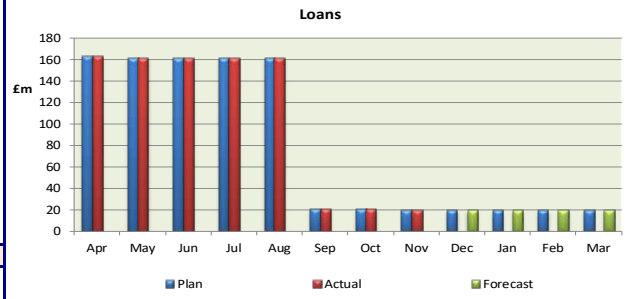
CAPITAL

	M8 Plan £m	M8 Actual £m	Var £m	M8
Capital	£11.88	£8.64	£3.24	

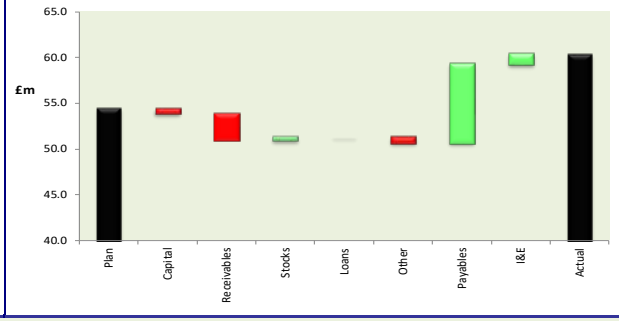


CASH

	M8 Plan £m	M8 Actual £m	Var £m	M8
Cash	£54.42	£60.33	£5.91	
Loans (Cumulative)	£19.88	£19.88	£0.00	



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The Trust is now working to a revised plan for Phase 3 of 2020/21 (M7-12) that was submitted in October. Income flows remain largely on a block basis and system funding has been allocated to cover the majority of Covid-19 costs. Year to date the position is a surplus of £0.82m, a favourable variance of £1.11m compared to plan. The M1-6 plan has now been reset to actual expenditure, so the variance only represents M7-8.
- Clinical Contract income is largely in line with the Phase 3 plan due to fixed block and top up arrangements, which now includes a fixed monthly allocation to cover Covid-19 expenditure. However, the reported position does not include the potential impact of the Elective Incentive Scheme. Based on Month 6 - 8 activity compared to National targets, the year to date impact of this penalty is estimated to be £1.45m.
- Whilst Outpatient activity remained above the Phase 3 plan in Month 8, all other areas of activity were below plan in month due to increased Covid-19 admissions.
- Year to date the Trust has incurred costs relating to Covid-19 of £20.84m. M8 costs incurred were £3.00m.
- Year to date Capital expenditure is lower than planned at £5.44m against a planned £9.72m.
- Cash balance is £60.33m, £5.91m above the Phase 3 plan: the Trust continues to receive Block and Top Up income one month in advance.
- No interim Revenue loans or revenue support PDC were required in month.
- Year to date CIP schemes have delivered £3.25m of savings, £6.60m lower than the Trust's original 20/21 Target.
- NHS Improvement performance metric Use of Resources (UOR) stands at 2 against a planned level of 2. This excludes the exceptional adverse impact on the Capital Service Cover Metric of the repayment of Interim revenue and capital support loans, due to changes in the NHS cash regime.

NOTES

- For Month 7-12 (Phase 3), the Trust will be required to manage within the ICS agreed financial envelope. The Trust has been allocated Covid funding on a fair shares basis to cover the remainder of the year. The plan submitted to the ICS and NHSI included a £23m non cash accounting adjustment and it has since been agreed that this transaction will now be delayed until 21/22, with the plan and forecast adjusted accordingly. November to reflect this change. This leaves an underlying unfunded gap (deficit) of £1.92m. The Trust forecast assumes that this plan is achievable. The in-month improvement and ongoing slippage on recruitment should offset the unidentified place-based gap of £1.4m assumed delivered in the Trust's plan.
- The Trust is forecasting Agency expenditure of £4.43m, slightly below the planned level of £4.78m.
- The Trust is forecasting delivery of £5.87m savings against a Trust CIP Target for 20/21 of £14.77m.
- The Forecast excludes the potential adverse impact of the Elective Incentive Scheme, currently estimated to be in the region of £4.25m. Details of how this will be calculated are still being finalised nationally.
- The total loan balance at year end is forecast to be £19.88m as planned. All Revenue and Interim Capital Loans (totalling £140.72m) were repaid and replaced by PDC funding during September.
- Capital expenditure is forecast at £24.38m, £3.54m more than the resubmitted 20/21 Capital Plan and £0.86m more than that reported in Month 7 due to confirmation of further additional external funding for: Adopt & Adapt, Cyber Security Yorkshire & Humber Care Records and Medical E-Rostering / Job Planning.

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%

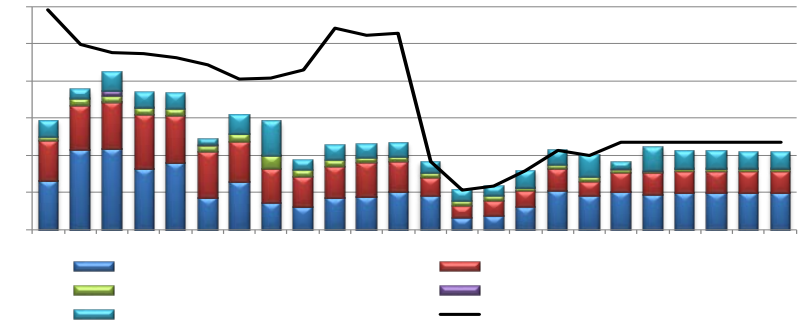
NB. In addition to the above rules, if Capital expenditure <85% of that planned then Red, (per NHSI risk indicator).

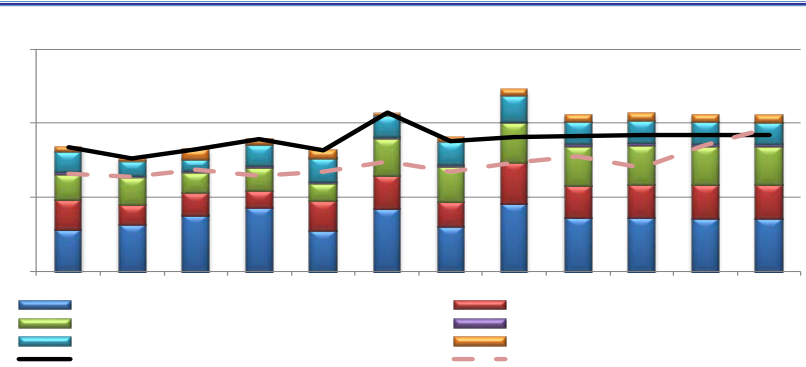
RAG KEY: UOR		All UOR metrics are at the planned level
		Overall UOR as planned, but one or more component metrics are worse than planned
		Overall UOR worse than planned

WORKFORCE

Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	- 2	109	26	129	52	315
Staff in post (WTE)	733	1,405	627	1,630	1,077	5,471
% Vacancies	0%	7%	4%	7%	5%	5%





Cumulative Agency and Bank Spend	Plan £'m	Actual £'m	Var £'m	
Agency Year to Date	(£2.90)	(£2.76)	£0.14	
Agency Forecast	(£4.78)	(£4.43)	£0.36	
Bank Year to Date	(£13.96)	(£14.66)	(£0.70)	
Bank Forecast	(£21.30)	(£23.14)	(£1.84)	

Vacancies
At the end of Month 8 the Trust was carrying 315 vacancies, 5% of the total baseline establishment (excluding Covid / Phase 3 response) and a slight reduction compared to Month 7. Total Staff in Post increased by 23 in month. Medical vacancies increased in month to 4%. Nursing vacancies reduced slightly to 7%, Sci & Tech vacancies remained static at 1%. Admin & Estates vacancies reduced to 7% with 14 additional staff in post. To Note: the establishment has not been adjusted to reflect forecast additional posts for the Phase 3 Covid response, therefore the true vacancy rate is understated.

Agency rate cap
Overall Cap breaches increased significantly in Month 8 and remain higher than average for the year to date. The first four months of the year had seen a significant reduction in both Nursing and Medical breaches, but cap breaches for both staff groups have gown since Month 5.

Agency Expenditure
Total reported agency expenditure year to date is £2.76m; £0.14m below the planned value, but higher than Month 7 expenditure. The year to date underspend on agency costs is offset by an increase in the use of internal Bank staff, with expenditure on Bank £0.64m higher than planned in month, with a significant increase in bank expenditure for Medical staffing.

Forecast agency expenditure is £4.43m, £0.36m below the recently submitted Phase 3 plan.

Nursing agency costs increased by £0.01m in month to £0.12m, and below the planned level of £0.14m.

Medical Agency remained static at £0.20m, but below the planned level of £0.22m.

Bank usage
Expenditure on internal Bank staff year to date is £14.66m, £0.64m higher than planned in month. £4.54m of these costs relate to the Covid-19 response including: additional medical costs of £2.67m due to changes to rotas and segregation of patient pathways; and nursing costs of £1.76m due to backfill for higher sickness absence, expanded workforce and plans to release bed capacity.

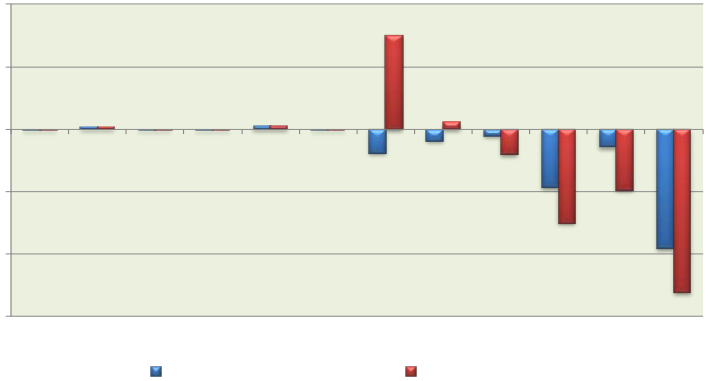
FORECAST

YEAR END 20/21

	Plan £m	Forecast £m	Var £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	£105.17	£106.19	£1.02	
CQUIN	£3.79	£3.79	£0.00	
Other Income	£47.57	£48.70	£1.13	
Total Income	**£389.43**	**£391.59**	**£2.15**	
Pay	(£286.54)	(£285.70)	£0.84	
Drug Costs	(£41.90)	(£41.96)	(£0.07)	
Clinical Support	(£31.01)	(£30.82)	£0.19	
Other Costs	(£64.57)	(£67.90)	(£3.33)	
PFI Costs	(£13.44)	(£13.46)	(£0.03)	
Total Expenditure	**(£437.46)**	**(£439.84)**	**(£2.39)**	
EBITDA	**(£48.03)**	**(£48.26)**	**(£0.23)**	
Non Operating Expenditure	(£24.06)	(£24.04)	£0.02	
Surplus / (Deficit) Control Total basis*	**(£72.08)**	**(£72.30)**	**(£0.21)**	
Conditional Funding (MRET/PSF/FRF)	£70.17	£70.38	£0.21	
Surplus / Deficit*	**(£1.92)**	**(£1.92)**	**£0.00**	

*Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

Forecast



Month 7-12 (Phase 3) Financial Plan

The current Block and Top Up arrangements with access to retrospective funding to cover Covid costs have now ended. For Month 7-12 (Phase 3), the Trust will be required to manage within the ICS agreed financial envelope. The Trust has been allocated Covid funding on a fair shares basis to cover the remainder of the year. The plan submitted to the ICS and NHSI included a £23m non cash accounting adjustment and it has since been agreed that this transaction will now be delayed until 21/22, with the plan and forecast adjusted accordingly. The Trust resubmitted the M7-12 plan in November to reflect this change. This leaves an underlying unfunded gap (deficit) of £1.92m as described below:

	£'m	
Technical Accounting Adjustment:	£0.00	*Removed from Plan and Forecast*
Loss of 'Other' Income:	£1.61	
Annual Leave Accrual:	£0.50	
Residual difference between funding and planned expenditure:	-£0.19	
Total Planned Deficit	**£1.92**	

This financial plan was submitted to NHSI on the 18th Nov 20 and is an improved position compared to the draft plan sent to the ICS earlier in the month:

- £2.2m improvement following a review of Divisional forecasts and in particular workforce plans. Some posts were not agreed to progress and a level of likely slippage on recruitment has been recognised.
- The balance of £1.4m is the combined gap across Calderdale and Greater Huddersfield places and whilst included in the Trust's plan is recognised to be a system risk.
- The overall system risk absorbed within Provider plans is £9.2m and a collective decision was taken at the WY&H ICS Finance Forum that this level of risk should be manageable within a system financial envelope of £2.1bn.
- £23m technical adjustment removed - NHSI have advised that the project will have to be slipped into 21/22

Based on the year to date position and an ongoing review of forecast expenditure the likely case is that this plan is achievable. The year to date improvement and some ongoing slippage on recruitment should offset the unidentified place-based gap of £1.4m described above. However, it is important to note that this forecast excludes the potential impact of the Elective Incentive Scheme, which based on the current activity forecast could drive a penalty of circa £4.25m. Full details of how this scheme will operate are yet to be confirmed.

Key Assumptions:

- Assumes that slippage on recruitment seen in M7 & 8 continues to some extent and is sufficient to offset the £1.4m place based planning gap.
- The forecast does not include any potential financial impact as a result of the Elective Incentive Scheme.
- Assumes that all future PPE requirements are provided through National Procurement.
- Does not include any additional costs that might be incurred as a result of supplying staff to NHS Nightingale.
- Assumes there will be no additional costs incurred as a result of introducing the Wellbeing Hour.
- Assumes that forecast efficiencies (CIP) are delivered as planned or offset by further slippage on recruitment.
- Assumes that the incremental costs incurred as a result of the Covid-10 vaccination programme are recovered in full.
- Excludes the potential impact of Brexit on prices / costs.

Risks and Opportunities:

- National funding for Covid Testing has been identified, but the mechanism for recovering costs remains unclear.
- The Trust has retained a small contingency of £0.79m to cover any unidentified winter or general pressures that emerge.
- CCG and some NHSE commissioned High Cost Drugs remain within block contracts which could drive either an over or underspend depending on activity levels.
- Current operational pressures due to Covid-19 may increase the required Annual Leave accrual compared to the planned level.

Impact on 21/22 Planning

It should be noted that the pay commitment for Phase 3 reset activity drives additional unfunded recurrent cost of c.£6.4m that will impact on the 21/22 Business Plan.

COVID-19

Revenue Impact of Covid-19 - YTD NOV 2020					
Division	**Annual Leave Accrual**	**Covid-19 Direct Costs**	**Impact on activity**	**Loss of Income**	**Total**
	£	£	£	£	£
Central & Technical	0	8,653,560	42,208	0	8,695,768
Medicine	0	7,252,063	(418,892)	0	6,833,171
Families & Specialist Services	0	1,038,428	(567)	612,894	1,650,755
Calderdale & Huddersfield Solutions Ltd	0	1,031,557	(99,501)	83,000	1,015,056
Corporate Services	0	458,224	(32,311)	1,659,302	2,085,215
Community	0	808,985	0	30,346	839,331
Health Informatics	0	101,111	0	0	101,111
Surgery & Anaesthetics	0	1,488,676	(2,538,610)	0	(1,049,934)
NHS Nightingale (Hosted Costs)		3,264			3,264
Total costs identified	-	**20,835,868**	**- 3,047,673**	**2,385,542**	**20,173,738**
Retrospective Top Up requested (M1-6)					**14,031,213**
Covid System Top Up (M7-12)					**3,620,000**
Covid funding 'outside of envelope'					**711,000**
Total funding					**18,362,213**

Capital Impact of Covid-19 - NOV 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 £20.84m year to date as shown in the table and these have been reported to NHSI in support of the requested 'Retrospective Top Up' (M1-6) and Covid system funding provided from M7.

Key areas of spend are as follows:

Pay - £9.80m

Year to date Pay costs relating to the Covid-19 response are primarily linked to the requirement for existing staff to work additional shifts, over the Easter Bank Holiday weekend and again over the last 4 weeks as the number of Covid-19 cases have peaked across the two hospitals. The Trust has also incurred significant additional costs as a result of increased shifts in community services with most staff working the bank holidays and other additional shifts to support 7 day working which still continues to some extent. Almost 150 students (nursing, therapies and medical) were added to the payroll up until mid August, many of whom were working in a supernumerary capacity. Changes to medical rotas have 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, particularly in the early part of the year when bed occupancy was lower than usual.

The Trust also continues to incur additional costs linked to: the requirement to release bed capacity with the extension of winter initiatives including the Discharge Lounge and Home First team; the facilitation of patient flow and segregation of pathways, particularly in the Emergency Department; and the requirement to backfill substantive staff who are sick or self-isolating and pay bank staff who are shielding. These costs increased significantly in November as the Covid second wave has impacted the Trust from the end of October and continues into early December, with significant additional capacity requirements, a large increase in the number of clinical staff off sick and the identification of a number of Clinically Extremely Vulnerable staff who are unable to work in patient facing roles.

Non Pay - £11.04m

Clinical Supplies costs linked to Covid-19 are £3.59m, including costs related to increased ICU capacity of £0.53m, £1.76m on Covid testing and £0.6m on CT scanner hire.

Other non-pay costs attributable to Covid-19 total £7.45m includes the full cost incurred for the purchase of gowns (PPE) on behalf of the whole region (£3.39m) and other costs attributable to Covid-19 of £4.06m including other PPE costs of £1.79m (masks, gloves, eye protection, respirators etc), decontamination, additional equipment, minor works for social distancing / segregation and patient transport.

The year to date position also includes £0.26m relating to additional costs incurred back in Month 3 due to the requirement to write off Drugs stock that had been manufactured by HPS (Pharmacy Manufacturing Unit). The Unit was commissioned back in March to produce large quantities of Noradrenaline (used in ICU patient Care) for use across the NHS. Demand was not as high as expected and subsequently the unit was asked to cease production, leaving a large quantity of unused drugs and raw materials to be written off. This element of the M-6 Retrospective Top Up has been withheld despite previous approval from the NHSI regional team.

Nightingale Hospital - £0.003m

The Trust has not accounted for any costs relating to the Nightingale hospital in Month 8.

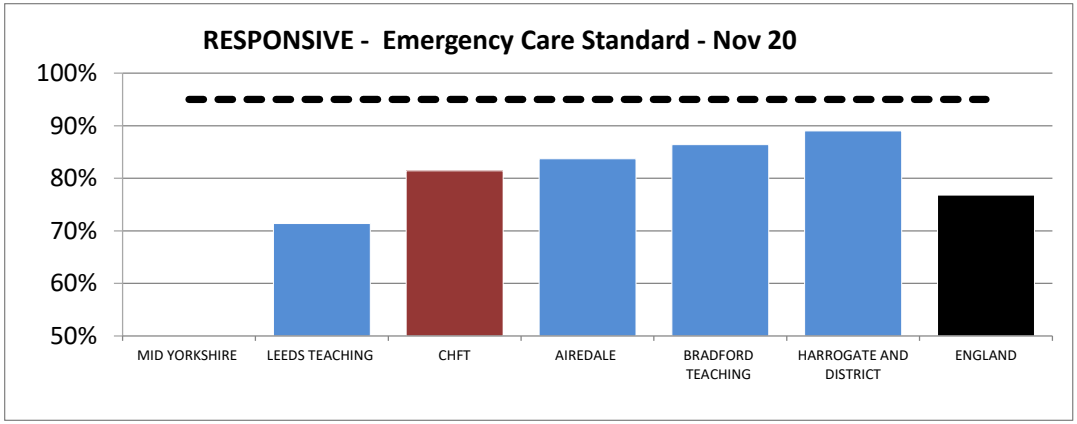
Income Losses

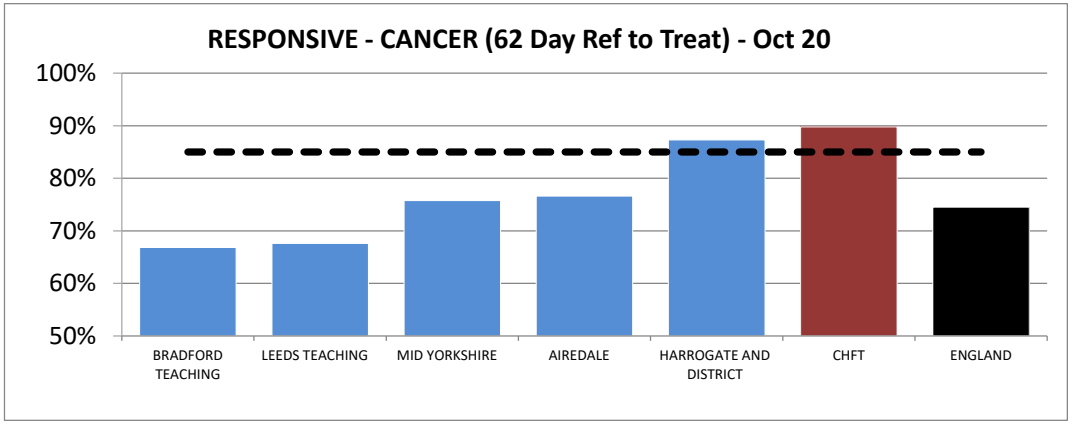
In addition, the Trust has lost income totalling £2.39m including: loss of Car Parking Income, (£1.56m which is a combination of income from staff permits and income from patients and visitors), loss of catering income (£0.07m), loss of apprentice levy income (£0.08m from pausing of HCAs apprenticeships delivered internally) and loss of private patient income (in particular from Yorkshire Fertility).

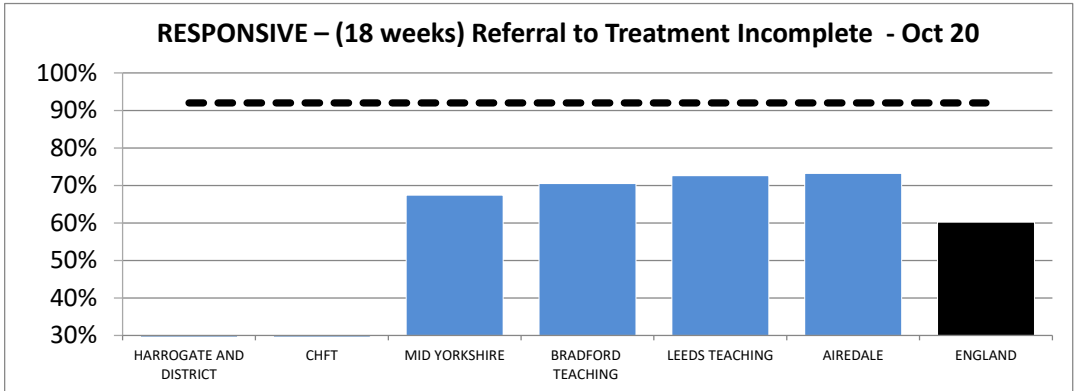
These costs have been offset to some extent year to date by the indirect impact of lower than planned costs in non-Covid areas where activity has reduced as a result of the Covid-19 response.

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.

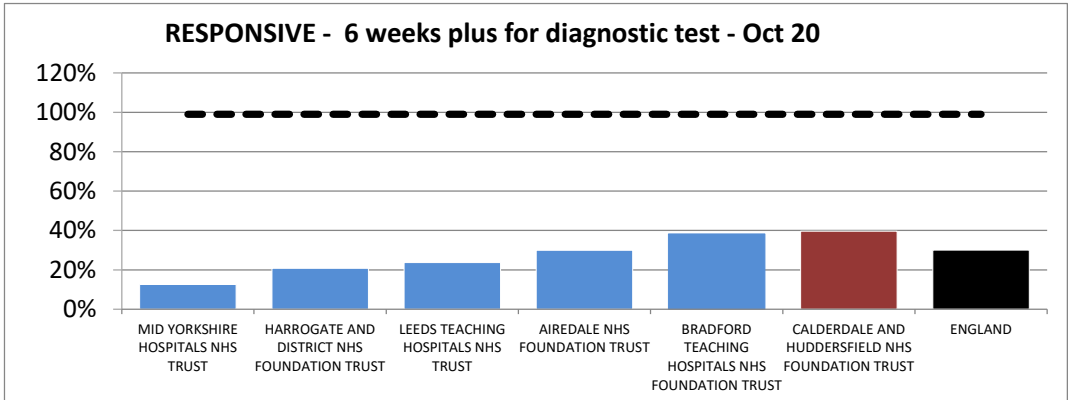
Benchmarking - Selected Measures

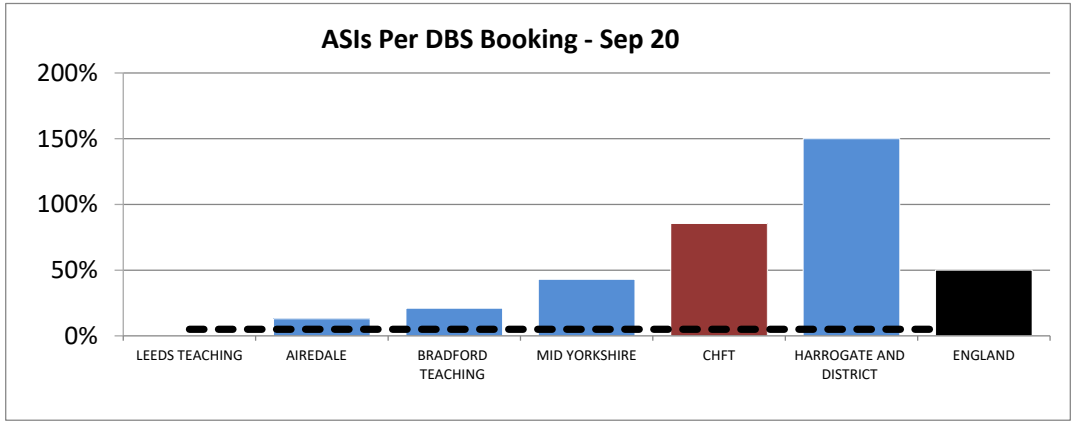






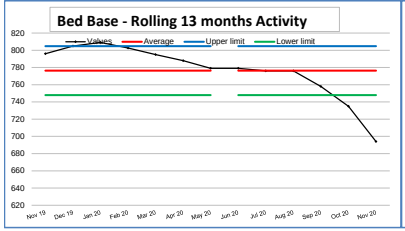
CHFT and Harrogate not included as trialling new Elective Care Standard

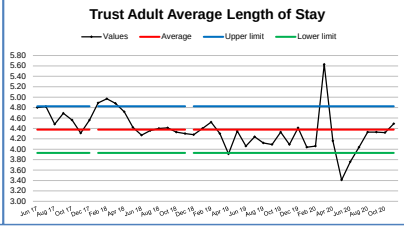


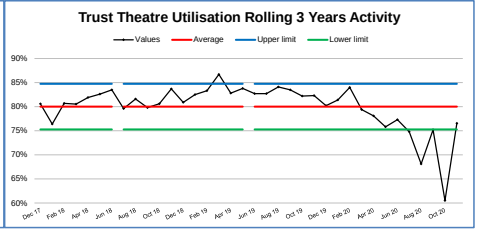


Efficiency & Finance - Key measures

	19/20	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	YTD	Performance Range		
Did Not Attend Rates																Green	Amber	Red
First DNA	7.70%	7.25%	7.44%	6.94%	7.20%	8.02%	4.44%	3.90%	2.91%	3.16%	3.17%	4.10%	4.32%	**5.17%**	**3.91%**	<=7%	7.1% - 7.9%	>=8%
Follow up DNA	6.67%	6.50%	6.43%	6.21%	6.06%	6.72%	5.58%	4.55%	4.98%	4.64%	5.21%	5.40%	5.06%	**5.36%**	**5.13%**	<=7%	7.1% - 7.9%	>=8%
Average length of stay																		
Average Length of Stay - Overall	4.26	4.09	4.41	4.04	4.06	5.63	4.16	3.41	3.76	4.04	4.33	4.33	4.32	**4.49**	**4.12**	<=5.19 / <=4.25 from April 20		>=5.30
Average Length of Stay - Elective	2.27	2.32	2.39	1.94	2.60	2.30	1.44	1.54	2.03	3.69	2.90	2.97	2.23	**3.46**	**2.62**	<=2.49 / <=2.30 from April 20		>=2.60
Average Length of Stay - Non Elective	4.50	4.31	4.63	4.26	4.25	6.03	4.26	3.45	3.81	4.06	4.40	4.42	4.49	**4.52**	**4.18**	<=4.62 / <=4.40 from April 20		>=5.50
Average Length of Stay - Non Elective - Excluding Ambulatory	5.64	5.50	5.72	5.36	5.42	7.28	4.88	4.16	4.54	4.81	5.29	5.37	5.57	**5.57**	**5.03**	<=5.56		
Average Length of Stay - Overall - Excluding Ambulatory	5.20	5.06	5.34	4.96	5.03	6.66	4.75	4.08	4.51	4.77	5.13	5.18	5.22	**5.48**	**4.91**	<=5.15 / <=5.10 from April 20		>=5.25
Pre-Op Length of Stay - Elective Patients	0.05	0.05	0.12	0.04	0.04	0.05	0.07	0.04	0.14	0.24	0.11	0.17	0.04	**0.30**	**0.13**	<= 0.02 as per Model Hospital		>0.04
Pre-Op Length of Stay - Non Elective Patients	0.64	0.57	0.58	0.57	0.59	0.85	0.52	0.48	0.56	0.72	0.69	0.73	0.69	**0.62**	**0.63**	<=0.73 as per Model Hospital		
Non Elective with zero LOS (not ambulatory)	8,055	709	670	694	640	620	439	581	528	554	501	533	549	**498**	**4,183**	Not applicable		
Elective Inpatients with zero LOS	907	91	66	88	68	73	27	11	16	9	19	25	22	**2**	**131**	<=75 YTD <=900		>=80
Day Cases																		
Day Case Rate	89.66%	89.45%	89.90%	90.53%	89.42%	89.43%	91.94%	94.55%	94.62%	93.56%	92.84%	92.26%	90.61%	**96.32%**	**93.26%**	>=89.25%	80.1% -89.24%	<=80%
Failed Day Cases	1,483	134	113	123	149	116	31	23	30	77	64	80	93	**80**	**478**	<=120 YTD <=1440		>=125
Beds																		
Beds Open in Month - Plan	801	778	778	801	801	801	785	770	770	770	770	770	770	**770**	**770**	Not applicable		
Beds Open in Month - Actual	795.00	796.00	804.88	809.10	802.60	795.00	788.00	779.00	779.00	776.00	776.00	758.00	735.00	**694**	**694**	Not applicable		
Hospital Bed Days per 1000 population - Adults	40.44	46.89	48.26	48.65	45.27	40.44	25.05	30.18	32.79	36.42	38.27	38.55	39.04	**38.53**	**24.97**	18/19 Baseline		
Emergency Hospital Admissions per 1000 population - Adults	0.08	0.10	0.10	0.11	0.09	0.08	0.06	0.08	0.08	0.09	0.08	0.08	0.09	**0.08**	**0.06**	18/19 Baseline		
Occupied Bed Days							9,269	11,578	12,604	14,178	14,714	14,834	15,327	**20,430**	**112,934**	Not applicable		
Cancellations																		
Clinical Slots not Utilised	8.70%	not available	not available	not available	not available	10.00%	32.30%	32.80%	24.10%	14.30%	11.60%	8.40%	9.10%	**not available**	**18.90%**	Not applicable		
Endoscopy Utilisations - Trust level	98.30%	98.61%	98.36%	97.20%	99.30%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=90%	86% - 89%	<=85%
Endoscopy Utilisations - CRH	99.69%	99.84%	99.54%	99.65%	99.64%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=90%	86% - 89%	<=85%
Endoscopy Utilisations - HRI	97.22%	97.49%	97.18%	95.39%	98.73%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	**COVID**	**COVID**	>=90%	86% - 89%	<=85%
Hospital Cancellations within 6 Weeks	11,704	not available	not available	not available	not available	8,273	17,022	7,545	3,822	4,368	3,253	3,638	2,820	**not available**	**2,820**	0		>=1
Theatre Utilisation																		
Theatre Utilisation (TT) - Main Theatre - CRH	83.60%	83.80%	81.30%	82.10%	84.00%	79.90%	89.16%	82.80%	80.30%	86.50%	80.00%	71.00%	58.50%	**78.61%**	**79.15%**	>=90%	86% - 89%	<=85%
Theatre Utilisation (TT) - Main Theatre -HRI	87.80%	89.20%	84.60%	88.20%	89.30%	82.70%	63.15%	72.30%	90.90%	64.60%	57.00%	63.00%	52.50%	**66.29%**	**66.70%**	>=90%	86% - 89%	<=85%
Theatre Utilisation (TT) - HRI DSU	73.80%	70.80%	72.80%	72.30%	78.50%	73.30%	57.62%	58.70%	62.50%	75.40%	70.00%	82.20%	64.20%	**76.84%**	**76.20%**	>=88%	85% - 87%	<=84%
Theatre Utilisation (TT) - Trust	82.40%	82.30%	80.20%	81.40%	84.00%	79.40%	78.09%	75.80%	77.30%	74.80%	68.10%	75.20%	60.50%	**76.55%**	**75.23%**	>=90%	84% - 89%	<=83%
% Theatre Scheduled Late Starts > 15 mins - Trust	37.29%	37.35%	39.05%	32.71%	36.50%	44.93%	56.76%	55.10%	45.45%	50.98%	65.17%	53.61%	45.18%	**33.33%**	**51.15%**	Not applicable		
Total Fallow lists - Trust	705	40	84	58	52	30	**No Reallocation due to COVID**									To be confirmed		
Flow																		
No. of Ambulatory patients	12,405	1,131	1,011	1,195	1,076	787	434	653	699	655	662	669	749	**713**	**5,234**	To be confirmed		
Emergency Hospital Discharges	51483	4551	4449	4729	4033	3732	2620	3095	3,277	3,440	3,278	3,435	3,572	**3,419**	**26,136**	<=4200	YTD <=50400	>=4201
Stranded 7 Days	48.07%	46.64%	47.45%	47.88%	48.22%	50.70%	37.50%	37.49%	39.58%	42.10%	44.40%	43.69%	42.77%	**42.64%**	**41.61%**	<=30%	31% - 99%	>=40%
Super Stranded 21 Days	97	100	93	104	106	97	24	22	31	40	49	55	53	**46**	**40**	<= 95	96 - 97	>=98
Average time to start of reablement (days)	6.94	5.80	6.10	4.60	4.20	4.20	2.00	2.50	2.80	3.10	4.20	4.50	4.20	**3.50**	**3.40**	<=5 days	6 - 8 days	>= 9 days
% Catheter Lab Utilisation	89.00%	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**	**not available**	No target		







Efficiency & Finance Frailty- Key measures

	19/20	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	YTD	Performance Range
Acute Admissions - Aged 75+ Years																Green / Amber / Red
Acute Admissions aged 75+	9,851	822	936	947	784	757	581	635	692	741	739	745	866	**798**	**5,797**	
Frail* patients admitted aged 75+	3927	316	433	437	307	295	188	203	236	226	271	271	270	**215**	**1,880**	not applicable
% patients admitted aged 75+ who are frail**	39%	38%	46%	46%	39%	39%	32%	32%	34%	31%	37%	36%	31%	**27%**	**32%**	
Frailty Admissions with LOS < 3 days																
Patients 75+ with a LOS < 3 days	5060	451	446	503	408	320	260	327	340	377	362	367	404	**347**	**2,784**	
Frail* patients with a LOS < 3 days	1595	140	167	184	130	91	81	83	105	83	108	93	98	**66**	**717**	
% of patients with a LOS < 3 days who are frail**	32%	31%	37%	37%	32%	28%	31%	25%	31%	22%	30%	25%	24%	**19%**	**32%**	
Patients 75+ occupied bed days	69085	5372	6533	6267	4940	7011	3409	3005	3,781	4,561	4,594	4,545	5,121	**4,699**	**33,715**	
Frail* occupied bed days	32362	2405	3414	3536	2358	2926	1074	1170	1,425	1,872	1,975	2,179	1,962	**1,444**	**13,101**	not applicable
Average frail* non-elec IP LOS	42.0	7.61	7.88	8.09	7.68	9.92	5.71	5.76	6.04	8.28	7.3	8.0	7.3	**6.7**	**5.7**	
Average Frailty Rockwood Score		not available					6	6	6.00	5.90	5.90	5.90	6.00	**6.00**	**6.00**	
Re-admitted back to the Frailty Team within 30 days	1035	107	**113**	124	98	93	84	112	72	100	107	97	133	**143**	**848**	
% Re-admitted back to the Frailty Team within 30 days	20%	18%	**17%**	18%	17%	18%	17%	20%	14%	17%	18%	17%	20%	**22%**	**18%**	

* 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

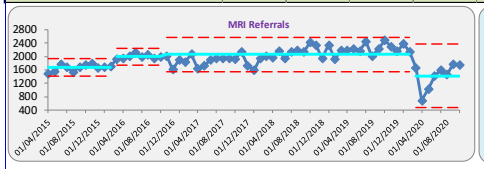
	19/20	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	35,430	2,937	2,447	2,993	2,421	1,885	676	1,279	2,041	2,122	1,940	2,187	2,161	**1,898**	**14,304**	**-45.70%**
03A - NHS GREATER HUDDERSFIELD CCG	32,540	2,726	2,199	2,721	2,461	1,873	726	1,327	2,077	2,195	2,064	2,180	2,184	**1,959**	**14,712**	**-38.54%**
Other	6724	550	426	555	470	325	97	118	197	214	214	110	140	**103**	**1,193**	**-74.63%**
Trust	74,694	6,213	5,072	6,269	5,352	4,083	1,499	2,724	4,315	4,531	4,218	4,585	4,377	**3,960**	**30,209**	**-44.73%**
Trust - % Change on Previous year	0.09%	7.91%	-6.54%	-4.62%	-2.22%	-37.31%	-79.12%	-60.37%	-30.76%	-37.05%	-34.83%	-34.69%	-41.37%	**-36.33%**	**-44.73%**	
03J - NHS NORTH KIRKLEES CCG	2,533	211	155	198	190	119	39	49	95	104	115	90	71	**45**	**608**	**-66.87%**
02R - NHS BRADFORD DISTRICTS CCG	0	0	0	0	0	0	40	30	49	64	67	71	43	**30**	**394**	**-76.69%**
03R - NHS WAKEFIELD CCG	912	64	67	68	58	49	6	10	8	3	5	6	7	**2**	**47**	**-91.56%**
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	75	6	1	7	7	2	0	0	1	1	1	1	2	**0**	**6**	**-88.68%**
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	5	8	7	3	5	0	0	1	5	1	0	1	**4**	**12**	**-84.42%**
ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	-284	92	162	-12	121	-760	-2,796	-2,470	-2,578	-2,353	-1,717	-1,917	-1,634	**-1,579**	**-17,119**	
% Day Case Variance against Contract	-0.74%	2.62%	5.42%	-0.33%	3.62%	-20.68%	-80.27%	-74.85%	-67.39%	-59.61%	-66.76%	-50.44%	-42.71%	**-43.26%**	**-58.61%**	
Elective Variance against Contract	-53	11	-5	-37	39	-76	-364	-365	-406	-346	-225	-237	-243	**-396**	**-2,590**	
% Elective Variance against Contract	-1.06%	2.28%	-1.17%	-8.10%	9.18%	-16.08%	-79.12%	-83.71%	-80.41%	-70.75%	-75.14%	-54.15%	-47.14%	**-80.65%**	**-69.68%**	
Non-elective Variance against Contract	-962	65	-81	367	-94	-823	-1,959	-1,201	-997	-1,062	-826	-1,002	-1,124	**-1,336**	**-9,621**	
% Non-elective Variance against Contract	-1.75%	-3.42%	-3.42%	-3.42%	-3.42%	-3.42%	-38.67%	-24.46%	-20.52%	-20.77%	-24.74%	-20.07%	-21.15%	**-25.14%**	**-23.90%**	
Outpatient Variance against Contract	162	-347	1,232	-70	-1,066	-6,806	-18,441	-16,695	-15,365	-13,995	-11,147	-37,538	-15,472	**-16,192**	**-148,894**	
% Outpatient Variance against Contract	0.07%	-1.13%	5.09%	-0.30%	-3.62%	-21.48%	-61.92%	-60.29%	-47.95%	-42.62%	-50.13%	-117.41%	-48.26%	**-52.69%**	**-60.52%**	
Accident and Emergency Variance against Contract	3,199	614	346	647	538	-2,310	-6,037	-4,326	-3,153	-2,512	-902	-1,655	-2,443	**-2,543**	**-23,572**	
% Accident and Emergency Variance against Contract	0.58%	4.92%	2.66%	5.19%	4.68%	-18.02%	-46.70%	-31.41%	-23.82%	-17.88%	-25.26%	-12.47%	-17.93%	**-19.59%**	**-22.05%**	

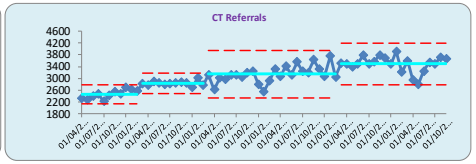
Please note further details on the referral position including commentary is available within the appendix.

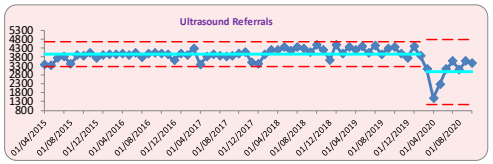
Radiology Summary of Activity of Key Modalities - October 2020

Referrals into Service

	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	Jul-20	Aug-20	Sep-20	Oct-20	YTD 20/21	YTD 19/20	Increase	%
MRI	2188	2230	2173	2444	2004	2228	2479	2303	2154	2374	2153	1671	689	1026	1418	1595	1469	1781	1743	9721	15746	-6025	-38%
CT	3497	3380	3498	3785	3481	3572	3790	3683	3482	3911	3212	3599	2949	2807	3249	3545	3489	3717	3665	23421	25003	-1582	-6%
Obstetrics	2288	2481	2247	2581	2400	2329	2480	2276	2287	2394	2175	2301	1909	1951	2235	2244	2076	2271	2236	14922	16806	-1884	-11%
General Radiology	16923	17116	16434	18090	16876	16765	17406	16472	15653	18242	15665	12489	6629	8962	10935	12812	12348	13368	13255	78309	119610	-41301	-35%
Ultrasound	4205	4382	4011	4445	3962	4256	4364	3975	3741	4375	3861	3112	1500	2266	3107	3568	3098	3563	3462	20564	29625	-9061	-31%
Total	29101	29589	28363	31345	28723	29150	30519	28709	27317	31296	27066	23172	13676	17012	20944	23764	22480	24700	24361	146937	206790	-59853	-29%





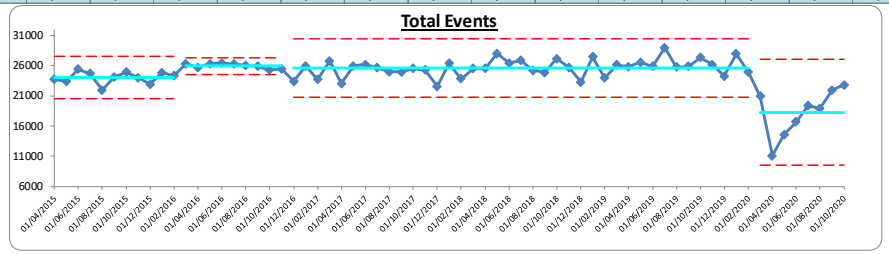


How does this compare to Trust activity Trend?

A&E Activity has decreased by 21%, Outpatients decreased by 25% and Inpatients (excluding Maternity) decreased by 36%

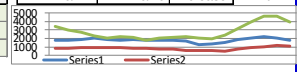
Activity

	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	Jul-20	Aug-20	Sep-20	Oct-20	YTD 20/21	YTD 19/20	Increase	%
Total Events	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	19,353	18,936	21,951	22,830	125,429	186,326	-60,897	-33%
MRI	1900	1778	1905	2041	1874	1992	1990	2132	1849	2068	1974	1832	502	698	822	1190	1201	1517	1812	7742	13480	-5738	-43%
HRI -MRI	675	629	647	682	637	658	698	701	677	690	703	643	221	261	266	329	372	429	495	2373	4626	-2253	-49%
CRH - MRI	463	500	498	558	479	492	582	551	446	533	473	455	160	164	197	226	161	301	364	1573	3572	-1999	-56%
New Scanner - HRI	626	561	643	703	675	752	606	735	621	744	679	579	118	151	232	240	226	348	486	1801	4566	-2765	-61%
CRVAN	127	76	108	90	78	84	92	134	98	92	112	143	0	0	0	0	0	0	0	0	655	-655	-
Other/Unknown	9	12	9	8	5	6	12	11	7	9	7	12	3	122	127	395	442	439	467	1995	61	1934	3170%
CT	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	2,836	2,911	3,196	3,397	19,250	21,898	-2,648	-12%
General Radiology	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	10,986	10,914	12,194	12,029	69,213	109,246	-40,033	-37%
Obstetrics	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	2,067	1,959	2,153	2,087	14,015	15,757	-1,742	-11%
Ultrasound	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	2,274	1,951	2,891	3,505	15,209	25,945	-10,736	-41%
Total Exams	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	21,526	21,122	22,355	37,432	149,939	205,008	-55,069	-27%
MRI	1964	1845	1985	2134	1956	2069	2058	2215	1934	2151	2046	1908	515	712	839	1210	1230	1567	1876	7949	14011	-6062	-43%
HRI -MRI	698	654	663	707	667	680	711	729	708	700	719	670	223	273	270	340	380	454	510	2450	4780	-2330	-49%
CRH - MRI	471	513	524	575	495	512	598	572	456	556	486	462	168	168	205	239	169	302	363	1614	3688	-2074	-56%
New Scanner - HRI	653	587	681	751	706	783	643	766	663	790	721	618	121	149	235	251	235	369	520	1880	4804	-2924	-61%
CRVAN	133	78	108	93	81	87	94	137	99	96	113	145	0	0	0	0	0	0	0	0	674	-674	-
Other/Unknown	9	13	9	8	7	7	12	11	8	9	7	13	3	122	129	380	446	442	483	2005	65	1940	2985%
CT	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	4,354	4,441	4,921	5,161	29,866	32,080	-2,214	-7%
General Radiology	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	11,312	11,293	12,655	12,506	71,274	114,557	-43,283	-38%
Obstetrics	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	2,072	1,962	0	14,046	23,842	15,795	8,047	51%
Ultrasound	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	2,578	2,196	3,212	3,843	17,008	28,565	-11,557	-40%



Waiting List at Month End

	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	Jul-20	Aug-20	Sep-20	Oct-20	YTD 20/21	YTD 19/20	Increase	%
Total number on MRI Waiting List	1774	1803	1878	2044	1845	1761	1913	1779	1780	1755	1671	1295	1335	1527	1867	2042	2192	2092	1786				
Total number on CT Waiting List	856	873	931	945	973	925	855	845	757	770	614	562	581	553	748	909	1017	1167	1143				
Total number on US Waiting List	3454	3025	2727	2353	2085	2226	2111	1766	2024	2106	2231	2042	2008	2409	3173	3950	4625	4596	3962				



Number of Exams reported

Internal (Planned)	13589	13823	12320	15530	13995	12592	13511	12221	12550	13959	12956	15532	9098	11411	12777	14472	14221	13578	15627	91184	95360	-4176	-4%
Insourced (Extras)	253	152	102	283	17	0	0	0	0	0	46	23	0	0	0	0	92	100	137	329	807	-478	-
Locum Radiologist/Sonagropher	288	392	690	1114	217	1161	502	454	512	783	581	479	727	409	579	683	468	791	853	4510	4364	146	3%
Auto Reported	4216	2861	2476	2372	2126	3042	3266	3128	3458	4694	3355	2869	562	1042	2063	3008	1911	4669	4231	17486	20359	-2873	-14%
Outsourced	3278	7511	7279	8759	7481	7409	8055	8310	10180	11003	10037	5418	707	1059	995	1298	1507	2830	3216	11612	49772	-38160	-77%
Total	21624	24739	22867	28058	23836	24204	25334	24113	26700	30439	26975	24321	11094	13921	16414	19461	18199	21968	24064	125121	170662	-45541	-27%

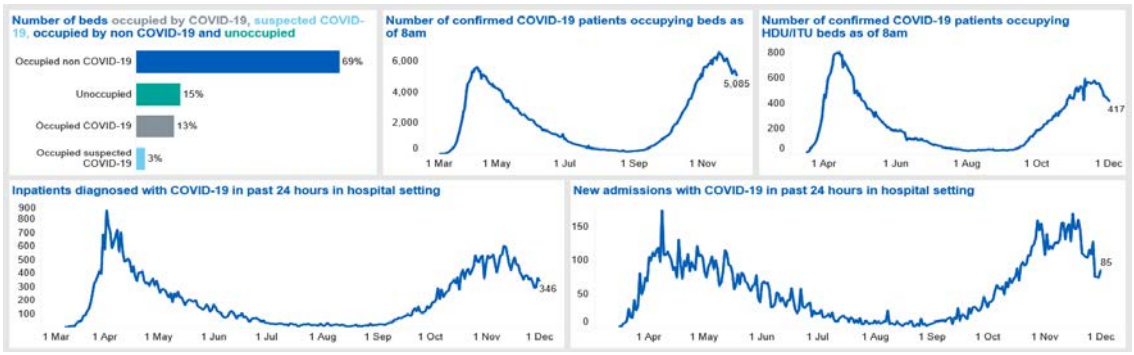
% Outsourced	15%	30%	32%	31%	31%	31%	32%	34%	38%	36%	37%	22%	6%	8%	6%	7%	8%	13%	13%	9%	29%	-20%	
% Insourced/Outsourced	16%	31%	32%	32%	31%	31%	32%	34%	38%	36%	37%	22%	6%	8%	6%	7%	9%	13%	14%	10%	30%	-20%	

Appendices

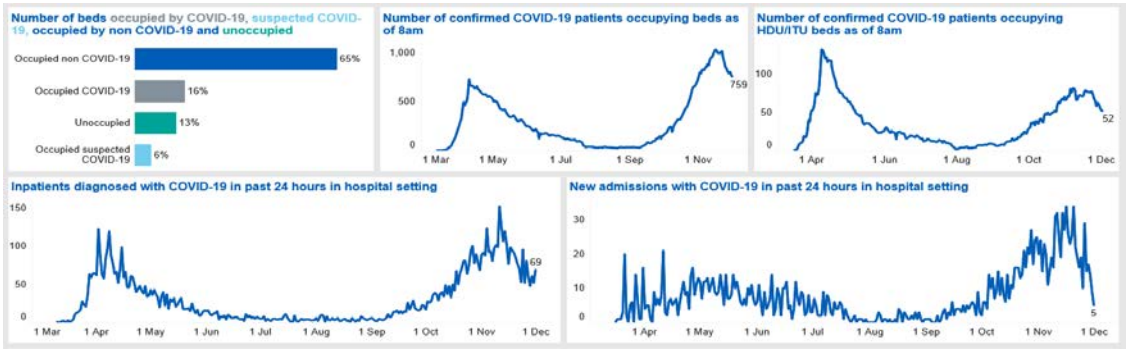
COVID-19 IPR APPENDIX

COVID Metrics across the Region:

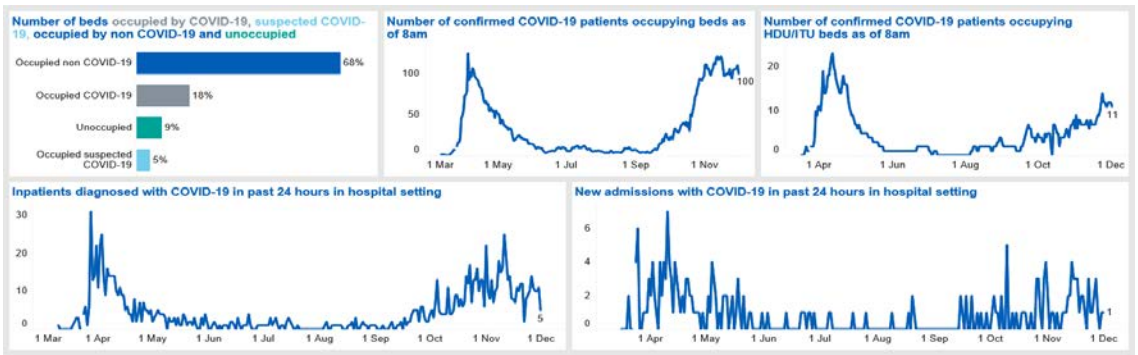
North East and Yorkshire and North West: Peak of Covid19+ inpatients in early April followed by reduction until early September when second wave commenced and Covid19 admissions increased week on week. Since mid-November numbers have started to fall. Occupied beds for Covid19 and suspected Covid19 are at 13% and 3% respectively compared to 15% and 2% respectively last month. Covid19 patients occupying beds passed first wave peak but this has not been the case for HDU/ITU patients.



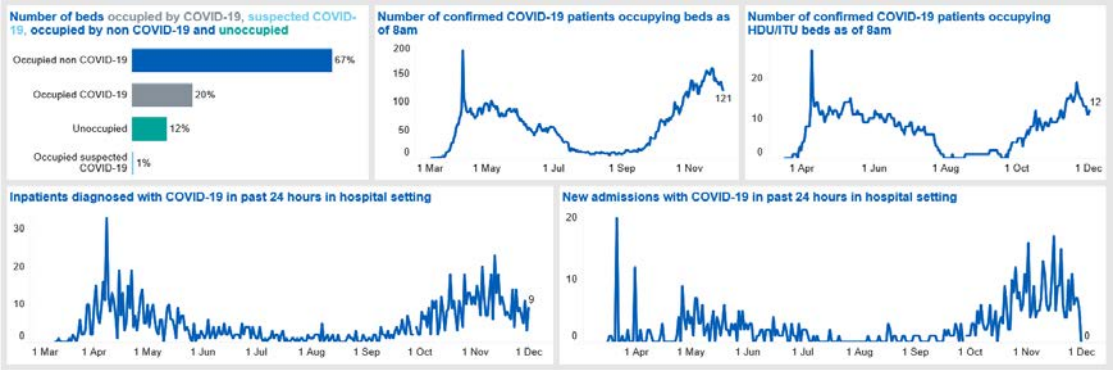
WYAAT: Same pattern as Region above. Occupied beds for Covid19 patients are 16% compared to 19% last month.



CHFT: Pattern for CHFT is similar but reduction has not been as steep for beds occupied by Covid-19 patients. Occupied beds for Covid19 patients at 18% compared to 21% last month.



BTHFT: Bradford reduction in Covid cases was flatter since April than the areas above. From early September Bradford second wave as above with Covid19 admissions increasing week on week. Occupied beds for Covid19 and suspected Covid19 are 20% and 1% respectively compared to 19% and 3% respectively last month and have not reached first wave peak.

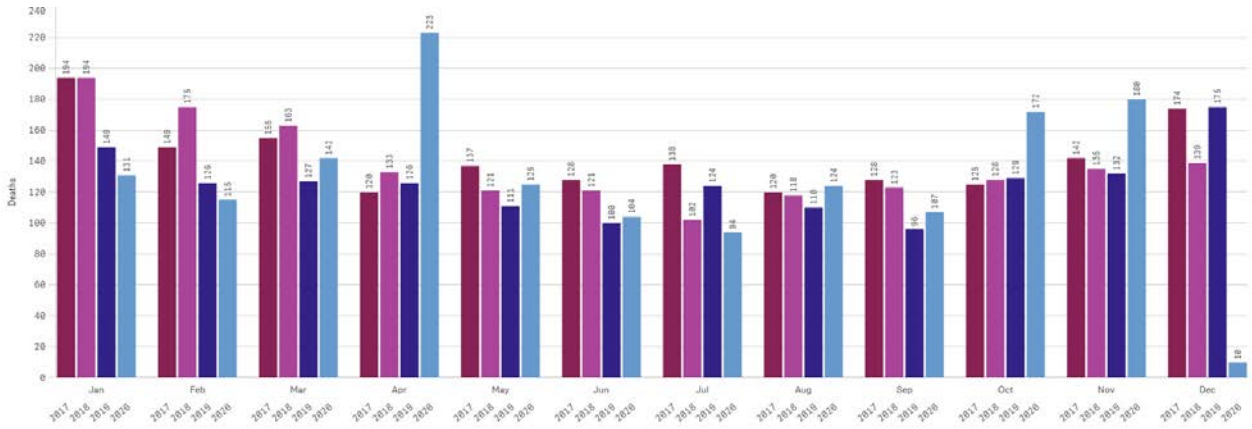


Beds Occupied Position as at 3rd December across WYAAT – 1-day snapshot

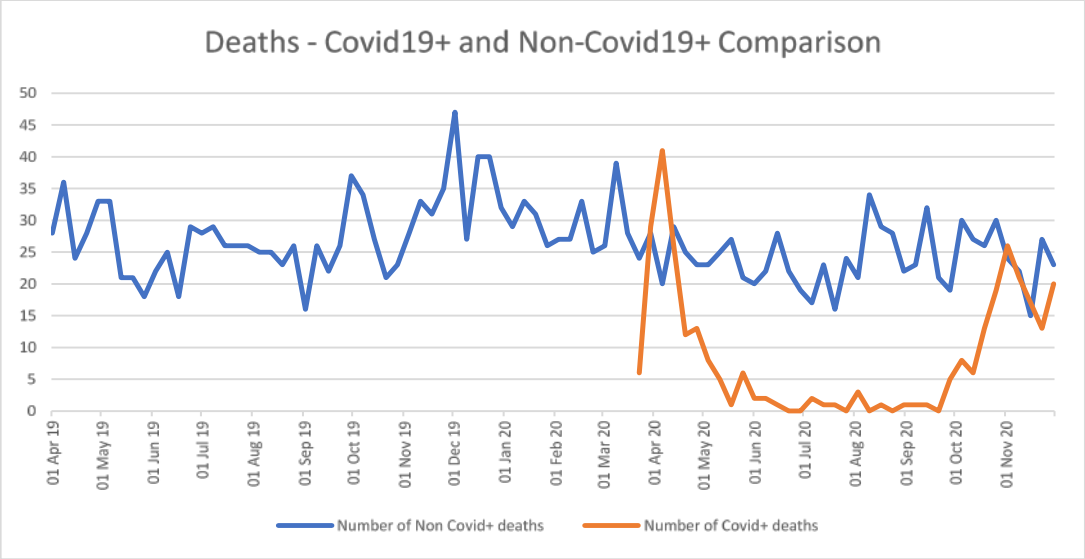
All Trusts except Bradford have seen a slight decrease in the percentage of beds occupied by confirmed Covid19 patients. Mid Yorkshire continue to have the highest bed occupancy of confirmed Covid19 patients at 26% with Bradford having the 2nd highest at 20%. Harrogate's position remains significantly lower at 8% confirmed and 3% suspected. Leeds continue to have the highest bed occupancy of suspected Covid19 patients with 8%.

CHFT Mortality:

Historical Comparison

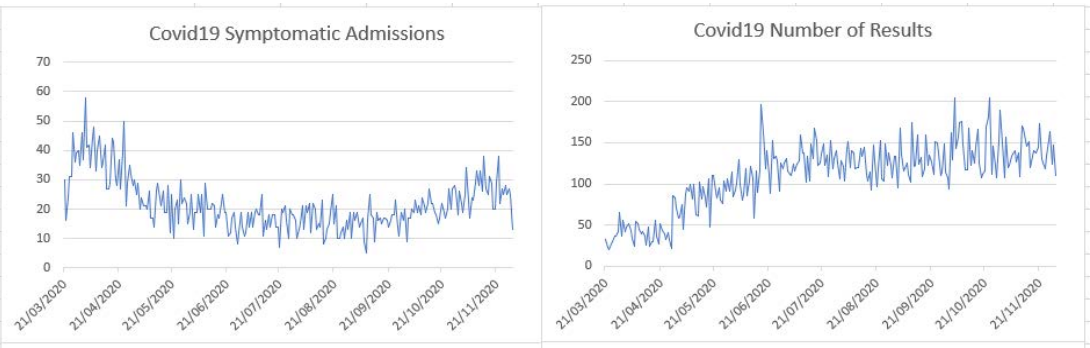


Impact of Covid19 deaths on historical trends seen particularly in April and then less so since May with the lowest number of deaths in July in the last 4 years. Deaths in October and November have been higher than the previous 3 years but have not reached levels experienced in April.

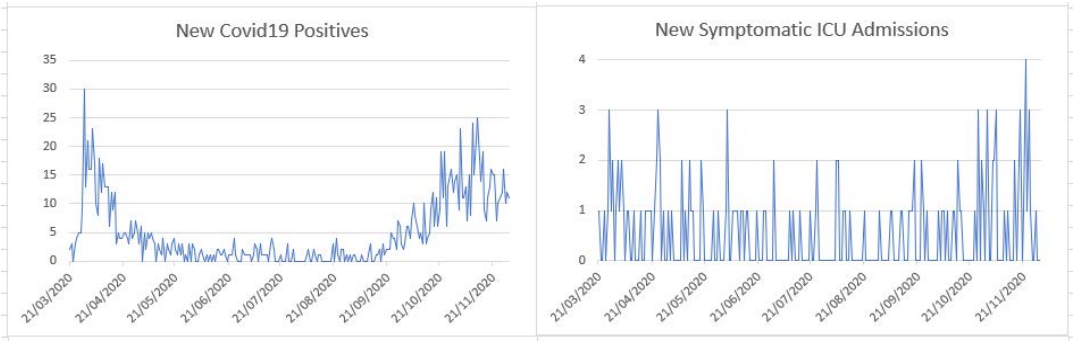


Peak number of Covid19+ deaths in early April with a sustained reduction since then to mid/end September when deaths started to increase. Week commencing 30th November there were 20 Covid+ deaths.

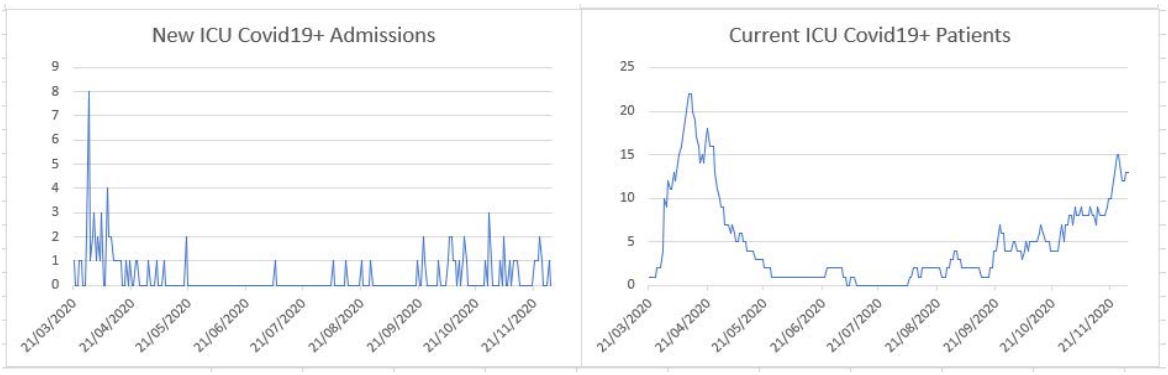
Covid19 Hospitalisation in England Surveillance System (CHESS) was developed by Public Health England (PHE) for monitoring hospitalised COVID-19. The scheme is based on the existing UK Severe Influenza Surveillance Scheme (USISS) that was created following the 2009 influenza pandemic. Objectives of CHESS are to monitor and estimate the impact of Covid19 on the population.



Since a peak in late March/early April there has been an overall reduction in symptomatic admissions to CHFT to a steady state with some daily variation since mid-June. There was gradual increase from mid Oct through to mid-November and since then numbers have started to gradually decrease. 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 was a gradual and sustained decrease in new Covid19+ inpatients. However there has been an upward trend since mid-September which has continued through October to mid-November since when there has been a gradual decrease.



There was a peak of Covid19+ patients in ICU's 10th - 12th April and other than a small increase around 22nd April there had been a continual decrease in patients in ICU until a small increase during August which continued into September and October. The November ICU maximum was 15 on 24th and 25th.

Appendix - Appointment Slot Issues

ASIs

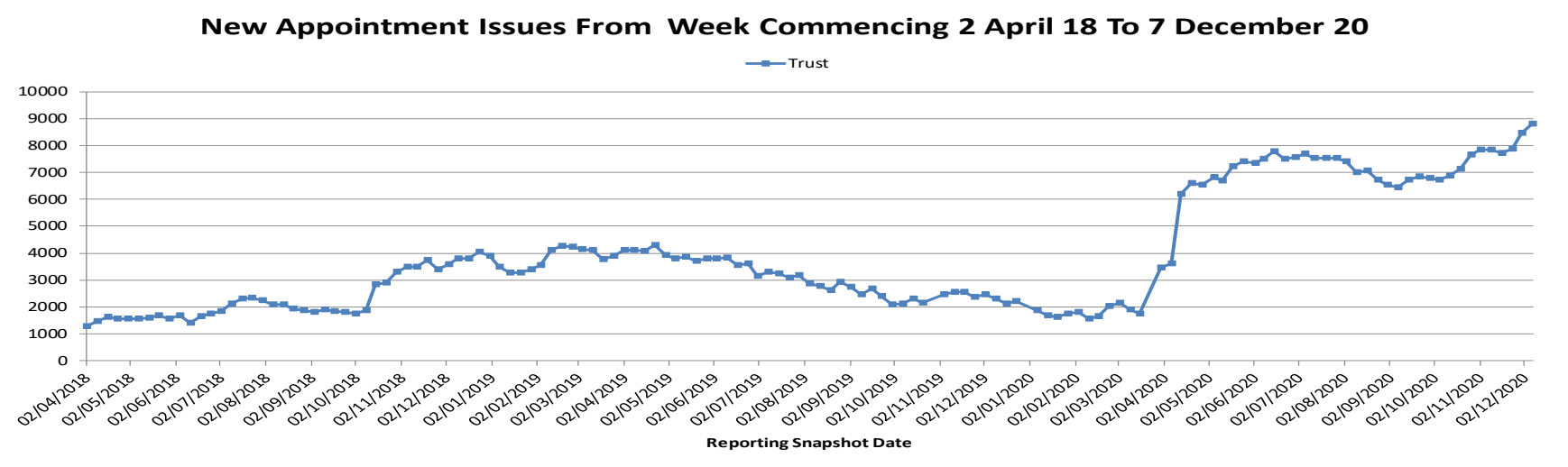
As at 11th December there were 8,802 referrals awaiting appointments.

The top specialties for ASIs backlog are:

ENT	1489
Ophthalmology	1168
MSK	894
Paediatric ENT	862
Trauma and Orthopaedics	719
Yorkshire Fertility	599
Neurology	477
General Surgery	319
Rheumatology	312
Gynaecology	239
Cardiology	229
Orthoptics	186
Urology	183
Gastroenterology	171
Colorectal Surgery	146
Pain Management	114

747 patients have been waiting over 6 months, (this was 583 on the last report)

Divison	Specialty	Weeks Waitng						
		Total	0-18 wks	18-21	22-25	26-29	30-51	52+
FSS	Total	904	643	50	43	18	141	9
	Chemical Pathology	9	9	0	0	0	0	0
	Paediatric Epilepsy	0	0	0	0	0	0	0
	Paediatrics	57	55	2	0	0	0	0
	Yorkshire Fertility	599	346	46	42	18	138	9
	Gynaecology	239	233	2	1	0	3	0
Medicine	Total	1375	1144	121	54	18	27	11
	Cardiology	229	210	8	1	7	1	2
	Endocrinology	36	32	0	1	0	3	0
	Gastroenterology	171	170	0	0	0	1	0
	Diabetic Medicine	22	19	0	0	0	3	0
	General Medicine	3	3	0	0	0	0	0
	Geriatric Medicine	11	10	0	0	0	1	0
	Clinical Haematology	6	6	0	0	0	0	0
	Medical Oncology	0	0	0	0	0	0	0
	Nephrology	20	18	0	0	0	1	1
	Rheumatology	312	240	51	16	0	5	0
	Neurology	477	350	61	36	11	12	7
	Respiratory Medicine	88	86	1	0	0	0	1
Surgery	Total	5591	4516	383	174	145	345	28
	Colorectal Surgery	146	146	0	0	0	0	0
	Breast Surgery	18	18	0	0	0	0	0
	General surgery	319	315	1	1	1	1	0
	Ophthalmology	1168	1085	46	17	5	14	1
	Paediatric Ophthalmology	88	79	1	1	1	6	0
	Orthoptics	186	154	13	7	6	5	1
	Pain Management	114	84	11	8	1	10	0
	Urology	183	182	0	0	0	1	0
	Paediatric Urology	54	51	1	1	0	1	0
	Audiology	33	26	4	0	2	1	0
	ENT	1489	1239	177	44	20	9	0
	Paediatric ENT	862	418	66	47	73	254	4
	Maxillo-Facial Surgery	9	8	1	0	0	0	0
	Plastic Surgery	12	11	0	0	1	0	0
	Paediatric Plastic Surgery	2	2	0	0	0	0	0
	Paediatric Surgery	25	23	1	1	0	0	0
	Trauma and Orthopaedics	719	534	50	47	30	38	20
	Paediatric Trauma and Orthopaedics	96	73	11	0	5	5	2
	Vascular Surgery	68	68	0	0	0	0	0
Community	Total	902	768	127	6	1	0	0
	Podiatry	8	8	0	0	0	0	0
	MSK	894	760	127	6	1	0	0
Unkown	Total	30	26	0	0	2	2	0
	Not CHFT	0	0	0	0	0	0	0
	Other CHFT	3	3	0	0	0	0	0
	-	27	23	0	0	2	2	0
Total	Total	8802	7097	681	277	184	515	48



Appendix - Referrals

•GP Referrals down 44.7% financial YTD November 2020 compared with November 2019. This is completely understandable following the initial ceasing of all routine referrals during the Covid19 pandemic for a considerable period.

•From April to November 2020, there were 169 working days, compared with 168 for the corresponding period 2019.

•This additional working day could indicate an anticipated 0.6 % increase of GP referrals. Clearly the impact of Covid19 on referral demand has been far more dramatic.

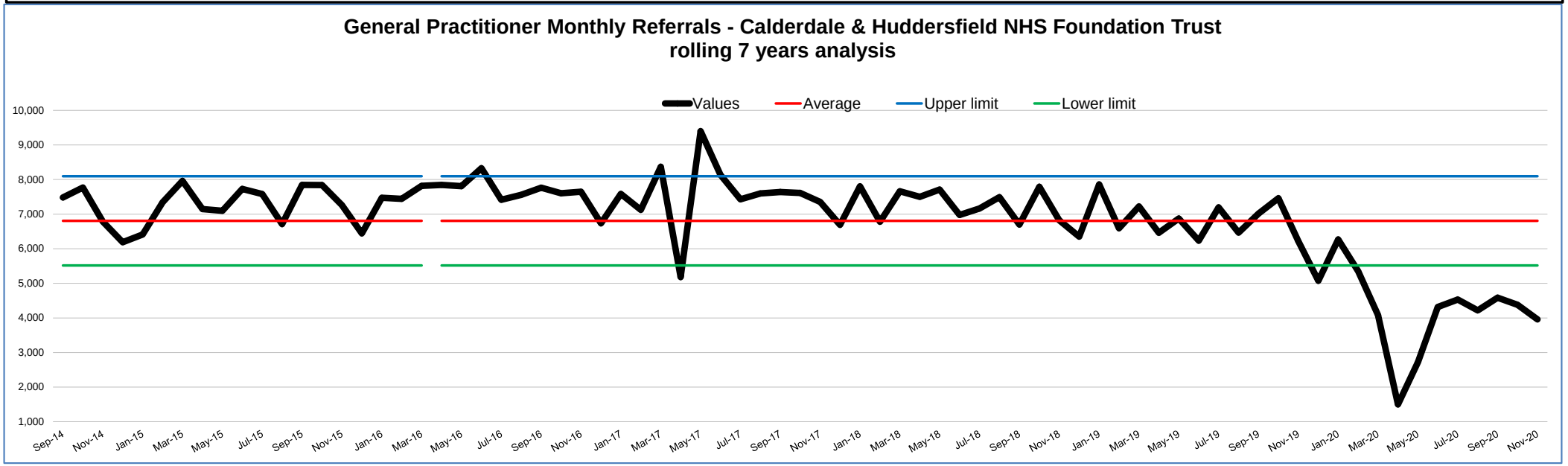
•NHS Calderdale GP referrals have seen a decrease of 45% (11771) for the year to date and NHS Greater Huddersfield has had a large decrease overall of 38% (9138).

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

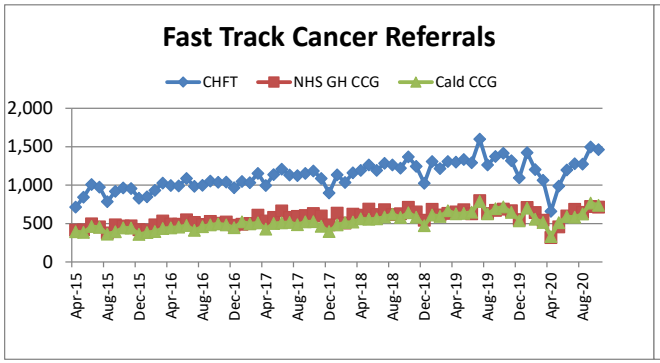
	19/20 YTD	20/21 YTD	Var	% Var
NHS Calderdale	26,075	14,304	-11771	-45%
NHS Greater Huddersfield	23,850	14,712	-9138	-38%
NHS North Kirklees	1,820	608	-1212	-67%
NHS Bradford District	1,409	381	-1028	-73%
NHS Bradford City	328	13	-315	-96%
NHS Wakefield	611	47	-564	-92%
NHS Heywood	57	6	-51	-89%

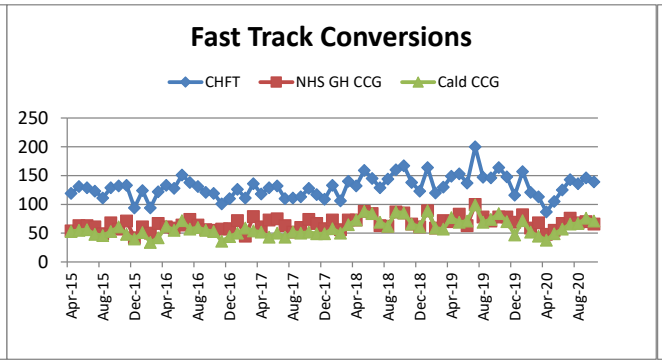


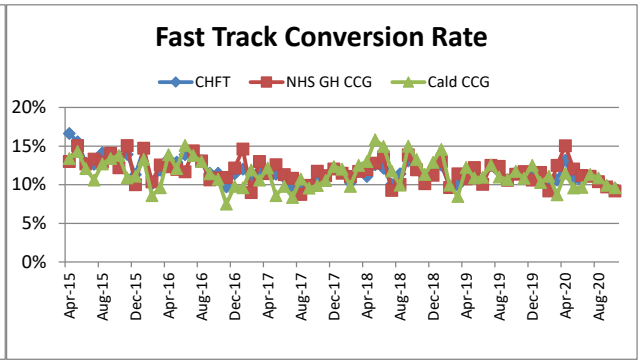
Activity - Key measures

	19/20	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-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	644	531	702	558	515	331	513	590	580	624	766	737	in arrears	in arrears	
NHS CALDERDALE CCG Conversions	874	78	53	82	62	45	39	50	57	71	69	88	71	in arrears	in arrears	
NHS CALDERDALE CCG Conversion Rate	11.4%	12.1%	10.0%	11.7%	11.1%	8.7%	11.8%	9.8%	9.7%	12.2%	11.1%	11.5%	9.6%	in arrears	in arrears	
NHS GREATER HUDDERSFIELD CCG Referrals	7,836	662	551	707	643	543	320	457	597	680	642	720	714	in arrears	in arrears	
NHS GREATER HUDDERSFIELD CCG Conversions	929	81	76	91	59	68	51	54	66	88	67	78	66	in arrears	in arrears	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	11.9%	12.2%	13.8%	12.9%	9.2%	12.5%	15.9%	11.8%	11.1%	12.9%	10.4%	10.8%	9.2%	in arrears	in arrears	
Other CCG Referrals	159	8	8	12	2	6	8	17	11	18	7	10	11	in arrears	in arrears	
Other CCG Conversions	16	1	0	3	0	0	0	1	2	1	0	0	2	in arrears	in arrears	
Other CCG Conversion Rate	10.1%	12.5%	0.0%	25.0%	0.0%	0.0%	0.0%	5.9%	18.2%	5.6%	0.0%	0.0%	18.2%	in arrears	in arrears	
CHFT Fast Track Referrals	15,659	1,314	1,090	1,421	1,203	1,064	659	987	1,198	1,278	1,273	1,496	1,462	in arrears	in arrears	
CHFT Fast Track Conversions	1,819	160	129	176	121	113	90	105	125	160	136	166	139	in arrears	in arrears	
CHFT Fast Track Conversion Rate	11.6%	12.2%	11.8%	12.4%	10.1%	10.6%	13.7%	10.6%	10.4%	12.5%	10.7%	11.1%	9.5%	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.

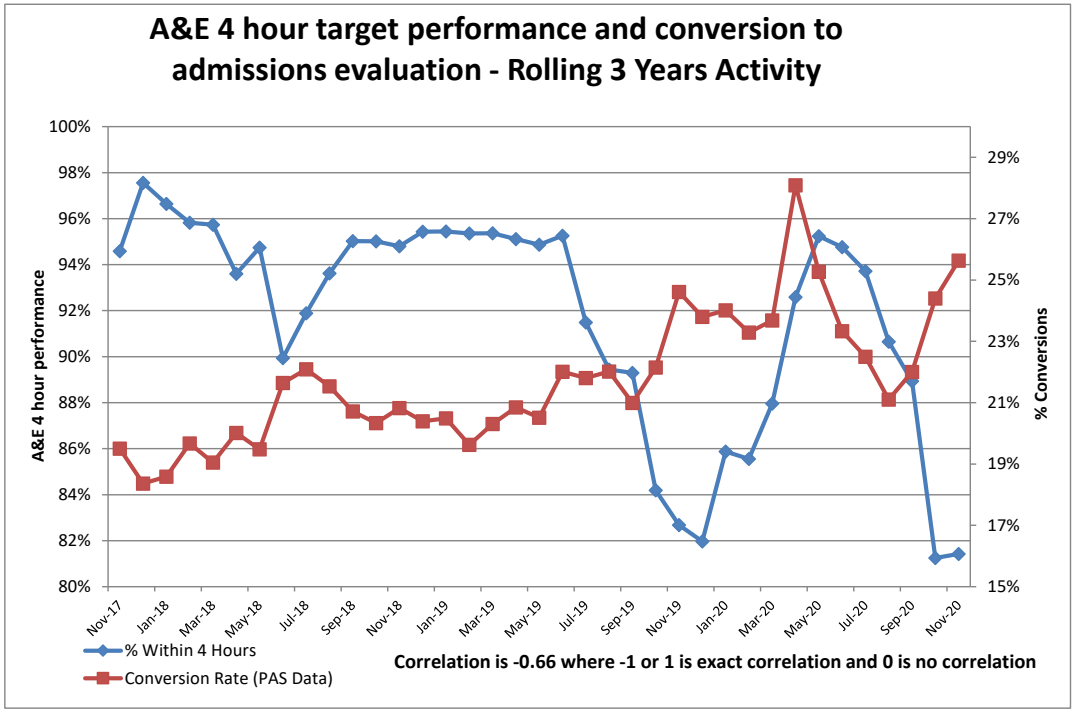






Appendix - A and E Conversion rates and Delayed Transfers

	19/20	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	154,445	13,091	13,336	13,105	12,017	10,511	6,895	9,445	10,087	11,544	12,129	11,620	11,174	**10,434**	**83,328**	-21.0%
A and E 4 hour Breaches	19,339	2,267	2,404	1,851	1,736	1,266	511	450	529	725	1,134	1,286	2,095	**1,939**	**8,669**	-28.2%
Emergency Care Standard 4 hours	87.48%	82.68%	81.97%	85.88%	85.55%	87.96%	92.59%	95.24%	94.76%	93.72%	90.65%	88.93%	81.25%	**81.42%**	**89.60%**	8.4%
Admissions via Accident and Emergency	34,851	3,083	3,160	3,146	2,799	2,489	1,937	2,387	2,353	2,597	2,559	2,556	2,727	**2,674**	**19,790**	-14.9%
% A and E Attendances that convert to admissions	22.57%	23.55%	23.70%	24.01%	23.29%	23.68%	28.09%	25.27%	23.33%	22.50%	21.10%	22.00%	24.40%	**25.63%**	**23.75%**	-3.5%



Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 11th December 2020	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	24	17	0	41
Awaiting Completion of Assessment	4	4		8
Awaiting Care package in own home	8	6		14
Awaiting Residential home placement	9	3		12
Awaiting public funding				0
Awaiting further non-acute NHS Care	1	4		5
Awaiting community equipment and adaptations	1			1
Awaiting nursing home placement	1			1
Disputes				0
Patient or Family choice				0
Housing - Patients not covered by Care Act				0

Appendix - Cancer - By Tumour Group

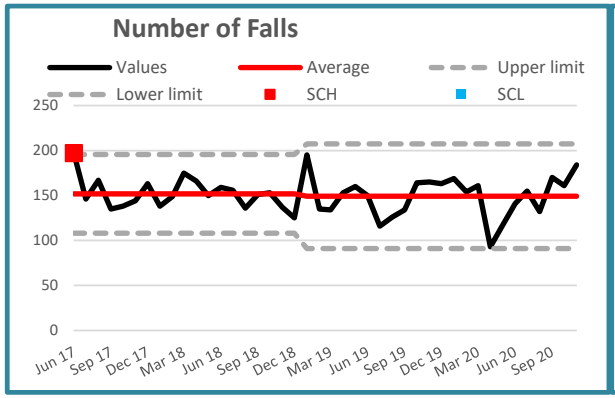
	19/20	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	YTD	Performance Range		
62 Day GP Referral to Treatment																Green	Amber	Red
Breast	99.19%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	88.89%	100.00%	100.00%	**100.00%**	**98.32%**	>=85%	81% - 84%	<=80%
Gynaecology	91.67%	100.00%	90.00%	80.00%	100.00%	100.00%	90.00%	93.33%	100.00%	80.00%	100.00%	66.67%	78.57%	**100.00%**	**86.84%**	>=85%	81% - 84%	<=80%
Haematology	87.40%	76.92%	60.00%	66.67%	100.00%	90.91%	100.00%	100.00%	100.00%	100.00%	91.67%	77.78%	100.00%	**88.89%**	**92.75%**	>=85%	81% - 84%	<=80%
Head & Neck	56.72%	none to report	33.33%	36.36%	100.00%	60.00%	53.85%	0.00%	45.45%	60.00%	66.67%	40.00%	50.00%	**80.00%**	**55.17%**	>=85%	81% - 84%	<=80%
Lower GI	83.08%	100.00%	91.67%	78.95%	88.89%	100.00%	90.91%	66.67%	46.15%	62.50%	80.00%	100.00%	47.06%	**100.00%**	**75.38%**	>=85%	81% - 84%	<=80%
Lung	82.26%	81.82%	88.00%	91.67%	84.62%	73.08%	100.00%	100.00%	100.00%	85.71%	100.00%	93.33%	90.91%	**66.67%**	**93.88%**	>=85%	81% - 84%	<=80%
Sarcoma	87.50%	100.00%	100.00%	100.00%	none to report	0.00%	none to report	100.00%	none to report	100.00%	none to report	none to report	100.00%	**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%	**96.15%**	**99.38%**	>=85%	81% - 84%	<=80%
Upper GI	84.81%	82.61%	66.67%	75.00%	100.00%	100.00%	75.00%	91.67%	33.33%	100.00%	80.00%	76.47%	85.71%	**100.00%**	**83.50%**	>=85%	81% - 84%	<=80%
Urology	89.96%	88.00%	95.74%	91.53%	93.18%	91.11%	96.30%	80.00%	100.00%	93.75%	94.12%	94.29%	94.59%	**100.00%**	**95.62%**	>=85%	81% - 84%	<=80%
Others	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%	none to report	50.00%	**0.00%**	**84.21%**	>=85%	81% - 84%	<=80%
Two Week Wait From Referral to Date First Seen																		
Brain	94.70%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	100.00%	77.78%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**95.31%**	>=93%	86% - 92%	<=85%
Breast	98.43%	99.04%	98.25%	99.50%	100.00%	99.01%	100.00%	100.00%	96.57%	97.81%	99.05%	99.56%	99.57%	**96.34%**	**98.43%**	>=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%	0.00%	100.00%	**100.00%**	**96.67%**	>=93%	86% - 92%	<=85%
Gynaecology	98.48%	98.18%	99.20%	97.30%	100.00%	100.00%	100.00%	97.73%	98.13%	97.64%	100.00%	98.75%	96.50%	**100.00%**	**98.51%**	>=93%	86% - 92%	<=85%
Haematology	98.59%	100.00%	100.00%	90.48%	95.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=93%	86% - 92%	<=85%
Head & Neck	99.16%	99.21%	100.00%	100.00%	99.17%	97.56%	94.34%	95.93%	96.46%	99.22%	99.13%	92.42%	99.24%	**98.08%**	**97.06%**	>=93%	86% - 92%	<=85%
Lower GI	99.26%	100.00%	100.00%	99.60%	99.63%	100.00%	100.00%	100.00%	100.00%	99.63%	100.00%	99.68%	100.00%	**100.00%**	**99.91%**	>=93%	86% - 92%	<=85%
Lung	98.67%	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%
Sarcoma	96.48%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	88.89%	100.00%	100.00%	100.00%	**100.00%**	**98.28%**	>=93%	86% - 92%	<=85%
Skin	98.42%	99.61%	99.02%	99.62%	99.53%	98.76%	98.18%	99.50%	99.51%	100.00%	99.60%	96.30%	98.62%	**97.79%**	**98.67%**	>=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%	97.98%	96.84%	96.46%	99.04%	98.18%	89.80%	100.00%	100.00%	100.00%	100.00%	96.58%	99.24%	**98.51%**	**98.55%**	>=93%	86% - 92%	<=85%
Urology	99.34%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.39%	100.00%	96.88%	100.00%	99.12%	98.29%	**97.12%**	**98.58%**	>=93%	86% - 92%	<=85%

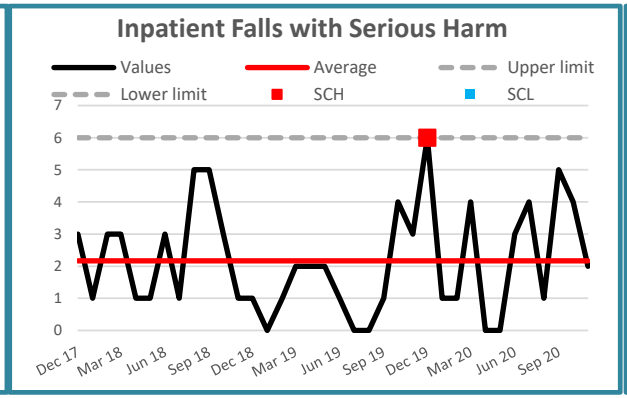
Appendix 1 - ESR Staff Groups - Roles

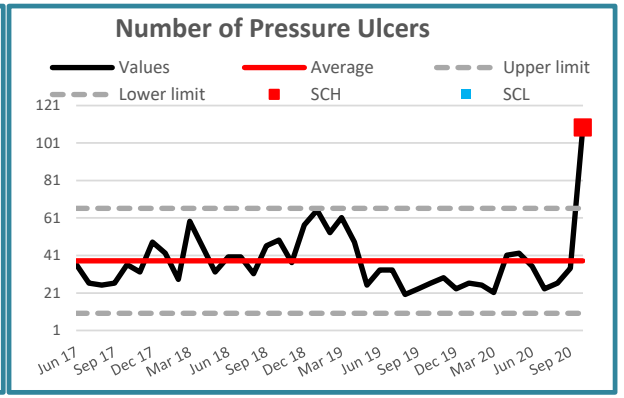
Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals
Chaplain	Assistant	Accountant	Advanced Practitioner
Clinical Director	Assistant Practitioner Nursing	Adviser	Chiropodist/Podiatrist
Manager	Assistant/Associate Practitioner	Analyst	Chiropodist/Podiatrist 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	

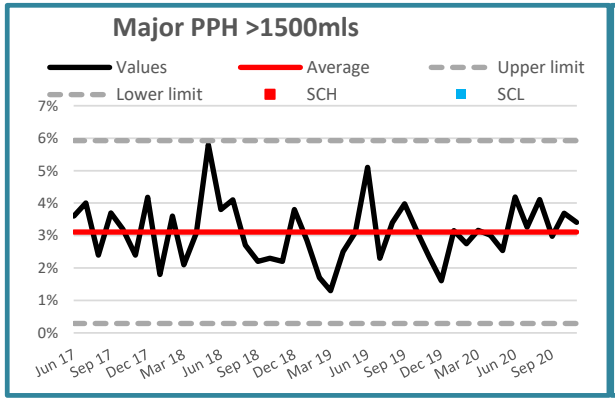
Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Assistant	Healthcare Science Practitioner	Consultant	Advanced Practitioner
Cook	Healthcare Scientist	Foundation Year 1	Community Nurse
Driver	Manager	Foundation Year 2	Community Practitioner
Engineer	Specialist 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

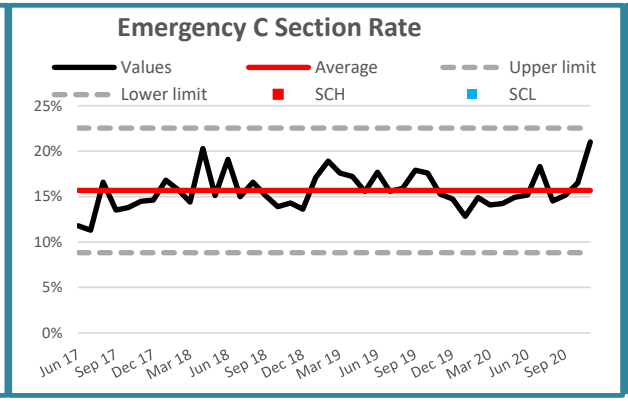
Safe - SPC Charts

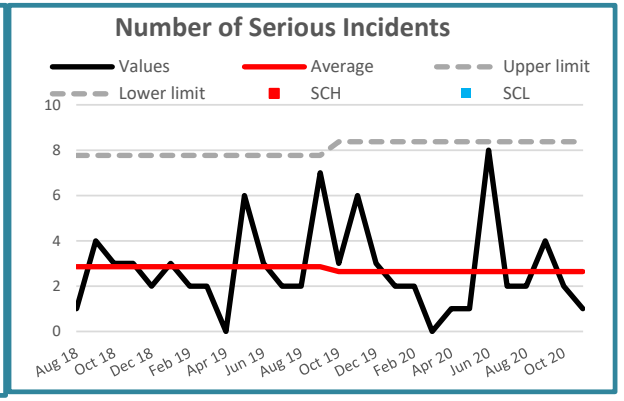




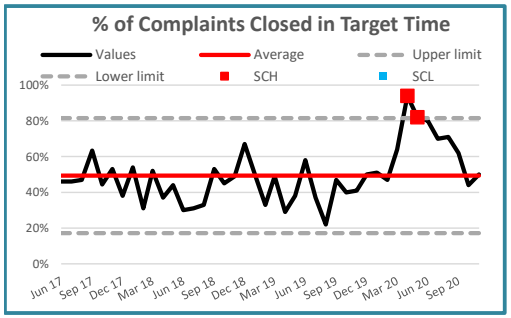


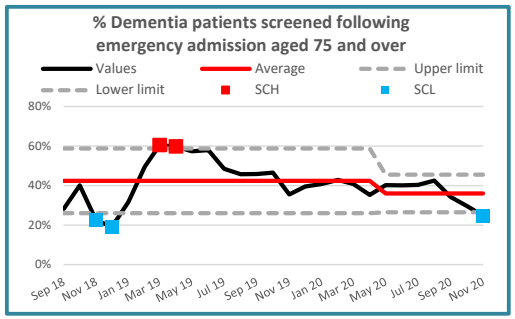




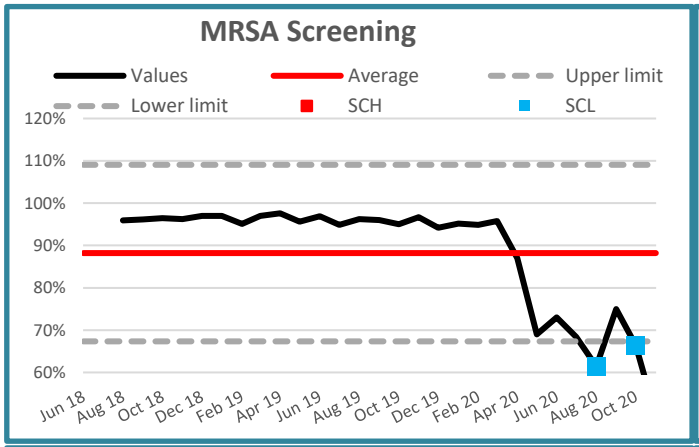


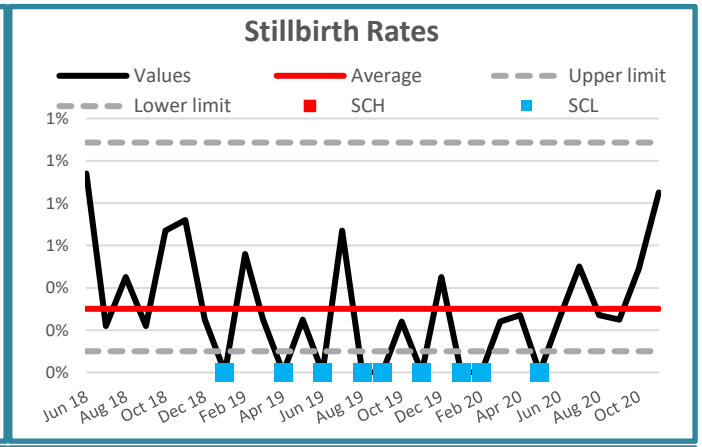
Caring - SPC Charts

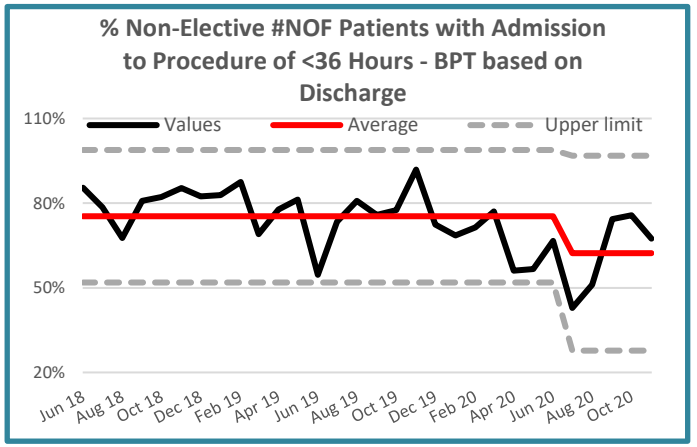


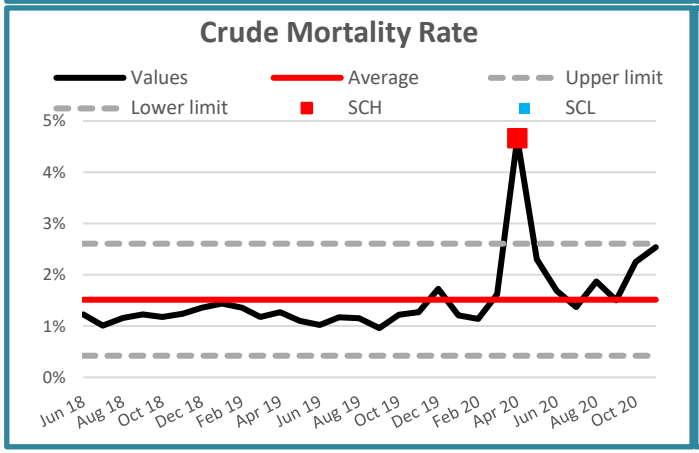


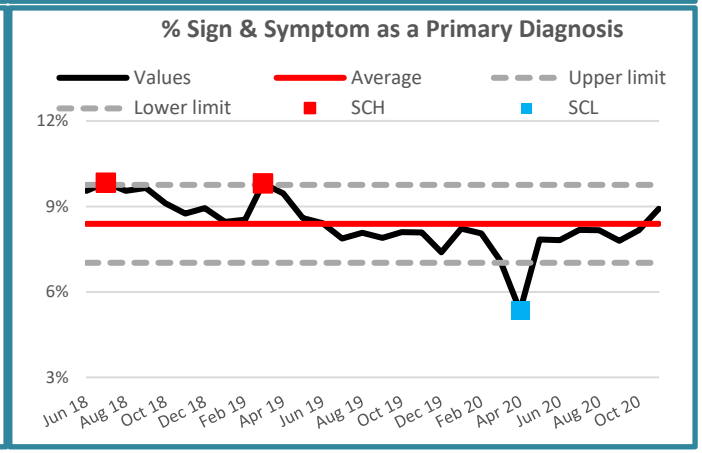
Effective - SPC Charts

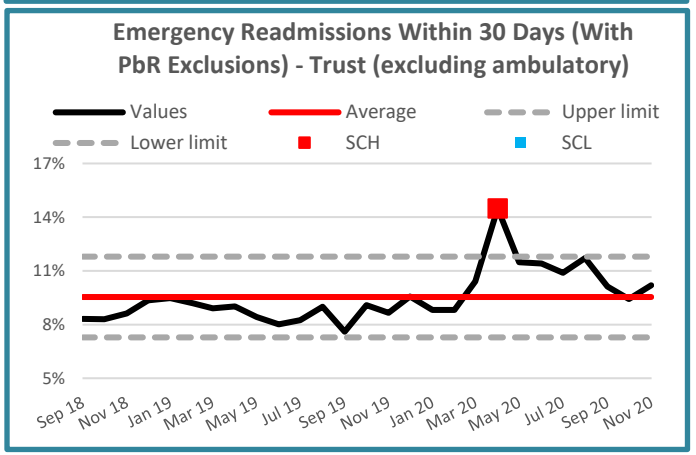




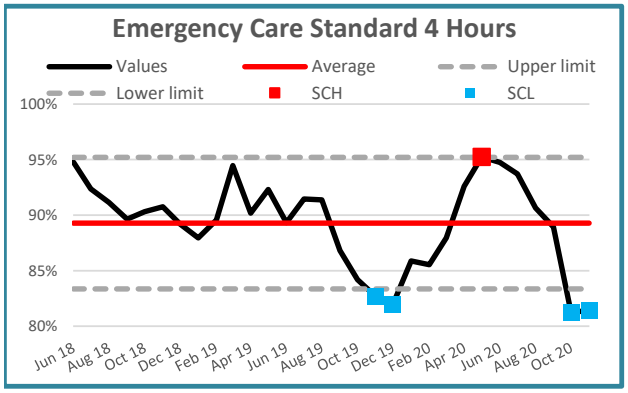


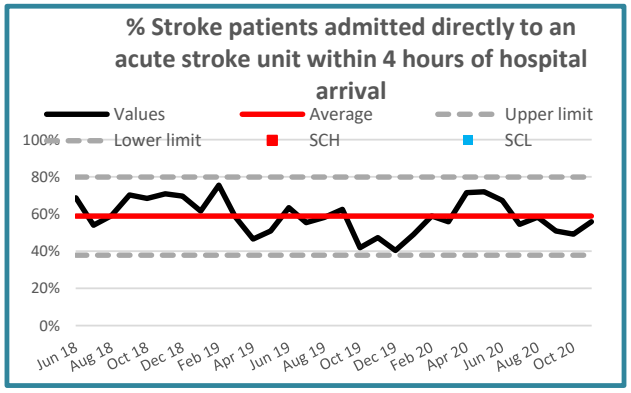


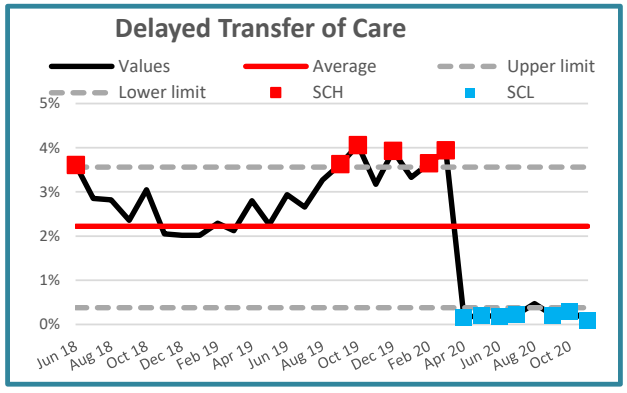


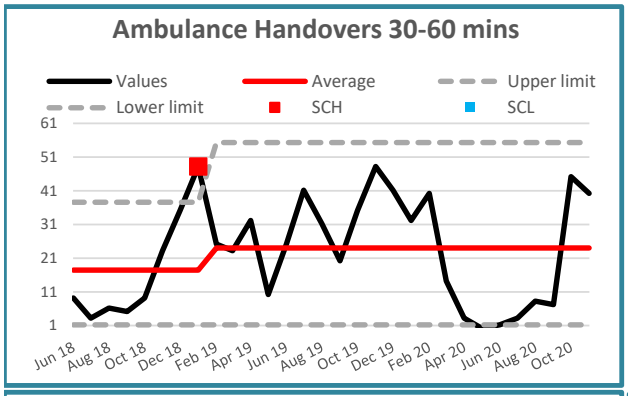


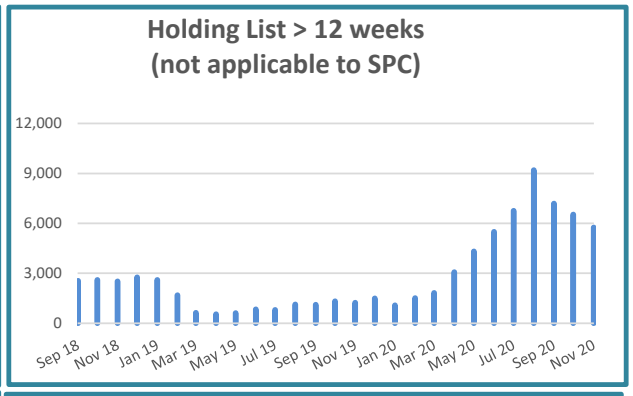
Responsive - SPC Charts

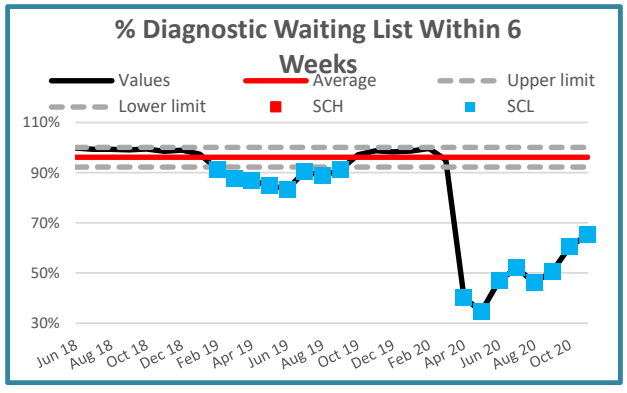


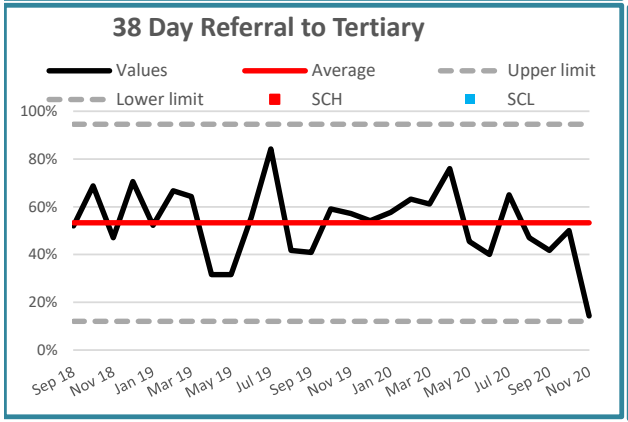


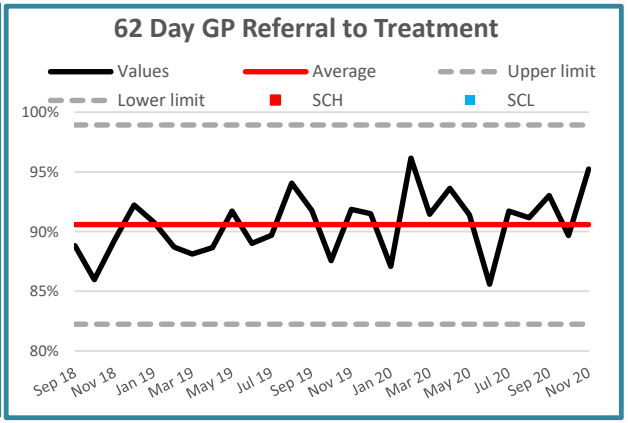












Methodology for calculating the performance score

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

20. Governance Report

a) Chair’s Action - to Ratify

b) Terms of Reference Nominations and Remuneration (BOD) Committee - to Approve

c) Board Workplan 2021/2022 - to Note

d) Quality Accounts 2019/2020 - to Note

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Date of Meeting:	Thursday 14 January 2021
Meeting:	Board of Directors
Title of report:	Governance Report
Author:	Andrea McCourt, Company Secretary
Sponsor:	Owen Williams, Chief Executive
Previous Forums:	None

Actions Requested:

- To ratify:
  - the use of Chair's action for the Covid vaccination plan
- To approve:
  - terms of reference for the Board of Directors Nominations and Remuneration Committee
- To note:
  - the Board workplan for 2021/22
  - the submission of the 2019/20 Quality Annual Accounts to NHS England/ NHS Improvement

Purpose of the Report

To seek Board approval for the governance items listed above and note the planned cycle of Board business for 2021/22 detailed in the Board workplan and submission of the 2019/20 annual accounts.

Key Points to Note

a) Chair's action ratify the operational plan to deliver the Pfizer/BioNTech Covid vaccination programme (03/20)

On 23 December 2020 the Board was asked to approve an urgent decision regarding the operational plan to deliver the Pfizer/BioNTech Covid vaccination programme for delivery from the week commencing 28 December 2020 and the associated internal governance reporting arrangements.

The use of Chair's actions for this decision is in line with the provisions of the Board of Directors Standing Orders for Urgent Decisions and is in line with the Constitution of Calderdale and Huddersfield NHS Foundation Trust.

This decision-making process involves consideration of the decision by the Chair and Chief Executive, having consulted with at least two Non-Executive Directors not involved in recommending the decision. It is a requirement that the exercise of such powers by the Chief Executive and the Chair is reported to the next formal meeting of the Board of Directors for ratification.

The details relating to the decision to approve the operational plan is enclosed with this paper.

The Board is asked to **RATIFY** the Chair's action which approved the operational plan to deliver the Pfizer/BioNTech Covid vaccination programme and internal governance arrangements.

b) Terms of Reference for the Board of Directors Nomination and Remuneration Committee

At a meeting of the Nominations and Remuneration Committee of the Board of Directors on 7 December 2020 the terms of reference were reviewed and agreed. These are attached as appendix A. There were minimal changes, highlighted in red font in the paper, with the Committee adding to the terms of reference consideration of the composition of the Board in terms of diversity, recognising the need for diversity of thought and lived experience amongst Board members.

The Board is requested to approve these terms of reference.

c) 2021/22 Board of Directors workplan

The Trust Board meets in public bi-monthly. The business cycle for the Board for 2021/22 is attached as appendix B. The Board workplan provides the basis for the preparation of Board agendas for the financial year 2021/22. Ad hoc items will be included on Board agendas as need arises following discussion with the Chair and Chief Executive.

The workplan content has been discussed with Executive Directors and their support staff to ensure this reflects all business and that requirements for papers are known well in advance and built into plans within teams.

The workplan has been re-structured into the following categories and colour coded to reflect the purpose of Board items, i.e. confirming whether they are for approval, for receipt or noting by the Board or for governance / assurance. The categories are:

- Standing items
- Strategy and Planning
- Quality
- Workforce
- Governance and Assurance (including partnership working with West Yorkshire Association of Acute Trusts, WYAAT and the West Yorkshire and Harrogate Partnership).

An extra-ordinary meeting of the Trust Board will be arranged to approve the 2020/21 annual report, annual accounts and quality accounts and associated governance documentation once the 2020/21 annual accounts reporting timetable and national guidance has been issued; this meeting is expected to be in late May 2021.

The Board is asked to note the workplan and advise the Corporate Governance Manager should there be any further items or amendments to the workplan.

d) Quality Accounts 2019/20

The Trust's Quality Accounts for 2019/20 were submitted to NHS England / NHS Improvement in mid December 2020 in line with the revised timetable and national guidance for Quality Accounts issued during the Covid-19 pandemic. The Board delegated authority for approval of the Quality Accounts to the Quality Committee at its meeting of 7 May 2020, minute 52/20. The Quality Accounts were approved at the meeting of the Quality Committee on 26 October 2020.

The Quality Accounts for 2019/20 are available to the public via the Trust website at:

https://www.cht.nhs.uk/fileadmin/site_setup/contentUploads/About_us/Publications/accounts/CHFT_qualtity_account_2020_FINAL.pdf

EQIA – Equality Impact Assessment

The Covid vaccination plan is being delivered in line with the national guidance from the Joint Committee on Vaccination and Immunisation (JVCI) which combines clinical risk stratification, an age-based approach and prioritisation of health and social care workers. The greatest proportion of vaccine in the early stages of rollout is therefore being offered to Care Home workers. Prioritisation amongst health care workers is in accordance with the JCVI guidance, and is based

on personal risk of severe disease, frequency of exposure and risk of positive staff spreading infection to vulnerable patients. Vaccine slots are also offered to community health care partners until such time as they have alternative supply. This supports the reduction of health inequalities between age groups by actively targeting those with clinical conditions above healthier people and by limiting transmission to vulnerable patient groups.

The terms of reference for the Nominations and Remuneration Committee of the Board of Directors now reflect, at section 4.1, the aim to reflect the Board's actions to match the diverse composition of the overall workforce or community which include:

- The Trust's inclusion strategy, included in our People Strategy, identifies the actions relating to the improvement of diversity and inclusion priorities.

- The Empowerment Programme, launched in December 2020, focuses on activities that will support the development and promotion of colleagues who need support to improve their confidence to reach their potential. Whilst this programme is open to all colleagues who this generally accepted that women face more confidence issues than men in relation to promotion.

- Succession plans seek to retain or improve the current gender balance of the Board.

In terms of the Board workplan, health inequalities is included as an agenda item in the Board workplan, with discussion taking place at the Board meeting in March 2021 in relation to the health inequalities dashboard to confirm future reporting arrangements. All Board papers have a cover sheet to identify the equality impact assessment of each paper.

Recommendation

The Board is asked to:

- **RATIFY** the Chair's action for the Covid Pfizer BioNTech vaccine
- **APPROVE** the terms of reference for the Board of Directors Nominations and Remuneration Committee
- **NOTE** the 2021/22 Board workplan
- **NOTE** the submission of the 2019/20 Quality Accounts

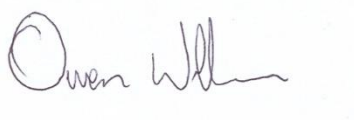
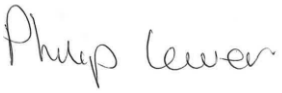
Calderdale and Huddersfield NHS Foundation Trust

URGENT DECISION

This urgent decision is being taken in line with the provision of the Board of Directors Standing Orders for Urgent decisions in line with the Constitution of Calderdale and Huddersfield NHS Foundation Trust.

This decision must be approved by the following, having consulted with at least two Non-Executive Directors not involved in recommending the decision:

- Chair
- Chief Executive

REFERENCE	**03/20**
MATTER FOR URGENT DECISION:	Approval of operational plan to deliver the Pfizer/BioNTech Covid vaccination programme and internal governance reporting arrangements.
REASON FOR URGENT DECISION	Covid-19 vaccination programme to be delivered week commencing 28 December 2020. The next available Board meeting to approve this plan is 14 January 2021.
PREVIOUS FORUMS (incl outcome of discussion)	None
KEY RELATED DOCUMENTS	Pfizer/BioNTech Covid-19 Vaccination Programme process Pfizer operational plan Covid vacc.docx
DURATION OF DECISION:	For the duration of the Covid-19 vaccination programme for the Pfizer/BioNTech vaccine.
DECISION:	**APPROVED**
DATE OF DECISION:	23 December 2020
CHIEF EXECUTIVE	Name: Owen Williams  Date: 23 December 2020
CHAIR	Name: Philip Lewer  Date: 23 December 2020
CONSULTATION WITH 2 NON-EXECUTIVE DIRECTORS	Name: Andy Nelson Date: 23 December 2020 Name: Alastair Graham Date: 23 December 2020 Consultation by: Chair
DATE REPORTED TO TRUST BOARD	14 January 2021

Appendix A

Calderdale and Huddersfield NHS Foundation Trust

NOMINATIONS AND REMUNERATION COMMITTEE (BOARD OF DIRECTORS)

TERMS OF REFERENCE

Version:	1 Board approved 30.6.16. 2 Board approved 5.3.20. 3 Annual review - draft 8 12 20 following Nominations and Remuneration Committee
Approved by:	Board of Directors
Date approved:	5.3.20. 14.1.21. TBC
Date issued:	14 January 2021 (TBC)
Review date:	January 2022

NOMINATIONS AND REMUNERATION COMMITTEE TERMS OF REFERENCE

1. Constitution

1.1 The Trust hereby resolves to establish a Committee to be known as the Nominations and Remuneration Committee. The Committee has no executive powers other than those specifically delegated in these terms of reference.

2. Authority

2.1 The Nominations and Remuneration Committee is constituted as a standing committee of the 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.

2.2 The Nominations and Remuneration Committee is authorised by the Board of Directors to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Nominations and Remuneration Committee.

2.3 The Nominations and Remuneration Committee is authorised by the Board of Directors to instruct professional advisors and request the attendance of individuals and authorities from both within and outside the Trust with relevant experience and expertise if it considers this necessary to the exercise its functions.

3. Purpose

3.1 To be responsible for identifying and appointing candidates to fill all NHS Foundations Trust Executive Director positions on the Board and non-Board Director roles, including Director roles within wholly owned subsidiaries of the Trust and for determining their remuneration and other conditions of service. When appointing the Chief Executive, the committee shall be the committee described in Schedule 7, 17(3) of the National Health Service Act 2006. When appointing the other Executive Directors the committee shall be the committee described in Schedule 7, 17(4) of the Act.

3.2 To be responsible for identifying and appointing candidates to fill Calderdale and Huddersfield Solutions (CHS) Ltd Chair, Non-Executive Director and Director roles and for determining their remuneration and other conditions of service.

4. Nominations role

The Committee will:

4.1 Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board and make recommendations to the Board with regard to any changes. When considering composition the Committee will seek to reflect the Board's action plan to match the diverse composition of the overall workforce or community.

4.2 Give full consideration to and make plans for succession planning for the Chief Executive and other Executive Board Directors, taking into account the challenges and opportunities facing the Foundation Trust and the skills and expertise needed, in particular on the Board in the future.

Give full consideration to and make plans for review and succession planning for the non-Board Director roles and Director roles for wholly owned subsidiaries established by the Board, taking into account the skills and expertise needed.

4.3 Keep the leadership needs of the Trust under review at executive level to ensure the continued ability of the trust to operate effectively in the health economy.

4.4 Be responsible for identifying and nominating for appointment candidates to fill posts within its remit as and when they arise.

4.5 When a vacancy is identified, evaluate the balance of skills, knowledge and experience on the Board, and its diversity, and in the light of this evaluation, prepare a description of the role and capabilities required for the particular appointment. In identifying suitable candidates the committee shall use open advertising or the services of external advisers to facilitate the search; consider candidates from a wide range of backgrounds; and consider candidates on merit against objective criteria.

4.6 Ensure that a proposed Executive Director's other significant commitments (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the board as they arise.

4.7 Be responsible for identifying and nominating a candidate for approval by the Council of Governors in accordance with the Constitution to fill the position of Chief Executive.

4.8 Ensure that proposed appointees comply with the Fit and Proper Persons Requirements and disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.

4.9 Consider any matter in line with Trust procedures relating to the continuation in office of any Board Executive Director at any time including the suspension or termination of service of an individual as an employee of the Foundation Trust.

5. Remuneration role

5.1 Establish and keep under review a remuneration policy in respect of Executive Board Directors ~~(and senior managers on locally determined pay).~~

5.2 Consult with the Chief Executive about proposals relating to the remuneration of other Executive Directors and non-Board Directors.

5.3 In accordance with all relevant laws, regulations and Trust policies, decide and keep under review the terms and conditions of office of the Trust's executive directors and non-Board Directors including Director roles within wholly owned subsidiaries of the Trust , including:

- Salary, including any performance-related pay or bonus;
- Provisions for other benefits, including pensions and cars;
- Allowances;
- Payable expenses; and compensation payments.

5.4 In adhering to all relevant laws, regulations and Trust policies:-

- Establish levels of remuneration which are sufficient to attract, retain and motivate executive directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose and at a level which is affordable for the trust.
- Use national guidance and market benchmarking analysis in the annual determination of remuneration of Executive Directors and non-Board Directors while ensuring that increases are not made where Trust or individual performance do not justify them.

- Be sensitive to pay and employment pay and conditions elsewhere in the Trust.

5.5 Monitor and assess the output of the evaluation of the performance of individual directors, and consider this output when reviewing changes to remuneration levels.

5.6 Advise upon and oversee contractual arrangements for Executive Directors and non-Board Directors, including but not limited to termination payments (including redundancy), taking account of national guidance where appropriate, always ensuring that poor performance is not rewarded.

5.7 Delegate responsibility to the Chief Executive and Director of Workforce and Organisational Development for the determination of the Trust's pay and reward strategy as it affects all other staff, working within national frameworks where required.

6. Membership and attendance

6.1 The membership of the committee shall consist of:

- The Trust Chair
- The other Non-Executive Directors on the Board (excluding the Chair of the Audit and Risk Committee for remuneration business)
- The Chief Executive shall be a member but will withdraw from the meeting during any discussions regarding his/term terms of condition and remuneration.

6.2 The Trust Chair shall chair the committee.

6.3 A quorum shall be three members which must include either the Trust Chair or Trust Deputy Chair/Senior Independent Non-Executive Director. In the absence of the Trust Chair, the Trust Deputy Chair/Senior Independent Non-Executive Director will chair the meeting.

6.4 The Executive Director of Workforce and Organisational Development shall normally be invited to attend meetings in an advisory capacity.

6.5 Other members of staff and external advisers may attend all or part of a meeting by invitation of the committee chair where required.

6.6 Members unable to attend should inform the Committee Secretary at least 7 days in advance of the meeting.

6.7 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.

7. Administration

7.1 The Company Secretary shall be the secretary to the Committee and will provide administrative support and advice. The duties of the Company Secretary in this regard include but are not limited to:

- Agreement of the agenda with the chair of the 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.

8. Frequency of meetings

8.1 Meetings shall be held as required but at least twice in each financial year,

9. Reporting

9.1 Formal minutes shall be taken of all Committee meetings. Once approved by the Committee, the minutes will go to the next Board of Directors meeting in confidence unless it would be inappropriate to do so.

9.2 A summary report will be presented to the next Board meeting.

9.3 The Committee shall receive and agree a description of the work of the Committee, its policies and all Executive Director emoluments in order that these are accurately reported in the Trust's Annual Report.

10. Review

10.1 The terms of reference of the Committee shall be reviewed by the Board of Directors at least annually.

Date Approved: 14 January 2021 TBC

Review Date: January 2022

PUBLIC BOARD WORKPLAN 2021-2022

	Public	Public	Public	Public	Public	Public	Public	Public
Date of meeting	**14 Jan 2021**	**4 March 2021**	**6 May 2021**	**1 July 2021**	**2 Sep 2021**	**4 Nov 2021**	**13 Jan 2022**	**3 March 2022**
Date of agenda setting/Feedback to Execs	7 December 2020	1 February 2021	7 April 2021	27 May 2021	2 August 2021	30 September 2021	8 December 2021	31 January 2022
Date final reports required	31 December 2020	19 February 2021	23 April 2021	18 June 2021	20 August 2021	22 October 2021	31 December 2022	18 February 2022
STANDING AGENDA ITEMS								
Introduction and apologies	✓	✓	✓	✓	✓	✓	✓	✓
Declarations of interest	✓	✓	✓	✓	✓	✓	✓	✓
Minutes of previous meeting, matters arising and action log	✓	✓	✓	✓	✓	✓	✓	✓
Patient/Staff Story	✓	✓	✓	✓	✓	✓	✓	✓
Chair's report	✓	✓	✓	✓	✓	✓	✓	✓
Chief Executive's report	✓	✓	✓	✓	✓	✓	✓	✓
Integrated Performance report (Inc: Quality, Finance, Workforce)	✓	✓	✓	✓	✓	✓	✓	✓
Covid 19/Phase 3 Update	✓	✓	✓	✓	✓	✓	✓	✓
Financial Update	✓	✓	✓	✓	✓	✓	✓	✓
Health Inequalities	✓ **Defer to March**	✓	**Tbc**	**Tbc**	**Tbc**	**Tbc**	**Tbc**	**Tbc**
Quality Committee update & Minutes	✓	✓	✓	✓	✓	✓	✓	✓
Audit and Risk Committee update & Minutes	✓	✓	✓	✓	✓	✓	✓	✓
Finance and Performance Committee update & Minutes	✓	✓	✓	✓	✓	✓	✓	✓
Workforce Committee update & Minutes	✓	✓	✓	✓	✓	✓	✓	✓

	Public	Public	Public	Public	Public	Public	Public	Public
Date of meeting	**14 Jan 2021**	**4 March 2021**	**6 May 2021**	**1 July 2021**	**2 Sep 2021**	**4 Nov 2021**	**13 Jan 2022**	**3 March 2022**
Charitable Funds Committee Minutes	✓	✓	✓	✓	✓	✓	✓	✓
COVID-19 Oversight Committee Minutes	✓	✓	✓	✓	✓	✓	✓	✓
STRATEGY AND PLANNING								
Strategic Objectives – 1 year plan / 10 year strategy		✓				✓		
Digital Health Strategy				✓		✓		
Workforce OD Strategy		✓						✓
Risk Management Strategy	~~✓~~-Move to March	✓					✓	
Service Reconfiguration Outline Business Case					✓* additional Board meeting may be required in later July TBC			
Business Better Than Usual Update		✓			✓			✓
Annual Plan		✓						✓
Capital Plan	✓						✓	
Winter Plan					✓	✓		
QUALITY								
Quality Board update	✓	✓	✓	✓	✓	✓	✓	✓
Director of Infection Prevention Control (DIPC) quarterly report	✓Catch Up Apr-Nov 20202		✓Q4		✓Q1	✓Q2	✓Q3	
DIPC Annual Report				✓				
Learning from Deaths Quarterly Report		✓ Q3	✓Q4		✓Q1	✓Q2		✓ Q3
Safeguarding update – Adults & Children		✓			✓ (Annual report)			✓

	Public	Public	Public	Public	Public	Public	Public	Public
Date of meeting	**14 Jan 2021**	**4 March 2021**	**6 May 2021**	**1 July 2021**	**2 Sep 2021**	**4 Nov 2021**	**13 Jan 2022**	**3 March 2022**
Complaints Annual Report				✓				
WORKFORCE								
Staff Survey Results and Action Plan			✓	✓	✓			
Health and Well-Being		✓						
Nursing and Midwifery Staffing Hard Truths Requirement		✓ (Bi-annual)			✓ (Bi-annual)			✓ (Bi-annual)
Guardian of Safe Working (quarterly)	✓Q3		✓Q4		✓Q1	✓Q2	✓Q3	
Guardian of Safe Working Hours Annual Report			✓					
Diversity		✓						
Medical revalidation & appraisal Annual Report					✓			
Freedom to Speak Up Annual Report	✓ 6 month report FTSU themes				✓ Annual Report			
Workforce Committee Annual Report	✓ 2019/2020			✓ 2020/21				
Public Sector Equality Duty (PSED) Annual Report		✓						✓
GOVERNANCE and ASSURANCE								
Health and Safety Update	✓		✓		✓		✓	
Health and Safety Annual Report	✓						✓	
Board Assurance Framework		✓ 3		✓ 1		✓ 2		✓ 3
Risk Appetite Statement					✓ with BAF			
High Level Risk Register	✓		✓		✓		✓	

	Public	Public	Public	Public	Public	Public	Public	Public
Date of meeting	**14 Jan 2021**	**4 March 2021**	**6 May 2021**	**1 July 2021**	**2 Sep 2021**	**4 Nov 2021**	**13 Jan 2022**	**3 March 2022**
Calderdale Huddersfield Solutions Managing Directors Report	✓	✓	✓	✓	✓	✓	✓	✓
Standing Orders/SFIs/SOD review			✓					
Non-Executive appointments		✓				✓		✓
Annual review of NED roles					✓			
Board workplan	✓	✓	✓	✓	✓	✓	✓	✓
Board meeting dates				✓				
Use of Trust Seal			✓	✓		✓		
Council of Governor elections		✓ timetable						
Declaration of Interests – Board of Directors (annually)		✓						✓
Attendance Register – (annually)			✓					
Fit and Proper Person Self-Declaration Register		✓						✓
BOD Terms of Reference		✓						✓
Sub Committees Terms of Reference – TPB TBC	✓ Workforce ✓NRC BOD	✓QC	✓ F&P	✓ Workforce	✓ARC			✓
Constitutional changes (+as required)		✓	✓					
Compliance with Licence Conditions			✓					
Huddersfield Pharmaceuticals Specials Annual Report				✓				
Health and Safety Annual Report	✓						✓	
Fire Safety Annual Report (Bev Walker/Keith Rawnsley)				✓				

	Public	Public	Public	Public	Public	Public	Public	Public
Date of meeting	**14 Jan 2021**	**4 March 2021**	**6 May 2021**	**1 July 2021**	**2 Sep 2021**	**4 Nov 2021**	**13 Jan 2022**	**3 March 2022**
Emergency Planning Annual Report (Bev Walker/Ian Kilroy/Karen Bates)					✓			
Charitable Funds Report 2019-20 and Accounts (incl Audit Highlights Memorandum)	✓							
Committee review and annual reports				✓				
Audit & Risk Committee Annual Report 2020/2021				✓				
Finance & Performance Committee Annual Report 2020/2021				✓				
Quality Committee Annual Report 2020/21				✓				
WYAAT/WY&H Partnership Reports –	✓	✓	✓	✓	✓	✓	✓	✓
WYAAT Annual Report and Summary Annual Report	✓							

Colour Key to agenda items listed in left hand column:	
Items for approval	To formally receive a report or strategy for discussion and particularly approve recommendations or a particular course of action
Items to receive	to discuss in depth, noting the implications for the Board or Trust without formal approval
Items to note	For the intelligence of the Board without in-depth discussion
Items for assurance	To assure the Board that effective systems of internal control are in place (see Review Room papers)

ANNUAL/BI-ANNUAL REPORTS

21. Annual / Bi-Annual Reports:

a) Workforce Committee Annual Report 2019/20

b) Charitable Funds Annual Report and Accounts 2019-2020 and Charitable Funds Audit Highlights Memorandum 2020

For Assurance

UPDATE FROM SUB-COMMITEE MEETINGS AND RECEIPT OF MINUTES

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

• Finance and Performance Committee meetings held 2.11.20, 30.11.20

• Quality Committee meetings held 26.10.20

• Workforce Committee meetings held 16.11.20 and 9.12.20

• Charitable Funds Committee meeting held 25.11.20

• Covid-19 Oversight Committee held 23.11.20, 22.12.20

For Assurance

ITEMS FOR ASSURANCE

23. Items for Review Room

- CHS Managing Directors Update December 2020
- WYAAT Annual Report 2019/20
- WYAAT Summary Report 2019/20

For Information

24. Any Other Business

25. Date and Time of Next Meeting

Thursday 4 March 2021 9am via Microsoft Teams