




Public Board of Directors

14 January 2021

The following items are for Board Assurance

1. Annual / Bi-Annual Reports:	1
a) Workforce Committee Annual Report 2019/20	
b) Charitable Funds Annual Report and Accounts 2019-2020 and Charitable Funds Audit Highlights Memorandum 2020	
 Item 21.1a - Workforce Committee Annual Report 2019-2020.docx	2
 Item 21.1b1 - Charitable Funds Annual Report and Accounts 2019-20 inc audit opinion (002).pdf	12
 Item 21.1b2 - Charitable Funds - KPMG Audit Highlights Memo 2020.pdf	43




2. Update from sub-committees and receipt of minutes & papers	54
• 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

 Item 22.1a - Approved Minutes of Finance and Performance Meeting held 021120.docx	55
 Item 22.1b - Draft Minutes of Finance and Performance Meeting held 301120.docx	62
 Item 22.2 Final Minutes Quality Committee meeting held 26.10.20.docx	70
 Item 22.3a - Draft Minutes Workforce Committee Meeting held 16.11.20.pdf	81
 Item 22.3b - Draft Minutes of Workforce Committee held 9.12.20.pdf	85
 Item 22.4 - Draft Minutes Charitable Funds meeting held 25.11.20.docx	91
 Item 22.5a - Minutes of Covid Oversight Committee held 23.11.20.docx	94
 Item 22.5b - Draft Minutes of Covid-19 Oversight Committee held 22.12.20.docx	97

3. Items for Review Room 101

- CHS Managing Directors Update December 2020
- WYAAT Annual Report 2019/20

 Item 23.1 - CHS MD Update December 2020.pdf	102
 Item 23.2 - WYAAT Annual Report FINAL.pdf	112
 Item 23.3 - WYAAT Summary Report FINAL.pdf	137

1. 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

COVER SHEET

Date of Meeting:	14 January 2021
Meeting:	Board of Directors
Title:	Workforce Committee Annual Report 2019-2020
Author:	Jason Eddleston, Deputy Director of Workforce and Organisational Development
Sponsoring Director:	Suzanne Dunkley, Director of Workforce and Organisational Development
Previous Forums:	Workforce Committee 9 December 2020
Actions Requested:	
For Assurance	
Purpose of the Report	
<p>This annual report describes the activities of the Workforce Committee between April 2019 and March 2020 and captures how the Committee met the duties within its Terms of Reference. The report includes:-</p> <ul style="list-style-type: none"> • Overview of the role of the Workforce Committee • Details of membership and attendance between April 2019 and March 2020 • Information of the work of the Committee in the following areas:- <ul style="list-style-type: none"> - Quality and impact of workforce strategies and the effectiveness of workforce management in the Trust - Review and monitor of key workforce metrics • Effectiveness of the Committee – this section summarises the response of the self – assessment by members which reviewed the committee’s focus and objectives, committee team working, committee effectiveness, committee engagement and committee leadership. Five out of eleven members completed the assessment, and the summarised findings can be found at Appendix 1. 	
Key Points to Note	
<p>This annual report is presented for assurance purposes following approval from the Workforce Committee on 9 December 2020.</p>	

EQIA – Equality Impact Assessment

All EQIA are a valuable method of internally scrutinising the Trust and everything that the Trust delivers. It is not anticipated that the summary positions described within this report will have a detrimental impact on any of the protected characteristics

However, the EQIA is an ongoing process and should be repeated on a regular basis to make sure that the Trust is offering a service that meets legislation, encourages equal access for all and reduces as many negative impacts identified as possible in terms of its overall delivery of high-quality care.

Recommendation

The Board is asked to note the assurances in the Annual Report that the Workforce Committee met its duties for 2019/20

WORKFORCE COMMITTEE ANNUAL REPORT 2019 / 2020

This Workforce Committee annual report for 2019 / 2020 details:-

- The role of the Committee, membership and attendance between April 2019 and March 2020 and the terms of reference
- The activities of the Committee between April 2019 and March 2020
- Self- assessment of the effectiveness of the Committee

1. INTRODUCTION

1.1 Purpose of the Workforce Committee

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.

The Committee oversees that there is continuous and measurable improvement in workforce activities through review of key workforce metrics in order to support the delivery of workforce performance targets.

The Committee receives assurance in relation to internal workforce activity from a number of annual reports prior to national publication. These reports include Freedom to Speak up, Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap. The Committee is responsible for reviewing and monitoring performance and improvement against the associated action plans.

1.2 Terms of Reference

The Committee has approved terms of reference in place.

The terms of reference were last reviewed by the Committee in July 2018.

There was significant change to the structure of the Committee. Formal meetings focus on key workforce issues with a deep dive meeting taking place quarterly. Bi-monthly strategic sessions (Hot Houses) support the development of workforce strategies and frame approaches and responses to other workforce themes.

Divisional representatives are required to attend upon invitation to provide updates on particular workforce issues at formal meetings and contribute to the discussions at the strategic sessions.

1.3 Workforce Committee Membership and Attendance in 2019/2020

Between April 2019 and March 2020 the Committee met 8 times.

The membership and attendance at the Committee meetings between April 2019 and March 2020 is set out below:-

Name	Role	Number of meetings attended
CORE MEMBERS		
Karen Heaton	Non-Executive Director (Chair)	7/8
Ellen Armistead ¹	Chief Nurse	3/5
Helen Barker	Chief Operating Officer	3/8
David Birkenhead	Medical Director	4/8
Gary Boothby	Director of Finance	1/8
Suzanne Dunkley	Director of Workforce & OD	8/8
Jason Eddleston	Deputy Director of Workforce & Organisational Development	7/8
Jude Goddard ²	Council of Governors	1/1
Andrea McCourt ³	Company Secretary	2/3
Andy Nelson	Non-Executive Director (Vice-Chair)	6/7
Alison Schofield	Council of Governors	6/7
Denise Sterling ⁴	Non-Executive Director	1/1

¹ Member from July 2020

² Member from February 2020

³ Member from August 2019

⁴ Member from February 2020

2. WORKFORCE COMMITTEE ACTIVITIES 2019 / 2020

The principal activities of the Committee during April 2019 and March 2020 are detailed below.

2.1 Workforce Strategies

The Committee reviewed the following areas during the year to gain assurance regarding effectiveness and improvement of workforce management:

- **Overarching Workforce Strategy (The Cupboard)**

The Cupboard launched on 17 April 2019. The Committee received its first update on 17 May 2019 and requested regular updates thereafter. Content was described along with future proposals for inclusion.

- **Recruitment Strategy**

The Committee received the proposed strategy on 5 November 2019. The proposal described a 3-year plan with links to The Cupboard and the Trust's 5-year and 1-year plans. The Committee approved the strategy. Regular updates will be provided to the Committee.

- **Apprenticeship Strategy**

The strategy was framed from a collaboration of ideas and input at the June 2018 Apprenticeship Hot House. An initial update was received by the Committee on 6 August 2019. Apprenticeship numbers in the Trust have increased to 3% of the workforce, surpassing the target of 2.3%. The Trust holds Employer Provider status and is subject to Ofsted regulations and monitoring. A very positive outcome was received from an unannounced Ofsted inspection in June 2019. Progress will be monitored by the Committee at future meetings.

- **Equality, Diversity & Inclusion (ED&I) Strategy**

On 6 August 2020 a summary of initiatives and engagement activity to support the development of the strategy was presented to the Committee. A 5-year plan to embed ED&I in the Trust was received by the Committee on 5 November 2019. The plan is included in The Cupboard content. The Committee is provided with a bi-annual update.

- **Freedom to Speak Up**

An update of activity and improvements was provided to the Committee on 18 February 2020. The data showed an increase in reported concerns from 9 in 2018 to 66 in 2019. The Trust approach is endorsed by the National Guardian's Office.

- **Leadership Development**

The Committee received the proposal on 5 November 2019 for a comprehensive package of learning modules to be available to all staff in a management role. The content of the package was developed in discussions at the Management Essentials Hot House on 12 August 2020. The proposal builds on current offerings including Work Together to Get Results (WTGR) and Compassionate Leadership in Practice (CLIP). The Committee was supportive of the proposal.

- **Clinical Education Committee**

A proposal to establish a Clinical Education Committee was presented to the Committee on 5 November 2019. The Committee requested to see Terms of Reference (ToR) which ensured that the focus extended beyond the clinical workforce. The first meeting of the Education Committee took place on 21 January 2020. The ToR were discussed and revised to incorporate the comments made at the Workforce Committee. The ToR were approved by the Workforce Committee on 18 February 2020. The Education Committee will meet bi-monthly and notes of the meeting will be submitted to the Workforce Committee for assurance.

- **Workforce Race Equality Standard (WRES)**

On 7 October 2019 the Committee received the annual report and associated action plan for approval. Key areas of focus were noted to improve equity for BAME colleagues.

- **Workforce Disability Equality Standard (WDES)**

From 1 April 2019 it became mandatory that Trust's annually publish a WDES report and action plan. The WDES is a set of ten indicators that enable NHS organisations to compare the experiences of disabled and non-disabled staff. On 7 October 2019 the Committee approved the report and action plan for submission.

2.2 Review and Monitor Key Workforce Metrics

At each of its meetings the Committee reviews the Quality and Performance (Workforce) report. The report comprises of key workforce metrics:-

- Sickness absence
- Retention and Turnover
- Essential Safety Training
- Appraisal
- Recruitment
- Bank/Agency Spend

During the period 1 April 2019 to 31 March 2020 the Committee undertook a number of deep dives into the following key workforce metrics:-

- Reasons for Improved Retention Levels (6 August 2019)
- Employee Relations (5 November 2019)
- Vacancies (18 February 2020)

On 5 November 2019 the Committee was provided with an update on its workforce data in relation to how it benchmarks against other Trusts (source Model Hospital):-

- Staff retention is above the median for 2018/2019.
- Appraisal rate for 2018/2019 was 96.74%. The Trust ranked 11th out of 222 Trusts.
- Essential Safety Training compliance rate for 2018/2019 was 94.5%. CHFT ranked 22nd out of 224 Trusts. The Trust had the highest compliance rate across West Yorkshire Association of Acute Trusts (WYAAT).

Additionally, the Quality and Performance (Workforce) report provides data on employee relations cases which covers disciplinary, grievance and harassment. On 5 November 2019 the Committee undertook a deep dive into employee relations data. An assessment of the Trust's current practice in dealing with employees going through a formal process was also presented to the Committee on 5 November 2019. Recommendations to enhance existing people practices in line with 'one culture of care' were outlined and supported by the Committee.

- **High Level Workforce Risks**

The Committee regularly reviews the high-level risk register to ensure that all risks relating to workforce were identified and being managed to mitigate the risks.

- **CQC**

The Committee has oversight of the improvement work to address workforce recommendations and ensure essential standards are embedded across the organisational via the CQC Response Group.

- **National Staff Survey**

2018 National Staff Survey

The results were discussed at the 8 April 2019 Hot House. Particular areas of action requiring focus included service teams (Central Operations, Head and Neck, Emergency Care, Pathology, HPS, Critical Care, Radiology, Orthopaedics and Operating Services), Health Care Assistants (HCAs), effectiveness of appraisals and colleagues with a disability. Divisional and directorate specific action plans were developed and presented to the Committee on 17 May 2019. An activity update was provided to the Committee on 6 August 2019.

2019 National Staff Survey

Prior to the launch of the 2019 staff survey, a further staff survey Hot House took place on 7 October 2019. Its purpose was to showcase the positive progress and improvements 'you said – we did' against 2018 staff responses. Results to date were shared at the 5 November 2019 Workforce Committee together with a description of activities to continue to encourage and support colleagues to complete the survey. Headline results were presented to the Committee on 18 February 2020. Key themes were IT/equipment, staffing, management, morale, health & wellbeing, progression, training, patient feedback used to improve services and car parking. Action plans to be developed and presented to the Board in May 2020.

- **Divisional Performance Review Meetings Escalation**

The Committee receives regular updates on workforce issues. The Committee makes every effort via its members and the wider Workforce and OD team to address workforce issues.

- **Strategic Sessions (Hot Houses)**

During the period April 2019 to March 2020 the following sessions took place:-

- 8 April 2019 - Staff Survey
- 7 June 2019 - Reward & Recognition
- 12 August 2019 – Management Essentials
- 7 October 2019 - Staff Survey

10 October 2019 - Health & Wellbeing

The outputs from these sessions supported and framed the response and approach to workforce management activities.

3 EFFECTIVENESS OF WORKFORCE COMMITTEE

On an annual basis, the Committee undertakes a self-assessment exercise to gauge its effectiveness by taking the views of Committee members and attendees across a number of themes. The outcome of this is then reviewed by the Committee and an action plan developed and monitored by the Committee. The self-assessment exercise took place, belatedly, in November 2020. The results are set out in Appendix 1. The action plan will be developed at a future meeting.

4. CONCLUSION

As described above, the Committee has received assurance through the course of 2019/2020 from a number of sources. The Committee therefore confirms that it has fulfilled its role to the Board during 1 April 2019 to 31 March 2020 in fulfilling its key functions of providing assurance that there is continuous and measurable improvement in the development of workforce strategies and the effectiveness of workforce management in the Trust that align to one culture of care, in addition to ensuring workforce risks are managed appropriately.

5. NEXT STEPS 2020 / 2021

In drawing this report together, it is necessary to give context as the Covid-19 pandemic was declared in March 2020. Significant changes were made to the Trust's workforce arrangements to reflect the needs of the organisation during this phase, much of which has been around the specific challenges to the workforce whilst still being able to deliver safe, high quality patient care. The Committee will continue to undertake its key function of ensuring the workforce arrangements during the pandemic are effective in ensuring the safety and health and wellbeing of staff.

Karen Heaton
Non-Executive Director / Workforce Committee Chair
November 2020

Appendix 1

Self – assessment of effectiveness of Quality Committee

Seven responses were received, and the findings are below:

➤ **Committee focus**

- The Committee has set itself a series of objectives it wants to achieve this year
 - Strongly agreed = **20%**
 - Agreed = **80%**
- The Committee has made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items on its cycle of business.
 - Strongly agreed = **20%**
 - Agreed = **80%**
- Committee members contribute regularly across the range of issues discussed.
 - Strongly agreed = **20%**
 - Agreed = **80%**
- The committee is fully aware of the key sources of assurance and who provides them in support of the controls mitigating the key risks to the organisation.
 - Strongly agreed = **40%**
 - Disagreed = **60%**
- The purpose of the Committee is to provide assurance to the Board on the quality of workforce and organisational development strategies and the effectiveness of workforce management in the Trust.
 - Strongly agreed = **80%**
 - Disagreed = **20%**

➤ **Team Working**

- The Committee has the right balance of experience, knowledge and skills.
 - Strongly agreed = **20%**
 - Agreed = **60%**
 - Disagreed = **20%**
- The Committee has structured its agenda to cover, Recruitment, Retention, Workforce Planning, Agency Spend, Attendance Management, Colleague Engagement and Organisation and Development and Leadership.
 - Strongly agreed = **60%**
 - Agreed = **40%**
- The Committee ensures that the relevant executive director/manager attends meetings to enable it to secure the required level of understanding of the reports and information it receives.
 - Agreed = **40%**
 - Disagree = **60%**
- Management fully briefs the committee via the assurance framework in relation to the key risks and assurances received and any gaps in control/assurance in a timely fashion thereby eradicating the potential for 'surprises'.
 - Strongly agreed = **40%**
 - Agreed = **60%**

- Other committees provide timely and clear information in support of the committee thereby eradicating the potential for 'surprises'.
 - Agreed = **60%**
 - Disagree = **40%**
- I feel sufficiently comfortable within the committee environment to be able to express my views, doubts and opinions.
 - Strongly agreed = **80%**
 - Agreed = **20%**
- Members hold their assurance providers to account for late or missing assurances.
 - Strongly Agreed = **40%**
 - Agreed = **40%**
 - Unable to answer = **20%**
- When a decision has been made or action agreed, I feel confident that it will be implemented as agreed and in line with the timescale set down.
 - Strongly agreed = **40%**
 - Agreed = **60%**

➤ **Effectiveness**

- The quality of committee papers received allows me to perform my role effectively.
 - Strongly agreed = **40%**
 - Agreed = **60%**
- Members provide real and genuine challenge – they do not just seek clarification and/or reassurance.
 - Strongly agreed = **40%**
 - Agreed = **60%**
- Debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints etc.
 - Strongly agreed = **40%**
 - Agreed = **60%**
- Each agenda item is 'closed off' appropriately so that I am clear what the conclusion is; who is doing what, when and how etc. and how it is being monitored.
 - Strongly agreed = **20%**
 - Agreed = **80%**
- At the end of each meeting we discuss the outcomes and reflect back on decisions made and what worked well, not so well etc
 - Strongly agreed = **40%**
 - Agreed = **60%**
- The committee provides a written summary report of its meetings to the governing body.
 - Strongly agreed = **40%**
 - Disagreed = **40%**
 - Unable to answer = **20%**
- The governing body challenges and understands the reporting from this committee.
 - Strongly agreed = **20%**
 - Agreed = **60%**
 - Unable to answer = **20%**

- There is a formal appraisal of the committee's effectiveness each year which is evidence based and takes into account my views and external views.
 - Strongly agreed = **40%**
 - Agreed = **40%**
 - Unable to answer = **20%**

➤ **Committee engagement**

- The Committee actively challenges both management and other assurance providers during the year to gain a clear understanding of their findings.
 - Strongly agreed = **20%**
 - Agreed = **80%**
- The Committee is clear about the complementary relationship it has with other governing body committees that play a role.
 - Strongly agreed = **40%**
 - Agreed = **60%**
- The committee receives clear and timely reports from other governing body committees which set out the assurances they have received and their impact (either positive or not) on the organisation's assurance framework.
 - Agreed = **40%**
 - Disagreed = **40%**
 - Unable to answer = **20%**
- I can provide two examples of where we, as a committee, have focused on improvements to the system of internal control as a result of assurance gaps identified.
 - Strongly agreed = **20%**
 - Agreed = **80%**

➤ **Committee leadership**

- The committee Chair as a positive impact on the performance of the committee.
 - Strongly agreed = **80%**
 - Agreed = **20%**
- Committee meetings are chaired effectively and with clarity of purpose and outcome.
 - Strongly agreed = **80%**
 - Agreed = **20%**
- The committee Chair is visible within the organisation and is considered approachable.
 - Strongly agreed = **40%**
 - Agreed = **40%**
 - Unable to answer = **20%**
- The committee Chair allows debate to flow freely and does not assert her own views too strongly.
 - Strongly agreed = **100%**
- The committee Chair provides clear and concise information to the Board on the activities of the committee and the implications of all identified gaps in assurance/control.
 - Strongly agreed = **40%**
 - Agreed = **60%**

**Calderdale and
Huddersfield
NHS Charity**



**Calderdale and Huddersfield NHS Foundation Trust
Charitable Funds**

Annual Report and Accounts

For the year ended 31 March 2020

Charity Number: 1103694

Contents

Chairman's statement	1
Trustee's Annual Report	2
Administrative information	4
Structure, governance and management	5
Financial review	8
Corporate trustee's responsibilities	12
Auditors' report	13
Accounts	15

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

Charitable report and accounts for the year ended 31 March 2020

CHAIRMAN'S STATEMENT

The Calderdale and Huddersfield NHS Foundation Trust Charitable Funds receive significant sums of money in the form of donations and legacies. The Charitable Funds continue to play an important role to support the delivery of healthcare in the NHS Foundation Trust. They are applied to complement NHS funding in a variety of ways, for example to purchase equipment that would otherwise not be available for the benefit of patients, to support extra staff training, or to enable us to purchase additional items for the various wards and departments that help to make patients' stays in our hospitals more comfortable.

The current challenge of COVID-19 has made support of Charitable Funds even more important and the Charity has had a significant role in supporting the 6,000 colleagues at this Trust during these challenging times.

The Corporate Trustee of the funds has a duty to ensure that funds, which are kindly donated to the Trust, are used in an appropriate manner. The following report outlines the main activities of the funds during the year ended 31 March 2020.

We would like to thank everybody, including patients, relatives and staff, who have made contributions, however large or small, into the Trust's Charitable Funds.



Signature

Mr Philip Lewer, Chairman

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

Charitable report and accounts for the year ended 31 March 2020

TRUSTEE'S ANNUAL REPORT

The Charity's annual accounts for the year ended 31 March 2020 comply with the Charity Commission's Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), effective 1 January 2015 and the Charities Act 2011.

Calderdale and Huddersfield NHS Foundation Trust Charitable Funds is registered with the Charity Commission for England and Wales. The Charity Registration Number is 1103694. The governing document, dated 18 March 2004, is a Trust Deed setting out how the Charity should be operated and incorporates the regulations to which it must abide.

On 26 November 2019, the Charity Commission confirmed that the Charity now has a working name - 'Calderdale and Huddersfield NHS Charity'.

The general objectives of Charitable Funds relating to the National Health Service are to use both the income and capital of the fund for any charitable purpose or purposes. The fund supports the services provided by Calderdale and Huddersfield NHS Foundation Trust and Locala Community Partnership, a provider of community based healthcare services.

Charity Trustees:

The Calderdale and Huddersfield NHS Foundation Trust is the Corporate Trustee of the Charitable Funds governed by the Trustee Act 2000 and the Charities Act 2011.

The Executive Directors and Non-Executive Directors of the Trust Board share the responsibility for ensuring that the NHS body fulfils its duties as Corporate Trustee in managing the charitable funds.

Board Members in the financial year ending 31 March 2020 were as follows:

P Lewer	Chairman
O Williams	Chief Executive
D Birkenhead	Medical Director
G Boothby	Director of Finance
E Armistead	Director of Nursing / Deputy Chief Executive (from Jul 2019)
J Murphy	Chief Nurse (left Jul 2019)
S Dunkley	Director of Workforce & Organisational Development
H Barker	Chief Operating Officer
A Graham	Non-Executive Director
K Heaton	Non-Executive Director
R Hopkin	Non-Executive Director
A Nelson	Non-Executive Director
P Oldfield	Non-Executive Director (left Dec 2019)
L Patterson	Non-Executive Director (left Dec 2019)
D Sterling	Non-Executive Director (from Oct 2019)
P Wilkinson	Non-Executive Director (from Oct 2019)

As Trustees, all of the above are required to ensure that:

- the income of the Charity is applied with complete fairness between the persons who are properly qualified to benefit from it,
- they act reasonably and prudently regarding any decisions made in respect of the Charity,
- they exercise the same degree of care in dealing with the administration of the funds as that of a prudent business person would exercise in managing his or her own affairs or those of someone else for whom he or she was responsible,
- they are able to demonstrate that its charitable aims are for the public benefit.

Charity Trustees (continued):

Non-Executive Members of the Trust Board are appointed by the Council of Governors whilst Executive members are subject to recruitment by the NHS Trust Board. Members are not individual trustees under Charity Law but act as agents on behalf of the Corporate Trustee.

The Board Members of the Calderdale and Huddersfield NHS Foundation Trust as Corporate Trustee have devolved responsibility for the on-going management of funds to the Charitable Funds Committee which administers the funds on behalf of the Corporate Trustee.

The Members of the Charitable Funds Committee in the financial year ending 31 March 2020 were:

P Lewer	Chairman
D Birkenhead	Medical Director
G Boothby	Director of Finance
E Armistead	Director of Nursing / Deputy Chief Executive (from Jul 2019)
J Murphy	Chief Nurse (left Jul 2019)
P Oldfield	Non-Executive Director (left Dec 2019)
L Patterson	Non-Executive Director (left Dec 2019)
P Wilkinson	Non-Executive Director (from Dec 2019)
R Hopkin	Non-Executive Director (from Dec 2019)
S Taylor	Council of Governors' Representative
J Gledhill	Council of Governors' Representative

ADMINISTRATIVE INFORMATION

Principal address

Calderdale and Huddersfield NHS Foundation Trust, Trust Headquarters, Huddersfield Royal Infirmary, Acre Street, Lindley, Huddersfield, HD3 3EA.

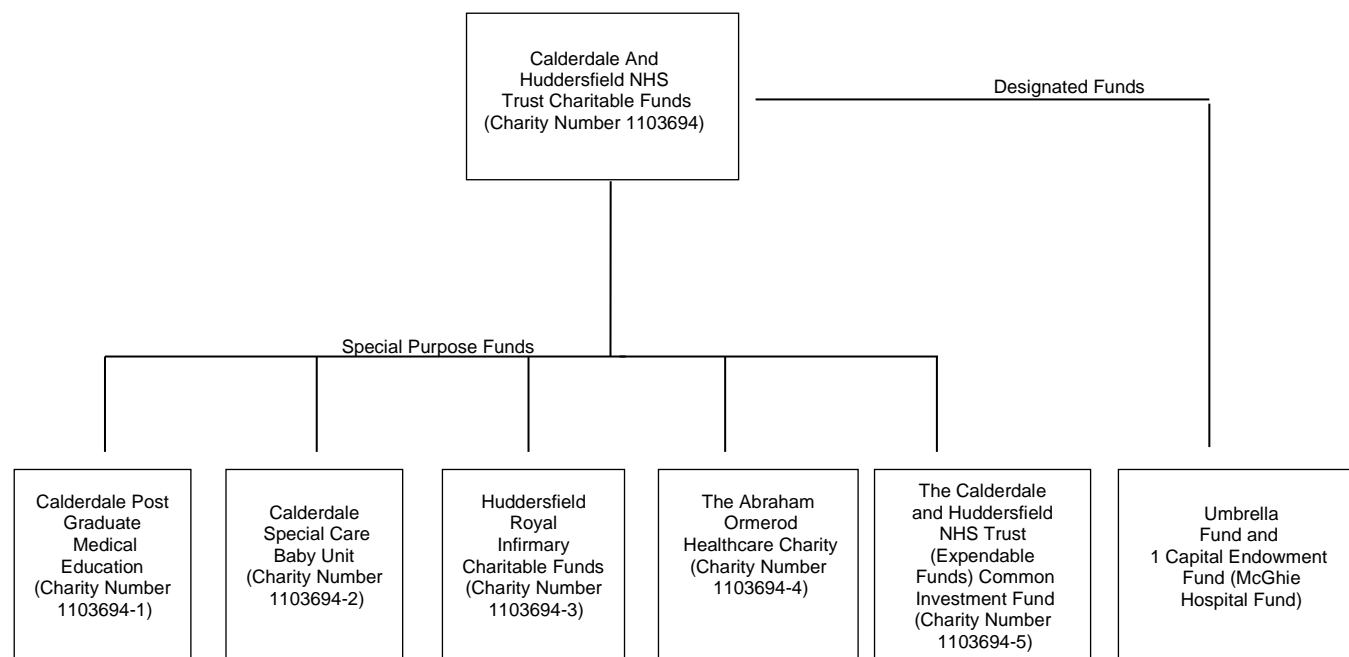
Advisors

Bankers	National Westminster Bank plc 8 Market Place Huddersfield HD1 2AL
Investment Managers	CCLA Investment Management Ltd Senator House 85 Queen Victoria Street London EC4V 4ET
Auditors	KPMG LLP (UK) 1 Sovereign Square Sovereign Street Leeds LS1 4DA
Legal Advisors	Hempsons Solicitors The Exchange Station Parade Harrogate HG1 1TS

STRUCTURE, GOVERNANCE AND MANAGEMENT

The Calderdale and Huddersfield NHS Foundation Trust Charitable Fund comprises of the Umbrella Fund and five Special Purpose Funds.

Calderdale and Huddersfield NHS Foundation Trust Charitable Funds Structure Chart



The designated funds receive income mainly through legacies and donations. On accepting such income no legal obligation is created as to its expenditure but it is the intention of the Corporate Trustee that any income received into Charitable Funds will be spent in line, as far as possible, with the wishes of the donor. It is to this end therefore that separate accounts are kept within the Umbrella fund for each of the designated funds.

The only income which the McGhie Hospital fund attracts is dividends on the capital investment. These funds are a permanent endowment; the income from the capital is to be split equally between the general purpose funds for Calderdale and Huddersfield.

Of the 5 special purpose funds registered with the Charity Commission, Calderdale Post Graduate Medical Education (PGME), Calderdale Special Care Baby Unit (SCBU) and Huddersfield Royal Infirmary also receive income from legacies and donations but have restrictions on where the funds can be spent.

The Calderdale and Huddersfield NHS Trust (Expendable Funds) Common Investment fund is a scheme that is registered with the Charity Commission that allows the Charity to combine the investment and money belonging to a number of funds into one pooled fund.

Each fund has at least one fund manager and funds are grouped by division.

The responsibility for approving expenditure of less than £500 from Charitable Funds has been delegated to the fund manager. For amounts that are greater than £500 further additional approval is required depending on the amount and type of expenditure. This could be a General Manager, Assistant Director of Nursing/Finance or higher level.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Role of charitable funds committee

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

- Ensure that Charitable Fund expenditure is approved in line with the Trust's Scheme of Delegation and Standing Financial Instructions,
- Update and maintain Charitable Fund policies and procedures in accordance with Charity Commission guidance,
- Receive and review regular reports on Charitable Fund income and expenditure and on the investment of the Charity's funds,
- Ensure that the Trust's Charitable Funds are established and operated in accordance with relevant law,
- Approve the establishment of new designated funds on behalf of the Corporate Trustee,
- Ensure that audited accounts are completed, submitted to the Charity Commission and made available to the public,
- Ensure that policies and procedures are in place, which are in line with the Trust's Standing Financial Instructions and best practice elsewhere, to manage the investment of the Charity's funds,
- Support the development and growth of the Charity,
- Review and develop the Charitable Funds' Strategy.

Risk management

The Corporate Trustee is responsible for:

- Keeping complete and up to date accounting records which disclose with reasonable accuracy at any time the financial position of the funds held on trust, to enable it to ensure that the accounts comply with requirements in the Charities Act 2011,
- Establishing and monitoring a system of internal control,
- Establishing arrangements for the prevention and detection of fraud and corruption.

Internal risks are minimised by the implementation of procedures and systems, which are designed to provide assurance against misstatement or loss and are reviewed periodically. They include:

- Delegation of authority and segregation of duties,
- Authorisation of all transactions and projects,
- Identification and management of risks,
- Regular reports by Audit Yorkshire (which provides an Internal Audit function).

Principal Risks:

- Fall in income from donations,
- Fall in investment market value.

The Charity has a Risk Register which is regularly reviewed.

Investment policy

All investments are made in accordance with guidance issued by the Charity Commission.

The Charity's investment manager is CCLA Investment Management Ltd – see note 12.

The investment objective is to provide a balance between long term capital growth, security, availability and maximisation of annual income.

STRUCTURE, GOVERNANCE AND MANAGEMENT (continued)

Fundraising

During the year 2019/20, the Charity recruited a Fundraising Manager whose key objectives are to establish and maintain the Charity's Fundraising Strategy, its objectives and operational procedures, in compliance with the Charity Commission, Fundraising Regulator and Charity Law, to develop the Charity brand identity, to significantly raise the Charity profile both internally within the Trust and externally within the wider community and to manage the Charity's proactive activities in order to identify new opportunities both to raise funds and to enhance and improve services within the Trust.

Objectives and Activities for the Public Benefit

The object of the Charity is to apply income received from donations and legacies to any charitable purpose or purposes relating to the National Health Service to benefit the public served by the Trust. The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and, in designating funds, the Corporate Trustee respects the wishes of donors to benefit patient care and advance the good health and welfare of patients, carers and staff.

The objectives for 2019/20 included:

- Continued expenditure on equipment and facilities to improve patient care and associated areas,
- Continued expenditure on staff training and development,
- Review the Charitable Funds' policies and procedures to ensure that the Charity is operating efficiently and effectively and is fulfilling its legal duties.

The Corporate Trustee confirms that it has referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the Trust's aims and objectives and in planning future activities.

The longer term aim of the Charity is to continue applying income received from donations and legacies to benefit the public served by the Trust, whilst maintaining minimal levels of reserves.

The Corporate Trustee of the Charity would like to express its sincere appreciation to all those members of the public and organisations who made a donation to the Charity during the year.

FINANCIAL REVIEW

The total expenditure of the Charity exceeded the income received this year by £199,000. In addition, there was a positive movement of £18,000 arising from the revaluation of investment assets. As such, there was an overall decrease in the fund of £181,000 to £2,373,000.

Achievements and Performance for the Public Benefit

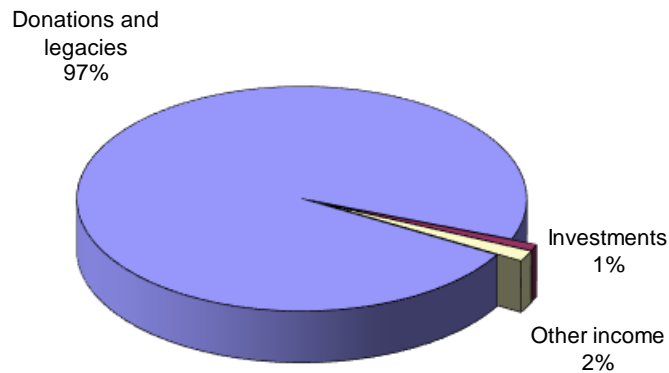
Income

The income of the Charity is derived from donations, legacies, investment income and other income. In 2019/20 the total incoming resources amounted to £436,000. This is a decrease of £122,000 on the previous year's balance; this was due to a decrease in legacies (£306,000) and other income (£8,000) and an increase in donations (£192,000).

This can be shown as follows: -

	2019/20		2018/19	
	£'000	%	£'000	%
Donations and legacies	421	97	535	96
Investments	4	1	4	1
Other income	11	2	19	3
	436	100	558	100

Summary of Charitable Fund Income 2019/20



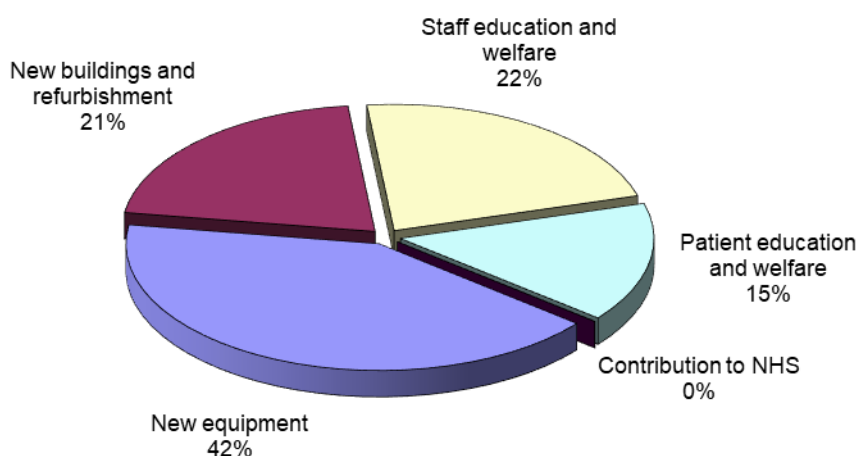
Expenditure

In 2019/20 the Charity spent £512,000 on charitable activities; this includes an allocation of the support costs that the Charity incurred in the administration of the fund of £33,000. These costs are apportioned over each category of expenditure.

A breakdown of the direct charitable expenditure is shown on the next page.

	2019/20		2018/19	
	£'000	%	£'000	%
New equipment	215	42	141	27
New buildings and refurbishment	108	21	81	16
Staff education and welfare	110	22	107	21
Patient education and welfare	79	15	190	36
Contribution to NHS	0	0	1	0
Total	512	100	520	100

Summary of Charitable Fund Expenditure 2019/20



Major items of expenditure

Significant items of expenditure in 2019/20 included:-

- £44,045 funding for a nursing post for the End of Life Project
- £34,418 for (6) laptop based spirometers
- £24,754 for a slit lamp plus parts for Ophthalmology department
- £21,647 on adaptations to create a therapy kitchen, family and clinical rooms for the Stroke Service
- £20,780 for (16) Capnography devices used in the management of cardiac arrests
- £14,772 on wigs for cancer patients
- £13,936 for (30) additional wheelchairs for use on all sites
- £10,422 for (3) icare tonometers for eye pressure checks
- £8,052 funding for a leg/pressure ulcer trial nurse
- £7,966 for (10) sleep apnoea monitors

Using charitable funds in these and similar ways made a significant contribution to helping the Trust raise the quality of care provided to patients and helped it to keep pace with advancements in clinical technology.

The Charity also made available grant support of £71,200, rounded to £71,000. This comprised £37,500 for the Healthy Minds project, £15,000 for Age Concern Todmorden, £10,000 for the Todmorden War Memorial Fund and smaller grants of £5,700 and £3,000 for Walsden St Peter's School (therapeutic room) and the costs of a Disability Support Team worker respectively.

The Charity also incurred costs of £52,000 on raising funds – see note 5.

Support cost and overheads

Support costs and overheads for the year totalled £36,000. This included costs for Financial Services support, External Audit and other establishment costs which include online giving fees and printing and stationery costs – see Note 8.

Investments

At 31 March 2020 the market value of investments managed by the Charitable Funds investment manager, CCLA Investment Management Ltd., was £2,238,000 compared to £2,416,000 at 31 March 2019.

During the financial year 2019/20, Calderdale and Huddersfield NHS Foundation Trust Charitable Funds made a £18,000 recognised gain on investment assets; this is compared to a recognised gain experienced in 2018/19 of £255,000. It should be noted that the Charity liquidated investments to the value of £196,000 in 2019/20.

Reserve policy

It is the responsibility of the Corporate Trustee to ensure that the funds are managed according to the regulations laid down by the Charity Commission.

Charitable Funds should only maintain balances which are reasonable in relation to the normal level of income and expenditure.

The Corporate Trustee encourages the use of balances so that the patients, visitors, staff and friends of Calderdale and Huddersfield NHS Foundation Trust can see the benefit of these donations.

This policy applies to restricted and unrestricted funds.

COVID-19

COVID-19 has presented significant challenge to the Trust and the Charity has had a significant role in supporting the 6,000 colleagues at the Trust during these challenging times. A ThankyouCHFT campaign was established to allow the public to make donations to their local Hospital. In the period covered by these accounts, there was £41,500 of income in relation to COVID-19, of which £35,000 was as a result of drawdown of funds from the national fundraising campaign managed by NHS Charities Together. Since 31 March 2020 there was a further £139,000 of income, including a further drawdown of £42,000 from the NHS Charities together.

All funding support in relation to COVID-19 has been provided after 31 March 2020, the period up to which these accounts cover. The main areas of support to the Trust from a financial perspective has been funding 24/7 catering for staff and funding for therapies to support staff during these challenging times.

Non-financial support to the Trust has been provided by our Fundraising Manager together with a full time volunteer, who have been instrumental in co-ordinating and organising the distribution of donations made, including companies providing meals on site, doughnuts being delivered, Boost boxes for departments filled with items to brighten their day, setting up Amazon wish lists and seeking donations to set up additional rest rooms for staff.

Whilst presenting a significant challenge to the Trust and to the Charity, COVID-19 has also proven to have given a significant opportunity to engage with local communities, through monetary donations, gifts in kind and offers of support received. Through local media, publications and digital engagement, the Charity is now in a particularly strong engagement position for the future and, at the end of the period to 31 March 2020, has a significantly larger donor portfolio and profile across Calderdale and Huddersfield than at the start of the period.

Plans for future periods

Following the recruitment of a Fundraising Manager in May 2019, there had been fundraising events and campaigns planned for 20/21 including The Yorkshire Three Peaks challenge and the Great North Run which, due to COVID-19, are unlikely to go ahead in the near future due to the cancellation of mass participation events and limitations on traditional types of fundraising activity.

The Charity will continue to make submissions to drawdown funds from the NHS Charities Together fund to continue to support the Trust, alongside continued engagement and promotion to existing donors and across our wider communities, through digital and social platforms, local media and word of mouth.

The challenge for the Charity now is to maintain the support given during the pandemic and to continue the momentum of engaging CHFT staff and local communities, whilst taking in to account

- Other local and national charities marketing and virtual/new fundraising activity
- Economic impact and uncertainty for the future linked to Brexit and COVID -19.

The Charity must position and strengthen the localism, off the back of the national 'cause' in supporting NHS Charities.

Donations to NHS Charities nationally have seen a sharp fall at the end of Q1 20/21 compared to the level at the height of the pandemic, and the Charity must now strengthen its position locally, invest in community engagement and focus on retaining donors. The Charity's strategic priorities must include longer-term tactics and plans to enable the Charity to continue its ambition to grow its supporter base, donations and mobilise larger scale funding raising initiatives.

It is unclear at this stage how long the COVID -19 impact will go on in terms of donations, having witnessed a significant fall in donations since the height of the pandemic, both nationally and locally. NHS Charities are now acutely aware of the risks associated with continued income generation and of being perceived as less needy and cash rich. To support this, the Charity is realigning its strategic priorities, making sure the cause remains relevant and deploying Trust wide activities to engage and involve CHFT workforce in the charity's operations and growth. The Corporate Trustee is hopeful that the level of donations will at least continue in line with previous years.

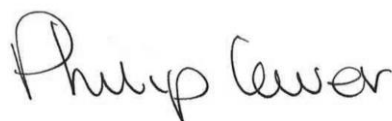
It is the Charity's intention to continue to use its funds in broadly the same manner as in the past. Mindful of the many changes in the NHS, the future direction of the Charity will be shaped by these.

20/21 will be a significant year in terms of moving the Charity forward and ensuring it continues to operate as a going concern.

The Charity aims to maintain the balance between long term capital growth of investments, security, availability and maximisation of annual income from its investments. It will continue to monitor the impact of COVID-19 on its investments and take action necessary to minimise any losses. The Charity had anticipated a downturn in the value due to the impact of the pandemic on the Stock market. However, at the time of writing this report, the Q1 and Q2 20/21 information we have received indicates an increase in valuation of the Charity's investments; this will continue to be monitored.

On behalf of the staff and patients who have benefited from improved services due to donations and legacies, the Corporate Trustee would like to thank all patients, relatives and staff who have made charitable donations. This gratitude is also extended to those external fundraising organisations and its volunteers who support the Charity in its objectives.

Signed



Mr Philip Lewer, Chairman

Dated25 November 2020

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

STATEMENT OF THE CORPORATE TRUSTEE'S RESPONSIBILITIES

Under charity law, the Corporate Trustee is responsible for preparing a Trustees' Annual Report and financial statements for each financial year which show a true and fair view of the state of affairs of the Charity and of the excess of expenditure over income for that period. The Corporate Trustee has elected to prepare the financial statements in accordance with UK Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*.

In preparing these financial statements, generally accepted accounting practice entails that the Corporate Trustee:

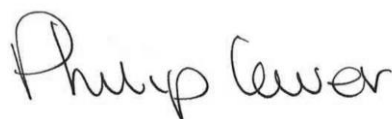
- selects suitable accounting policies and then applies them consistently,
- makes judgements and estimates that are reasonable and prudent,
- states whether the recommendations of the Statement of Recommended Practice have been followed, subject to any material departures disclosed and explained in the financial statements,
- states whether the financial statements comply with the trust deed and rules, subject to any material departures disclosed and explained in the financial statements,
- assesses the Charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern, and
- uses the going concern basis of accounting unless it either intends to liquidate the Charity or to cease operations, or have no realistic alternative but to do so.

The Corporate Trustee is required to act in accordance with the trust deed and the rules of the Charity, within the framework of trust law. It is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the Charity at that time, and to enable the Corporate Trustee to ensure that, where any statements of accounts are prepared by it under section 132(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. It is responsible for such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and has general responsibility for taking such steps as are reasonably open to it to safeguard the assets of the Charity and to prevent and detect fraud and other irregularities.

The Corporate Trustee is responsible for the maintenance and integrity of the financial and other information included on the Charity's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

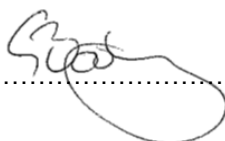
By Order of the Corporate Trustee

Signed



Mr Philip Lewer, Chairman

Signed



Mr Gary Boothby, Director of FinanceDated 25 November 2020

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

Independent auditor's report to the Trustees of Calderdale and Huddersfield NHS Foundation Trust Charitable Funds

Opinion

We have audited the financial statements of Calderdale and Huddersfield NHS Foundation Trust Charitable Funds ("the charity") for the year ended 31 March 2020 which comprise the Statement of Financial Activities, Balance Sheet and related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2020 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with UK accounting standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*; and
- have been properly prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 149 of the Charities Act 2011 (or its predecessors) and report in accordance with regulations made under section 154 of that Act.

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the charity in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The trustees have prepared the financial statements on the going concern basis as they do not intend to liquidate the charity or to cease its operations, and as they have concluded that the charity's financial position means that this is realistic. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least a year from the date of approval of the financial statements. In our evaluation of the trustees' conclusions, we considered the inherent risks to the charity's business model and analysed how those risks might affect the charity's financial resources or ability to continue operations over the going concern period. We have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the charity will continue in operation.

Other information

The trustees are responsible for the other information, which comprises the Trustees' Annual Report. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. We are required to report to you if:

- based solely on that work, we have identified material misstatements in the other information; or
- in our opinion, the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements.

We have nothing to report in these respects.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

Independent auditor's report to the Trustee of Calderdale and Huddersfield NHS Foundation Trust Charitable Funds (continued)

Matters on which we are required to report by exception

Under the Charities Act 2011 we are required to report to you if, in our opinion:

- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in these respects.

Trustees' responsibilities

As explained more fully in their statement set out on page 12, the trustees are responsible for: the preparation of financial statements which give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities .

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the charity's trustees as a body, in accordance with section 149 of the Charities Act 2011 (or its predecessors) and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Clare Partridge

for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants

1 Sovereign Square

Sovereign St

Leeds

LS1 4DA

25 November 2020

KPMG LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS ACCOUNTS – 2019/20

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2020

	Notes	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	2019/20 Total funds £'000	2018/19 Total funds £'000
Income and endowments from:						
Donations and legacies	3	409	12	0	421	535
Investments	4	4	0	0	4	4
Other	4	11	0	0	11	19
Total incoming resources		424	12	0	436	558
Expenditure on:						
Raising funds	5	3	49	0	52	0
Charitable activities	6					
Purchase of new equipment		191	24	0	215	141
New building and refurbishment		107	1	0	108	81
Staff education and welfare		105	5	0	110	107
Patient education and welfare		56	23	0	79	190
Contribution to NHS		0	0	0	0	1
Total charitable activities		459	53	0	512	520
Other resources expended		0	71	0	71	63
Total expenditure	7	462	173	0	635	583
Net gains or (losses) on investments	12	14	7	(3)	18	255
Net income/(expenditure)		(24)	(154)	(3)	(181)	230
Transfers between funds	9	0	0	0	0	0
Net movement in funds		(24)	(154)	(3)	(181)	230
Reconciliation of Funds						
Total Funds brought forward		1,467	986	101	2,554	2,324
Total funds carried forward		1,443	832	98	2,373	2,554

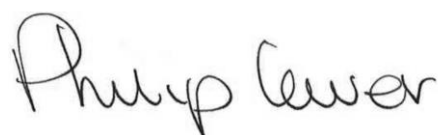
The notes on pages 17 to 29 form part of these financial statements. All income and expenditure are derived from continuing operations.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS**ACCOUNTS – 2019/20****BALANCE SHEET AS AT 31 MARCH 2020**

	Notes	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	Total at 31 March 2020 £'000	Total at 31 March 2019 £'000
Fixed assets						
Investments	12	1,313	827	98	2,238	2,416
Total fixed assets		1,313	827	98	2,238	2,416
Current assets						
Debtors	13	49	0	0	49	4
Cash and cash equivalents	14	180	7	0	187	209
Total current assets		229	7	0	236	213
Liabilities						
Creditors: amounts falling due within one year	15	99	2	0	101	75
Net current assets / (liabilities)		130	5	0	135	138
Total assets less current liabilities		1,443	832	98	2,373	2,554
Total net assets		1,443	832	98	2,373	2,554
Funds of the charity	17					
Endowment funds		0	0	98	98	101
Restricted income funds		0	832	0	832	986
Unrestricted income funds		1,443	0	0	1,443	1,467
Total funds		1,443	832	98	2,373	2,554

The notes on pages 17 to 29 form part of these accounts. The financial statements on pages 15 and 16 and the accompanying notes were approved by the Board of Directors on 25 November 2020 and were signed on its behalf by Gary Boothby, Director of Finance.

Signed



..... Mr Philip Lewer, Chairman

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

1 Accounting policies

a) Basis of preparation

The financial statements have been prepared under the historic cost convention with the exception of investments which are included at fair value.

The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Corporate Trustee considers that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

The Charity has not prepared a statement of cash flows as it has applied the small charity exemption allowable under FRS102.

b) Governance costs

Governance costs are classified as support costs and have therefore been apportioned across charitable activities, after a portion has been allocated to Raising Funds. These costs include costs related to the statutory audit and an apportionment of overhead and other support costs.

The analysis of support costs, including governance costs, is shown in note 8.

Cash and cash equivalents

Balances held in a deposit account which are very liquid funds are classified as cash equivalents and are now shown as part of 'Cash and cash equivalents' on the balance sheet. There is no impact on the total funds of the Charity. An analysis of Cash and cash equivalents is provided in note 14.

c) Structure of funds

Unrestricted income funds comprise those funds which the Corporate Trustee is free to use for any purpose in furtherance of its charitable objectives. Unrestricted funds include designated funds where the donor has made known their non-binding wishes or where the Corporate Trustee, at its discretion, has created a fund for a specific purpose.

Restricted funds are those which are to be used in accordance with specific restrictions imposed by the donor. The Charity has five restricted funds. The restrictions on CRH SCBU, CRH PGME and HRI Special Purpose funds (see note 17) primarily limit any expenditure from these funds to be undertaken for the benefit of the stated purpose contained in the fund title. The fourth and fifth restricted funds are the Abraham Ormerod Centre fund and the Abraham Ormerod Reserve fund. They both have the same restriction which is that the approved expenditure must, where possible, be for services provided for the benefit of people in the Todmorden area.

Endowment Funds are where capital is held to generate income for charitable purposes with no discretion to spend capital. The Charity has one permanent endowment fund, McGhie Hospital.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

Accounting Policies (continued)

d) Incoming resources

All incoming resources are recognised once the Charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Donations are recognised when the Charity has been notified in writing of both the amount and settlement date.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Charity; this is normally upon notification of the interest paid or payable by the bank. Dividends are recognised once the dividend has been declared and notification has been received of the dividend due. This is normally upon notification by our investment advisor of the dividend yield of the investment portfolio.

e) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable; this will be once confirmation has been received from representatives of the estate(s) that probate has been granted, the executors have established that there are sufficient assets in the estate to pay the legacy and all conditions attached to the legacy have been fulfilled or are within the Charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated, then the legacy is shown as a contingent asset until all of the conditions for income recognition are met (see Note 18 - Material legacies).

f) Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate costs related to each category of expense shown in the Statement of Financial Activities. All expenditure is recognised once there is a legal constructive obligation committing the Charity to the expenditure.

g) Irrecoverable VAT

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

h) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include some staff costs, costs of administration and audit costs. They are allocated to charitable activities, across the funds in proportion to total expenditure, as shown in Note 8, after a portion has been allocated to Raising Funds.

i) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the Charity, other than those costs incurred in undertaking charitable activities. These are fundraising costs and they include expenses for fundraising activities and a fee paid to Calderdale & Huddersfield NHS Foundation Trust to pay the salary and overhead costs of the fundraising team – see note 8.

j) Charitable activities

Costs of Charitable Activities comprise all costs incurred in the pursuit of charitable objects of the Charity. These costs comprise direct costs and overhead and support costs.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

Accounting Policies (continued)

k) Fixed asset investments

Investments are initially recognised at their transaction value and are subsequently measured at the current market value quoted by the investment analyst, as at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation.

The main form of financial risk faced by the Charity is that of volatility in equity markets and investment markets due to wider economic conditions and the attitude of investors to investment risk.

l) Debtors

Debtors are amounts owed to the Charity. They are measured on the basis of their recoverable amount.

m) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the Charity as they fall due. Cash equivalents are balances held in the deposit (liquidity) account.

n) Creditors

Creditors are amounts owed by the Charity. They are measured at the amount that the Charity expects to have to pay to settle the debt.

o) Recognised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value (or value at date of purchase if later).

2 Prior year comparatives by type of fund

The primary statements provide prior year comparatives in total; this note provides prior period comparatives for the Statement of Financial Activities and the Balance Sheet for each of the three types of fund that the Charity manages.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

2a Unrestricted funds

Statement of financial activity for the year ended 31 March 2020

	2020 £'000	2019 £'000
Income and endowments from:		
Donations and legacies	409	429
Investments	4	4
Other	11	19
Total income and endowments	424	452
Expenditure on:		
Raising funds	3	0
Charitable activities		
Purchase of new equipment	191	126
New building and refurbishment	107	80
Staff education and welfare	105	104
Patient education and welfare	56	161
Contribution to NHS	0	1
Total charitable activities	459	472
Total expenditure	462	472
Net gains or (losses) on investments	14	149
Net income/(expenditure)	(24)	129
Net movement in funds	(24)	129
Reconciliation of Funds		
Total Funds brought forward	1,467	1,338
Total funds carried forward	1,443	1,467

Balance sheet as at 31 March 2020

	2020 £'000	2019 £'000
Fixed assets		
Investments	1,313	1,340
Total fixed assets	1,313	1,340
Current assets		
Debtors	49	4
Cash and cash equivalents	180	193
Total current assets	229	197
Liabilities		
Creditors: amounts falling due within one year	99	70
Net current assets / (liabilities)	130	127
Total assets less current liabilities	1,443	1,467
Total net assets	1,443	1,467
Total unrestricted funds	1,443	1,467

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

2b Restricted funds

Statement of financial activity for the year ended 31 March 2020		
	2020	2019
	£'000	£'000
Income and endowments from:		
Donations and legacies	12	106
Total income and endowments	12	106
Expenditure on:		
Raising funds	49	0
Charitable activities		
Purchase of new equipment	24	15
New building and refurbishment	1	1
Staff education and welfare	5	3
Patient education and welfare	23	29
Total charitable activities	53	48
Other resources expended	71	63
Total expenditure	173	111
Net gains or (losses) on investments	7	99
Net income/(expenditure)	(154)	94
Net movement in funds	(154)	94
Reconciliation of Funds		
Total Funds brought forward	986	892
Total funds carried forward	832	986

Balance sheet as at 31 March 2020		
	2020	2019
	£'000	£'000
Fixed assets		
Investments	827	975
Total fixed assets	827	975
Current assets		
Cash and cash equivalents	7	16
Total current assets	7	16
Liabilities		
Creditors: amounts falling due within one year	2	5
Net current assets / (liabilities)	5	11
Total assets less current liabilities	832	986
Total net assets	832	986
Total restricted funds	832	986

2c Endowment funds

Statement of financial activity for the year ended 31 March 2020		
	2020	2019
	£'000	£'000
Net gains or (losses) on investments	(3)	7
Net income/(expenditure)	(3)	7
Transfers between funds	0	0
Net movement in funds	(3)	7
Reconciliation of Funds		
Total Funds brought forward	101	94
Total funds carried forward	98	101

Balance sheet as at 31 March 2020		
	2020	2019
	£'000	£'000
Fixed assets		
Investments	98	101
Total fixed assets	98	101
Total assets less current liabilities	98	101
Total net assets	98	101
Total endowment funds	98	101

3 Analysis of voluntary income

	Unrestricted funds	Restricted funds	Endowment funds	2019/20 Total funds	2018/19 Total funds
	£'000	£'000	£'000	£'000	£'000
Donations	132	5	0	137	128
Corporate donations	206	6	0	212	29
Legacies	71	1	0	72	378
	409	12	0	421	535

The donations included a grant of £35,000 from NHS Charities Together.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

4 Total income from operating activities

	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	2019/20 Total £'000	2018/19 Total £'000
Fixed asset investments UK	4	0	0	4	4
	4	0	0	4	4

The dividends above relate to the McGhie Hospital fund; these are shared equally between both General Purpose funds.

Other Income

Other income of £11,000 (£19,000 in 2018/19) is wholly attributable to Breast Milk Bank Income which is in an unrestricted fund.

5 Analysis of expenditure on raising funds

In 2019/20 the Charity continued to use only one investment manager. For the current year, the fee for the COIF Charities Investment fund is 0.60% which is charged annually based on the capital balance (2018/19: 0.60%).

	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	2019/20 Total funds £'000	2018/19 Total funds £'000
Fundraising Costs	0	49	0	49	0
Support Costs	3	0	0	3	0
	3	49	0	52	0

The fundraising costs above include staff costs, memberships, marketing and resources and other fundraising event costs.

For the year 2018/19, the value was nil due to there being no fundraising manager in place and therefore no associated costs. This position was appointed to in May 2019 – see Fundraising section on page 7.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

6 Analysis of charitable expenditure

The Charity made grant support available to Calderdale and Huddersfield NHS Foundation Trust and Locala Community Partnership for the purchase of equipment and contributions for staff and patient education, amenities and welfare.

	Grant funded activity £'000	Support costs £'000	Total 2019/20 £'000	Total 2018/19 £'000
Purchase of new equipment	201	14	215	141
New building and refurbishment	101	7	108	81
Staff education,welfare and amenities	103	7	110	107
Patient education,welfare and amenities	74	5	79	190
Contribution to NHS	0	0	0	1
	479	33	512	520

The Charity also made available grant support of £71,000 (2018/19: £63,000) – see details on page 9 (Financial Review).

7 Analysis of grants

The main beneficiary of the Charity is the related party, Calderdale and Huddersfield NHS Foundation Trust, but grants are also made to Locala Community Partnership. The Corporate Trustee operates a scheme of delegation through which all grant funded activity is managed by fund managers responsible for the day to day disbursements from their designated funds in accordance with the directions set out in the Charity standing orders and standing financial instructions.

	2019/20 £'000	2018/19 £'000
Raising funds	52	-
Grants made:		
NHS Foundation Trust	502	519
Locala Community Partnership	10	1
	512	520
Other Resources Expended	71	63
Total resources expended	635	583

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

8 Allocation of governance and support costs

Support and overhead costs are apportioned to charitable activities according to the value of transactions that have occurred within each activity in the year. Governance costs are those support costs which relate to the strategic and day to day management of the Charity.

	Raising Funds	Charitable Activities	2019/20 Total £'000	2018/19 Total £'000
Support and governance costs				
Financial services	2	25	27	26
Salaries and related costs	0	4	4	4
External audit costs	1	3	4	4
Establishment costs	0	1	1	1
	3	33	36	35

	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	2019/20 Total £'000	2018/19 Total £'000
Support and governance costs					
Raising funds	3	0	0	3	0
Charitable Activities	29	4	0	33	35
	32	4	0	36	35

	Unrestricted funds £'000	Restricted funds £'000	Endowment funds £'000	2019/20 Total £'000	2018/19 Total £'000	1920 Basis of apportionment to charitable activities
Support and governance costs for charitable activities						
Financial services	21	4	0	25	26	Proportionate to charitable expenditure
Salaries and related costs	4	0	0	4	4	Proportionate to charitable expenditure
External audit costs	3	0	0	3	4	Proportionate to charitable expenditure
Establishment costs	1	0	0	1	1	Proportionate to charitable expenditure
	29	4	0	33	35	

	Purchase of Equipment £'000	Staff Education and Welfare £'000	Patient Education and Welfare £'000	Building & Refurbishment £'000	Other £'000	2019/20 Total £'000	2018/19 Total £'000
Apportionment of support costs across charitable expenditure							
Financial services	11	5	4	5	0	25	26
Salaries and related costs	1	1	1	1	0	4	4
External audit costs	1	1	0	1	0	3	4
Establishment costs	1	0	0	0	0	1	1
	14	7	5	7	0	33	35

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

9 Transfers between funds

There were no transfers between funds in 2019/20 (2018/19: £nil).

10 Analysis of staff costs

The Charity does not directly employ any members of staff. The administration and fundraising are carried out by staff from the Trust and recharged to the Charity. For 2019/20 the recharged staff cost for administration was £31,112 (2018/19: £30,017). The recharged staff cost for fundraising was £42,276 (2018/19: £nil).

11 Auditor's remuneration

The auditor's remuneration of £3,840 - inclusive of VAT (2018/19: £3,840 – inclusive of VAT) related solely to the statutory audit, with no other additional work undertaken (2018/19: £nil).

12 Fixed asset investments

All investments are made in accordance with the guidance issued by the Charity Commission. The current investments are managed by CCLA.

Funds are either invested in the stock exchange, other securities or held to gain interest in the bank. The Charity's investment objective remains the same, that is, to provide a balance between long term capital growth, security, availability and maximisation of annual income. All investments are carried at their fair value.

Movement in year

	2019/20 £'000	2018/19 £'000
Market value at 1 April	2,416	2,269
Add : additions at cost	0	0
Less : disposals at market value and in year gain/(loss) on disposal	(196)	(108)
Add/Less : gain/loss on revaluation	18	255
Add : gain/(loss) on in year disposals	0	0
Less : movements in broker held bank accounts	0	0
Market value at 31 March	2,238	2,416

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

Fixed asset investments (cont.)

Investments in common investment funds

	Units held at 31 March 2020	31 March 2020 total £'000	Units held at 31 March 2019	31 March 2019 total £'000
CCLA Investments Management Ltd				
COIF Charities Investment Fund				
Accumulation units	12,843	2,140	13,886	2,315
Income units	6,602	98	6,602	101
	19,445	2,238	20,488	2,416

Risk Strategy in terms of investments held with investment managers

In line with the investment objectives of the Charity, it is essential that the correct balance of risk and rewards is conveyed to the Investment Managers running the Charity portfolios.

The view of the Charitable Funds Committee is that risk levels should be based on Low and Medium risk.

Low risk

The Charity is prepared to accept a small degree of short term volatility, in the hope of producing slightly higher returns. The Charity seeks to reduce the risk of returns being exceeded by inflation, while retaining a consistent pattern of returns and accepts the possibility of frequent but minor fluctuations in capital value.

Medium risk

The Charity is prepared to accept risk of some short term volatility in the pursuit of returns over the medium to long term which should maintain capital after the effects of inflation and is aware that more significant fluctuations in capital are possible.

Liquidity risk

This is anticipated to be low as the Fund holds a diversified portfolio but one biased towards real assets including global equities, property and infrastructure, and with only modest exposure to bonds and cash.

Currency risk

There is an element of currency risk as there are some overseas equities within the portfolio but these should be minimal as the portfolio is diversified.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS**ACCOUNTS – 2019/20****NOTES TO THE ACCOUNTS****13 Analysis of debtors**

	31 March 2020 £'000	31 March 2019 £'000
Debtors under 1 year		
Other debtors	49	4
Total	49	4

Other debtors represent any sums owed to the Charity by a related party, Calderdale and Huddersfield NHS Foundation Trust, for income collected by the Trust on behalf of the Charity (£6,000) and donations received but not banked until April 2020 (£43,000).

14 Analysis of cash and cash equivalents

	31 March 2020 £'000	31 March 2019 £'000
Analysis of cash at bank		
National Westminster current account	-	-
Short term investments and deposits		
National Westminster deposit account	187	209
Total	187	209

15 Analysis of liabilities

	31 March 2020 £'000	31 March 2019 £'000
Creditors under 1 year		
Other creditors	101	75
	101	75

Other creditors mainly represent sums owed by the Charity to a related party, Calderdale and Huddersfield NHS Foundation Trust (£74,000), for costs incurred by the NHS Foundation Trust on behalf of the Charity in the furtherance of the Charity's objectives. It also includes the cost of items received but not yet invoiced (£26,000) and BACS payments made/cheques written after year end (£1,000).

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

16 Provisions for liabilities and charges

The Charity does not have any provisions for liabilities and charges and, as such, has not disclosed any such liabilities and charges in the Statement of Financial Activities.

17 Analysis of charitable funds

	Balance at 31 March 2019 b/fwd	Incoming resources	Resources expended	Transfers	Gains and losses	Balance at 31 March 2020 c/fwd
	£'000	£'000	£'000	£'000	£'000	£'000
Endowment						
McGhie hospital	101	-	-	-	(3)	98
	101	-	-	-	(3)	98
Restricted						
CRH SCBU	20	19	(26)	-	-	13
CRH PGME	20	-	(3)	-	-	17
HRI special purpose fund	79	(7)	(51)	-	-	21
Abraham Ormerod day hospital	586	-	(93)	-	-	493
Abraham Ormerod reserve	281	-	-	-	7	288
	986	12	(173)	-	7	832
Unrestricted						
Unrestricted funds	1,467	424	(462)	-	14	1,443
Total	2,554	436	(635)	-	18	2,373

All the unrestricted funds are designated funds and are available for any charitable purpose relating to the NHS but are mainly for the stated purpose contained in the fund title. This is in recognition of the non-binding wishes of donors when making their generous gifts.

In the interests of accountability and transparency a complete breakdown of all designated (earmarked) funds is available upon written request.

18 Material legacies

Legacy income is accounted for as incoming resources in the Statement of Financial Activities either upon receipt or where the legacy is probable. Material legacies are those which have been notified as at 31 March 2020 but not recognised as incoming resources in the Statement of Financial Activities due to the conditions for recognition not being met.

Material legacies as at 31 March 2020	Date notification received	2019/20 Estimated value of legacy £'000	2018/19 Estimated value of legacy £'000
Notification received from			
Wilkinson Woodward Bearders Sols	March 2020	1	0
Eaton Smith sols	January 2019	0	70
		1	70

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST CHARITABLE FUNDS

ACCOUNTS – 2019/20

NOTES TO THE ACCOUNTS

19 Outstanding Approvals

Expenditure that has been approved internally but not yet delivered or services not yet provided has been summarised below.

Outstanding Expenditure Approvals as at 31 March 2020

	2019/20	2018/19
Fund Manager	Estimated value £	Estimated value £
Calderdale & Huddersfield NHS Foundation Trust	617,874	240,142
	617,874	240,142

20 Related party transactions

Calderdale and Huddersfield NHS Foundation Trust is considered to be the main related party to the Charity. Payments to creditors are made through the Trust and reimbursed from the Charitable Funds. Whilst the Trust paid £454,851 on behalf of the Charity, all but £390 of this was repaid by the Charity; this latter figure represents the administration costs provided by the Trust. This cost, in support of the Charity's grant making activities, is included within support costs – see note 8.

During the year, a donation of £120,000 was received from Calderdale and Huddersfield Solutions Limited, a wholly owned subsidiary of Calderdale and Huddersfield NHS Foundation Trust.

21 Trustees' remuneration, benefits and expenses

During the year, no Board Member of the Trust received either remuneration or expenses and none of them, or key management staff, has undertaken any material transactions with the Calderdale and Huddersfield NHS Foundation Trust Charitable Funds. There were also no Trustee indemnity insurance costs during the year.

22 Role of volunteers

Our fund managers are, in effect, volunteers. There are about 200 Trust staff members who manage how the Charity's designated funds should be spent. Each fund manager has been delegated responsibility for approving expenditure of less than £500.



Audit Highlights Memorandum 2019-20

**Calderdale and Huddersfield NHS
Foundation Trust Charitable Funds**

November 2020

Contents

The contacts at KPMG in connection with this report are:

Clare Partridge Partner,
KPMG LLP

Tel: +44 (0) 113 231 3922
clare.partridge@kpmg.co.uk

Salma Younis
Senior Manager, KPMG LLP
Tel: +44(0) 113 231 3016
salma.younis@kpmg.co.uk

Badar Abbas
Assistant Manager, KPMG LLP

Tel: +44 (0) 113 254 2934
badar.abbas@kpmg.co.uk

Page

Summary

3

Audit approach and findings

5

Appendices

6

1. Summary of audit differences
2. Recommendations arising from our audit
3. Follow-up of prior year recommendations
4. Confirmation of auditor independence

This report is made solely to the Corporate Trustee of Calderdale and Huddersfield NHS Foundation Trust Charitable Funds ('the Charity') in accordance with the terms of our engagement. It has been released to the Corporate Trustee on the basis that this report shall not be copied, referred to or disclosed, in whole (save for the Corporate Trustees' own internal purposes) or in part, without our prior written consent. Matters coming to our attention during our audit work have been considered so that we might state to the Board of the Corporate Trustee those matters we are required to state to the Board in this report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity and its Corporate Trustee, for our work referable to this report, for this report, or for the opinions we have formed.

Please note that that this report is confidential between the Corporate Trustee and this firm. Any disclosure of this report beyond what is permitted above will prejudice this firm's commercial interests. A request for our consent to any such wider disclosure may result in our agreement to these disclosure restrictions being lifted in part. If the Corporate Trustee receives a request for disclosure of this report under the Freedom of Information Act 2000, having regard to these actionable disclosure restrictions you must let us know and you must not make a disclosure in response to any such request without our prior written consent.

Summary

The purpose of this memorandum is to set out the significant issues that came to our attention during the course of the audit of Calderdale and Huddersfield NHS Foundation Trust Charitable Funds for the year ended 31 March 2020.

Audit conclusion

We intend to issue an unqualified audit opinion on the accounts following the Board and Audit Committee adopting them and receipt of the management representations letter.

Accounting and auditing matters

No significant accounting issues arose during the course of our audit.

The financial statements adopted appropriate accounting policies and are in accordance with disclosure requirements of relevant charities legislation, UK GAAP (FRS 102) and the Statement of Recommended Practice.

We have undertaken our audit procedures as set out in our Audit Plan.

We are required under ISA 260 to communicate to you any matters specifically required by other auditing standards; and any other audit matters of governance interest.

We have not identified any other matters to specifically report on that have not been documented elsewhere in this Report.

Summary (cont.)

Audit adjustments

Under UK auditing standards (ISA (UK&I) 260) we are required to provide the Audit Committee with a summary of unadjusted audit differences (including disclosure misstatements) identified during the course of our audit, other than those which are 'clearly trivial', which are not reflected in the financial statements.

- There are no adjusted audit differences.

We are also required to report any adjusted audit differences, other than those that are "clearly trivial" to the Audit Committee.

- There were no adjusted audit differences.

Further detail has been provided in Appendix 1.

Recommendations arising from our audit

We have not identified any recommendations to bring to your attention.

Audit approach and findings











We highlight the work conducted and our findings below in respect of the significant audit risks identified in our discussion with you at the audit planning and strategy stage.








Significant risks		Risk	Audit response
Significant risk area required by ISAs	Fraud risk from recognition of income	Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk.	<p>We have reviewed the terms of legacies and supporting evidence for donations and the corresponding treatment to assess the completeness and restriction of revenue where appropriate.</p> <p>We consider the restricted or unrestricted nature of funding as well as the period of recognition in line with recognition criteria as per the Charity SORP.</p>
	Management override of control	<p>Professional standards require us to communicate the fraud risk from management override of controls as significant. This is because management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</p> <p>We have not identified any specific additional risks of management override relating to this audit.</p>	<p>We have carried out specific testing over journals, judgements & estimates, and any significant or unusual transactions.</p> <p>We have not identified any issues from the audit work performed.</p>



Appendices

Required communications

Type	Response
Our draft management representation letter	 We have not requested any specific representations in addition to those areas normally covered by our standard representation letter for the year ended 31 March 2020.
Adjusted audit differences	 There were no adjusted audit differences.
Unadjusted audit differences	 There are no unadjusted audit differences.
Related parties	 There were no significant matters that arose during the audit in connection with the entity's related parties.
Other matters warranting attention by the Audit Committee	 There were no matters to report arising from the audit that, in our professional judgment, are significant to the oversight of the financial reporting process.
Control deficiencies	 We did not report any control deficiencies as a result of our work.
Actual or suspected fraud, noncompliance with laws or regulations or illegal acts	 No actual or suspected fraud involving management, employees with significant roles in internal control, or where fraud results in a material misstatement in the financial statements was identified during the audit.
Going concern assessment	 There are no significant matters affecting the entity's ability to continue as a going concern. Disclosures in relation to the impact of the COVID pandemic are appropriate based on the nature of the charity's activities.

Type	Response
Significant difficulties	 No significant difficulties were encountered during the audit.
Modifications to auditor's report	 None.
Disagreements with management or scope limitations	 The engagement team had no disagreements with management and no scope limitations were imposed by management during the audit.
Other information	 No material inconsistencies were identified related to other information in the Trustee Report.
Breaches of independence	 No matters to report. The engagement team [and others in the firm, as appropriate, the firm and, when applicable, KPMG member firms] have complied with relevant ethical requirements regarding independence.
Accounting practices	 Over the course of our audit, we have evaluated the appropriateness of the Charity's accounting policies, accounting estimates and financial statement disclosures. In general, we believe these are appropriate.
Significant matters discussed or subject to correspondence with management	 No such matters arose.

Summary of audit differences

Under UK Auditing Standards (ISA (UK&I) 260) we are required to provide the Audit Committee with a summary of unadjusted audit differences (including disclosure misstatements) identified during the course of our audit, other than those which are 'clearly trivial', which are not reflected in the financial statements. In line with ISA (UK&I) 450 we request that you correct uncorrected misstatements. However, they will have no effect on the opinion in our auditor's report, individually or in aggregate. As communicated previously with the Audit Committee, details of all adjustments are shown below:

- There are no unadjusted audit differences.

Under UK Auditing Standards (ISA UK&I 260) we are required to provide the Audit Committee with a summary of adjusted audit differences (including disclosures) identified during the course of our audit.

- There are no adjusted audit differences.

Confirmation of Auditor independence

We confirm that, in our professional judgement, KPMG LLP is independent within the meaning of regulatory and professional requirements and that the objectivity of the Partner and audit staff is not impaired.

To the Board of the Corporate Trustee

Assessment of our objectivity and independence as auditor of Calderdale and Huddersfield NHS Foundation Trust Charitable (the Charity)

Professional ethical standards require us to provide to you at the conclusion of the audit a written disclosure of relationships (including the provision of non-audit services) that bear on KPMG LLP's objectivity and independence, the threats to KPMG LLP's independence that these create, any safeguards that have been put in place and why they address such threats, together with any other information necessary to enable KPMG LLP's objectivity and independence to be assessed.

This letter is intended to comply with this requirement and facilitate a subsequent discussion with you on audit independence and addresses:

- General procedures to safeguard independence and objectivity;
- Independence and objectivity considerations relating to the provision of non-audit services; and
- Independence and objectivity considerations relating to other matters.

General procedures to safeguard independence and objectivity

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP Audit Partners and staff annually confirm their compliance with our ethics and independence policies and procedures including in particular that they have no prohibited shareholdings. Our ethics and independence policies and procedures are fully consistent with the requirements of the FRC Ethical Standard. As a result we have underlying safeguards in place to maintain independence through:

- Instilling professional values
- Communications
- Internal accountability
- Risk management
- Independent reviews.

We are satisfied that our general procedures support our independence and objectivity

Confirmation of Auditor independence (contd.)

Independence and objectivity considerations relating to the provision of non-audit services

There were no additional professional services provided by us during the reporting period and therefore no additional fees were paid to us by the Charity.

Any additional services provided by KPMG to you are approved by management under delegated authority from the Corporate Trustees Board to ensure transparency. No such services were provided in the year to 31 March 2020.

Independence and objectivity considerations relating to other matters

There are no other matters that, in our professional judgment, bear on our independence which need to be disclosed to the Corporate Trustees Board.

Confirmation of audit independence

We confirm that as of the date of this letter, in our professional judgment, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of the Audit Partner and audit staff is not impaired.

This report is intended solely for the information of the Audit Committee/Corporate Trustee Board and should not be used for any other purposes.

We would be very happy to discuss the matters identified above (or any other matters relating to our objectivity and independence) should you wish to do so.

Yours faithfully

KPMG LLP



© 2020 KPMG LLP, a UK limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative (“KPMG International”), a Swiss entity. All rights reserved.

The KPMG name and logo are registered trademarks or trademarks of KPMG International.

2. 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

APP A

**Minutes of the Finance & Performance Committee held on
Monday 2 November 2020, 11.00am – 1.00pm
Via Microsoft Teams**

PRESENT

Anna Basford	Director of Transformation & Partnerships
Gary Boothby	Director of Finance
Richard Hopkin	Non-Executive Director (CHAIR)
Peter Wilkinson	Non-Executive Director
Owen Williams	Chief Executive

IN ATTENDANCE

Andrea McCourt	Company Secretary
Betty Sewell	PA to Director of Finance (Minutes)
Christopher Roberts	General Manager, Integrated Medical Specialties (In part)
Kirsty Archer	Deputy Director of Finance
Peter Keogh	Assistant Director of Performance
Stephen Baines	Governor Observer
Stuart Baron	Associate Director of Finance

ITEM**132/20 WELCOME AND INTRODUCTIONS**

The Chair welcomed attendees to the meeting.

133/20 APOLOGIES FOR ABSENCE

Apologies were received and noted for Helen Barker.

134/20 DECLARATIONS OF INTEREST

There were no declarations of interest to note.

135/20 MINUTES OF THE MEETING HELD 28 SEPTEMBER 2020

The Minutes of the Public meeting held 28 September 2020 were approved as an accurate record.

136/20 ACTION LOG AND MATTERS ARISING

The Action Log was reviewed and noted.

009/19: Use of Resources Update (UOR) – The Deputy Director of Finance provided the Committee with the progress to date and the next steps to be considered, highlighting the following key points: -

- Work has progressed through the groups for each of the five key lines of enquiry. The summary slide set is to be finalised for each group and reviewed through a peer to peer session with representation from each area to be scheduled in Quarter 3.
- Information has been sought with regard to plans for recommencing UOR assessments in terms of timescale or any changes to metrics in recognition of COVID.
- A quarterly refresh of evidence will be planned in order to keep the information live, recognising that COVID will significantly impact many metrics.

- Progressing to the stage of external review will be revisited post the peer to peer review in the context of the changing metrics and as greater clarity is received on reset of the CQC/UOR inspection process.

Discussions took place regarding the merits of an external review and the Committee supported an option to approach the ICS who may have some resource. It was agreed that the Director of Finance and Deputy Director of Finance would consider options for an external review.

The Director of Finance also mentioned that our overall UOR score within the Finance Report has deteriorated, this was linked to one score based on the Capital Service Cover. The score has deteriorated based on the revised debt regime and conversion of historic debt into Public Dividend Capital. This makes it impossible for the Trust to improve its overall score, despite improvements in other metrics. It was noted that discussions have taken place with other organisations and NHSI to try to determine how the UOR score should be declared going forward. It was noted that NHSI are not reviewing this metric in 2020/21 and other organisations are no longer reporting their score. The thoughts of the Committee were shared, and it was agreed that the reporting of UOR in relation to the Finance Reports and BAF Risks should be considered off-line.

ACTION: To consider the option for an external review by the ICS of our Use of Resources preparation – **GB/KA**

ACTION: To consider off-line how the Finance Reports and BAF Risks should report the UOR score – **GB/KA**

The Committee **NOTED** the positive progress made by the groups and supported the next steps outlined within the paper.

052/20: Review Divisional Performance – The Chair reminded the Committee that this item had been discussed as part of the Budget Book analysis earlier in the year, and that within that document there had been details of the Income and Contribution by Division. The Director of Finance verbally reported to the Committee that there had not been any movement in budgets between Divisions throughout COVID. The Chair requested that it would be interesting to understand the cost allocations behind the Divisional contributions and that this should be looked at in conjunction when preparing for next year's budget.

ACTION: To schedule on the Work Plan a review at the end of the financial year 2020/21 – **BS scheduled for April 2021 – action closed.**

FINANCE & PERFORMANCE

137/20 INTEGRATED PERFORMANCE REVIEW – SEPTEMBER 2020

The Assistant Director of Performance reported an improved position on the previous 3 months of 72%. It was noted that the improvement has been due to some key indicators coming back in line such as Summary Hospital-level Mortality Indicator (SHMI) which is back below 100 (COVID patients have been excluded nationally), short-term sickness is back to GREEN, return to work interviews improved plus Finance borrowing has improved.

It was also noted that there are issues still on-going around Diagnostics 6 week waits, ASIs and 52 week waits. In addition, 3 of the stroke indicators are now below target.

It was noted that moving forward a narrative will be reported against our key indicators, stroke is a key indicator, and this will be monitored month on month to review progress. It was also noted that out of 6 domains, 5 had seen improvement with Caring being the only domain which remained static and teams are working closely to look at the quality priorities.

Discussions took place regarding the sickness absence and the COVID and non-COVID split. It was noted that COVID absence has increased but still appears lower than what is happening in other Trusts within West Yorkshire.

ACTION: To pick up with the Workforce Team to address the sickness statistics regarding COVID and non-COVID absence - **PK**

Post-Meeting Note: Having queried the sickness table with Workforce they confirmed there had been an error and the report was amended accordingly – the COVID related absence was 1.9% / Non-COVID absence 4.4% / Total absence 6.3%

138/20 STROKE DEEP-DIVE

The Assistant Director of Performance introduced the paper which was to provide Finance & Performance Committee with the results of the Audit of % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival. Stroke is one of the key indicators which has never been achieved.

Chris Roberts the General Manager for Integrated Medical Specialties presented the information with which Jackie Wilkinson, Senior Nurse for Stroke, had been particularly involved. It was noted that the current year to date percentage at the end of September being reported against a target of 90% is 65% with monthly performance ranging from 72% in May down to 51% in September which is a real cause for concern.

It was also noted that in the last 6 months (April to September 2020) there have been 118 breaches of which the following are the key areas: -

- The number of 'No beds' on ASU = 25% of all breaches
- Late diagnostics = 19% of all breaches
- Not breaches = 13% of all breaches
- Late referral = 14% of all breaches

In terms of recommendations and actions, the following were highlighted: -

1. Review use of (ESD) Early Supportive Discharge team to ensure timely discharges to maximise capacity utilisation
2. Further analysis into medical outliers and consider protection of bed base for stroke patients only
3. Establish early stroke input into patients presenting with dizziness, falls, confusion and headache as these are the patients receiving late diagnosis
4. Data validation prior to submission to prevent reporting errors. It was noted that when patients are being treated in the stroke assessment bed in ED at

- CRH, this has not been documented accordingly, this is now being addressed.
5. Development of improved stroke pathway from HRI (23% of all breaches) supported by stroke telemed review, improved CT access and YAS transfer to CRH, this is already being progressed and final barriers to implementation are being discussed.
 6. Stroke assessment bed (SAB) open 24/7 instead of Mon-Fri 08.00-17.00 at CRH and HRI
 7. MAU to triage all potential strokes referred direct from GP and redirect to CRH ED

It was noted that the Committee were very impressed with the quality and detail of the Equality Impact Assessment (EQIA) which had been carried out as part of the report.

It was asked if COVID had had any effect on the diversion from our targets. It was noted that the following are the key areas which have impacted on our performance over the last 6 to 7 months. Firstly, the stroke assessment beds had been stood down and the beds used flexibly for a period during COVID as were the beds on the Stroke ward. Secondly, how we manage rehabilitation for patients also has had an impact on bed capacity and this continues to be discussed internally and with external partners.

It was also noted that the in-month score for 'Access to CT' within an hour had dipped. It was acknowledged that this is a key criteria for outcomes and that during the COVID period, cleaning has added to the challenge. However, in addition, there had not been an agreement in place at HRI for patients to have their CT scan carried out within an hour, this agreement is now in place with Radiology.

It was agreed that to be able to monitor any improvement, timelines need to be placed against the actions. It was also acknowledged that to achieve the national target of 90% would be unrealistic and that to get back to the 70+% should be achievable bearing in mind COVID.

It was noted that two of our stroke consultants are due to retire next year, which is a risk for the organisation, however, we are planning sustainably for this and will be advertising shortly.

ACTION: To provide timelines against the key actions prior to the next meeting to enable the Committee to decide when to re-visit as part of the IPR – **CR/PK, 30/11/20**

On behalf of the Committee the Chair thanked CR for a very useful summary. The Committee **NOTED** the recommendations and actions.

139/20 MONTH 6 FINANCE REPORT

The Director of Finance reported that Month 6 shows a breakeven position based on receipt of top-up payments of circa £14m. The Trust has incurred costs of £16.28m in relation to COVID and in terms of COVID funding all bids to the end of Month 5 have been paid, with a further £2.38m required for Month 6. The Director of Finance

also reported that an Internal Audit report into what has been 'badged' as COVID costs had been carried out with a positive outcome.

It was noted that there is a small risk to the financial position with regard to the achievement of the elective incentive scheme, which was to start in September. This was an incentive for organisations to deliver the same level of activity that was delivered 12 months previously, any organisation that did not achieve the same level of activity would lose an element of income from their top up. The value of risk is £440k.

It was also noted that the cash balance was higher than planned and the Public Sector Payment Policy score continues to improve. Agency is still below trajectory and £2m of CIP has been delivered against a £7.4m plan year to date.

Phase 3 Re-set Plan Update – The Director of Finance updated the Committee regarding a request for an extra 301 wte posts to deliver the re-set plan. It was noted that further discussions had taken place with 265 wte posts being supported, the vast majority required to make sure there are sufficient staff in areas to protect patients and staff. It was noted that the in-year cost would be £6.3m which is included in the forecast to the end of the year.

In terms of the overall financial forecast and submission, the ICS has been given a funding allocation, there was a significant gap, however the gap has been reduced based on the clarity around the rules. It was noted that the ICS submitted a plan with a gap of £63m, this includes a £23m technical accounting issue, £26m relating to 'Other' income across the ICS and £14m worth of known issues relating to the way that funding has been allocated.

As reported in the Financial Report, CHFT have submitted a plan with a £24.9m gap which relates to the technical accounting issues of £23m, £1.6m gap on 'other' income and other items making up the balance.

Discussions took place regarding staffing and the financial challenge acknowledging the ever moving COVID situation.

ACTION: To provide a paper to the Committee clarifying the staffing assumptions and the requirement to cover Phase 3 / COVID 2nd Wave – **GB, 30/11/20**

THIS/PMU Income & Expenditure – The Director of Finance confirmed that THIS are forecasting to over-deliver due to NPex (CHFT host servers for Pathology across the region). HPS will be below their plan primarily due to a reduction in elective activity.

High-Level Risks – The Committee noted and discussed the risks within the Finance Report, it was agreed that the scores should remain unchanged.

The Committee **NOTED** the Month 6 Finance Report.

GOVERNANCE

140/20 DRAFT MINUTES FROM SUB-COMMITTEES

The following Minutes were received by the Committee:

- Draft Minutes from the CHFT/CHS Joint Liaison Committee held 7 October 2020

- Draft Minutes from the Commercial Investment & Strategy Committee held 24 September 2020
- Draft Minutes from the Capital Planning Group held 13 October 2020
- C&GH A&E Delivery Board held 13 October 2020
- Draft Minutes from the Cash Committee held 14 October 2020
 - It was noted that regarding the aged debt balance it was emphasised that the total is suppressed as there is a £0.5m credit to a CCG included. If the credit is excluded the debt would stand at £3.8m not £3.3m

It was agreed that the summaries provided with the Minutes are helpful when reviewing.

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

141/20 **WORK PLAN 2020/21**

The Work Plan was discussed with the following points highlighted:

- Due to review the Commercial Strategy 30 November 2020
- Review BAF Risks – to schedule a date for March 2021
- IPR Outcome Based Indicators to review January 2021

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

142/20 **MATTERS TO CASCADE TO THE BOARD**

The following points will be cascaded to Board: -

- Stroke deep-dive – we are still quite away from the 90% target, however, the key issues have been identified with an action plan in place, timelines will be added to ensure that these can be monitored going forward.
- IPR – much improved position in month, however, there are still certain areas under review e.g. SHIMI and HSMR. Issues with diagnostics and ASIs. Sickness absence – clarification required between the split of COVID and Non-COVID absence.
- UoR Update – plan to carry out a peer to peer review of the various working groups, a further update to the Committee is expected within the October to December quarter. We are still looking at options for an external review to take place in the following quarter. Discussions are taking place around the UoR score and how this should be declared going forward particularly with regard to the Capital Service Cover.
- Month 6 - YTD reported break-even after top-up payments of £14m and COVID costs of £16.3m. Cash balance is slightly above £59m. Forecast submitted at ICS level with a gap of £63m, which has been identified. CHFT had a gap of £24.9m, of which the technical accounting point was £23m, other income £1.6m, other items making up the balance.
- Re-set Plan – discussions took place around the recruitment assumptions element of the revised plan and a detailed paper will come to the next meeting for consideration.
- High-level Risks – were discussed but remain unchanged at the current time.

143/20 REVIEW OF MEETING
There were no points to note.

144/20 ANY OTHER BUSINESS
Project Echo – The Associate Director of Finance updated that the regional NHSI Finance Team had had a briefing with finance colleagues at a national level and it was agreed that the business case should go to their Joint Investment Committee on the 23 November 2020. SB will liaise with them to confirm that this is an agenda item and offer support to provide any documents required for that meeting.

DATE AND TIME OF NEXT MEETING:
Monday 30 November 2020, 11am – 1pm, via Microsoft Teams

APP A

**Minutes of the Finance & Performance Committee held on
Monday 30 November 2020, 11.00am – 1.00pm
Via Microsoft Teams**

PRESENT

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

IN ATTENDANCE

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

ITEM**145/20 WELCOME AND INTRODUCTIONS**

The Chair welcomed attendees to the meeting and acknowledged Rhianna Lomas who was observing the meeting.

146/20 APOLOGIES FOR ABSENCE

Apologies were received and noted for Peter Wilkinson and Stephen Baines

147/20 DECLARATIONS OF INTEREST

Declarations of Interest were noted for Stuart Baron as a Director of CHS for item 152/20 on the Agenda.

148/20 MINUTES OF THE MEETING HELD 2 NOVEMBER 2020

The Minutes of the Public meeting held 2 November 2020 were approved as an accurate record following the addition of Peter Wilkinson, Non-Executive as an attendee.

149/20 ACTION LOG AND MATTERS ARISING

The Action Log was reviewed as follows:

115/20: Business Better Than Usual (BBTU) – The Director of Transformation & Partnerships updated the Committee that out of 12 themes, 11 had completed their templates outlining their ambitions and key objectives. Meetings with theme leads are being carried out this week with the aim of presenting to the Transformation Board on the 14 December 2020. Thereafter outcomes will be shared with Quality Committee and Finance & Performance Committee in either January or February. It was agreed that this item would stay on the Action Log as a reminder.

138/20: Stroke Deep-Dive – The Assistant Director of Performance updated the Committee regarding the timelines which were requested against the actions outlined at the last meeting.

The following update was received for the three key areas of action:-

1. **Data validation prior to submission to prevent reporting errors** – there are now additional notes in patient records to ensure the patient is recognised as being in a stroke bed.
2. **Development of improved stroke pathway** at HRI – the pathway is now agreed with the stroke Consultants who are ready to implement mid-December. There has been additional agreement with radiology that all stroke patients are scanned within 1 hour.
3. **Stroke assessment bed (SAB) open 24/7** – staff have been identified and the implementation date is to be agreed with the ED as currently the bed is being used flexibly to accommodate COVID patients.

It was noted that further work is required to complete all the actions and the this will be shared with the Committee off-line.

The Chief Operating Officer added that the key element is for the organisation to deliver a Community Model as there is a difference in options regarding the risk profile for the patient moving out of the hospital setting and having therapy at home. It was noted that we are trying to work through this internally and with the CCG Commissioning Team and Locala. It was suggested that this element should come back to Committee in the New Year.

ACTION: The complete set of timelines will be shared off-line for discussion at the next meeting – **PK, 13/12/20**

ACTION: The Community Model element of Stroke to be scheduled on the Work Plan for review in the New Year – **HB/PK, date to be confirmed.**

FINANCE & PERFORMANCE

150/20 MONTH 7 FINANCE REPORT

The Director of Finance reported that Month 7 was the first month of reporting following submission of our plan and that we are no longer on a retrospective top-up. It was noted that whilst activity had been delivered Pay costs are £1.00m 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 nursing rotas. In addition, the in-month improvement and some further slippage on recruitment should offset the unidentified place-based gap of £1.4m that was assumed to be delivered in the Trust's plan.

It was also noted that the funding for a vaccination scheme will be discussed at a Webinar later today, however, based on frequently asked questions the funding allocation will be given to the ICS to support the scheme.

RH asked about the background in relation to the significant variances within diagnostic imaging and testing which in month is 66% above plan. The Deputy Director of Finance would look into the query, however, the Director of Finance suggested that this could increase in relatively low-cost pathology tests rather than more resource in expensive Radiology examinations.

With regard to the Use of Resources metric, it was noted that we have decided to take a less conservative approach following conversations with NHSI and this will be the position which will be seen going forward. The figure we report has been adjusted to ignore the impact of the debt conversion to PDC and more accurately reflects performance.

ACTION: To provide an answer to the query regarding variances within diagnostics – **KA, asap**

The Committee **NOTED** the Month 7 Finance Report.

151/20 PHASE 3 ADDITIONAL STAFFING

The Director of Finance reminded the Committee of discussions held at the last meeting. It was noted that a paper has been drafted but is still incomplete, however, at the moment it shows that at Month 7, whilst we increased the establishment in the latest plan by almost 265, very few of those posts have been appointed to. It was also noted that within the paper we are trying to understand the likelihood of appointing staff, if not, how are we mitigating risks. The draft paper shows that the establishment of an extra 130 qualified nurses increased but that this has only increased our vacancies by 130, which is reflected in the Month 7 financial position where we are underspent significantly and we have also seen an increase in requests for bank and agency staff, however, the uptake has not increased. In addition, due to COVID to the end of Month 7 and throughout November we have cancelled various elective and outpatient activity and around 109 wte have been redeployed out of those areas into qualified nurse vacancies.

In summary, from a finance modelling point of view, we need to look further at the impact of non-recruitment to these posts.

The Chief Operating Officer acknowledged that prior to the paper being finalised there needs to be further understanding of our normal planned work and understanding where this is reflective of different models of working.

ACTION: Following further internal discussions a draft paper will be circulated to Finance & Performance Committee members – **GB, prior to the next meeting.**

152/20 FISCAL ARRANGEMENTS BETWEEN CHFT AND CALDERDALE AND HUDDERSFIELD SOLUTIONS (CHS)

The Deputy Director of Finance reported that the Trust's subsidiary company has been operating successfully for two years and has delivered a profit in each reported year. CHS has been able to work with the Trust very responsively through the challenges of COVID in 20/21. Effort is now focussed on further strengthening the formal sign off on contract variations and raising awareness of the cross-charging process with operational colleagues and divisions.

It was noted that the fiscal arrangements to manage CHS as part of the Trust group add a significant layer of transactional complexity. The most significant complexity is driven by the VAT accounting arrangements. The proposed national reforms to the VAT regime could lessen this burden but equally risk the loss of a differentiated saving to those Trusts with subsidiary companies and a potential pressure to CHFT through a reduction in funding.

SB also highlighted that in addition to the benefits recognised, from a capital perspective, HRI investments are planned on a VAT neutral basis and this allows a significant saving on capital spend which could then be invested in medical equipment or in any other key areas.

RH asked if there are any obvious solutions regarding the streamlining of the complexities, it was noted that the process has been reviewed internally by several colleagues with no obvious outcomes. It was acknowledged that experience has made a difference, however, the volume of data and intricacies involved makes it very entangled. We also have additional external VAT support from EY and they have not offered any solution.

The Committee **NOTED** the contents of the paper.

153/20 BENCHMARKING NETWORK REVIEW

The Deputy Director of Finance explained that the reports included in the papers were produced by the NHS Benchmarking Network and provides an analysis of the 2018/19 NHSI National Cost Collection. The opportunities highlighted by the Benchmarking Network report accord with those previously identified by the Trust through its own analysis.

The report highlights an overall savings opportunity of £64.8m for CHFT. It was noted that this scale should be viewed with caution as this represents the total of all of the areas where the Trust has costs above the national average but does not take into account those areas where costs are below average. In some instances, a number of closely linked services need to be viewed in tandem as one area has lower than expected costs whilst another shows potential savings, however, this is simply down to differences in service models or cost attribution between different Trusts. By far the most material of these is Non-Elective Inpatients with a potential saving of £33.0m. It was noted that several significant steps have been taken to address this including the Safer CIP scheme, resulting in improved patient flow, length of stay and reduced bed numbers. This has been complemented by the actions taken to reduce agency expenditure from a peak of £23.3m in 2016/17 to £7.1m in 2019/20.

The Deputy Director of Finance reminded the Committee that the analysis is based on historic 2018/19 reference costs as these were the latest published results, service changes enacted and CIP in 2019/20 will therefore not be reflected. Equally, this represents a business as usual model in a pre Covid-19 environment

The Deputy Director of Finance went on to describe other areas of opportunity, as per the report.

Discussions took place regarding the findings of the report including a discussion around the practicalities of a possible reconciliation and a detailed assessment of the £33m potential Non-Elective Inpatient saving. RH acknowledged all comments, however, he still felt slightly uncomfortable not being able to reconcile this saving.

The Deputy Director of Finance highlighted that the comparisons are not perfect and specific actions have been taken focussing on these areas of savings opportunity. There remains a level of cost pressure featured here which is structurally driven which cannot be reversed in the immediate term.

It was suggested and agreed that further discussions would be taken off-line to establish what would be required to provide assurance to the Chair of the Committee.

In terms of addressing future CIP arrangements, it was noted that the Director of Finance had been asked to look at the work which is being progressed by Leeds Teaching Hospital Trust (LTHT) and to provide a discussion paper which will go to Executive Board.

ACTION: To take off-line what information is required to provide assurance to the NEDs regarding the perceived opportunity referenced in the Benchmarking paper – **RH/OW/GB/AB/KA**

ACTION: To produce a paper for discussion at Executive Board regarding how we address on-going CIP requirements – **GB**

The Committee **NOTED** the contents of the report.

154/20 **TREASURY MANAGEMENT**

The Deputy Director of Finance provided the Committee with an update on treasury management in 2020/21. Reference was made to the treasury management implications of COVID and in-year changes to the financial regime.

It was noted that there have been significant changes to the Trust's cash position in 2020/21 brought about by the financial arrangements supporting COVID coupled with changes to the debt regime. The Trust's business continuity plans through this period of escalation have prioritised treasury management in support of payroll and invoice payments. Even with the considerably healthier cash position, the focus on tightly managing cash and debt management will be retained.

The Committee **NOTED** the contents of the report and that the various initiatives around debt collection will continue to be enforced.

155/20 **INTEGRATED PERFORMANCE REVIEW – OCTOBER 2020**

The Chief Operating Officer highlighted the following core points from the IPR:-

- Complaints – deteriorating picture from last month, this continues to be reviewed and will be managed through the Quality Committee.
- Emergency Care Standards (ECS) – there have been a significant number of 12-hour trolley breaches both in October and November. Whilst this was a conscious decision to keep patients safe between the Executives directly involved from a clinical and operational perspective, it was felt that robust documentation was not in place. Retrospective QIAs will be carried out to ensure the decision is recorded correctly. There is now a zero tolerance in place and there has not been a 12-hour trolley wait in a week. In addition, the escalation process is also being reviewed.
- ECS 4-hour Performance – HRI is not in a good position which is part of discussions with the teams. The segregation of ED due to COVID is not helping the situation but this is not the only reason.
- Cancer – remains a positive position, however there are some concerns as demand remains higher than at Wave 1, capacity has been reduced and we are tracking patients. There is also a potential impact on our position as the national contract with the Independent Sector has been given notice and will finish on the

24 December 2020 when we will be on a new framework. Weekly conversations are taking place with the Independent Sector to look at options and this has also been raised with the ICS.

- Within the last month changes have been made with same-day emergency care. Medicine have moved to a new facility co-located with frailty and the facility for Surgery has been expanded. This will hopefully provide a benefit around flow moving into Qtr. 4
- Diagnostics 6 week – position improving at around 10% per month
- Mortality – potential concerns regarding our death rate in comparison to other organisations
- Backlog – we have 1500 patients with over 52 week waits - modelling to understand this position is taking place. A presentation to understand the backlog against planned care will be presented at the next meeting.

The Chief Executive took the opportunity to give an overview of the work which is being undertaken to explore our rate of death seen during COVID in comparison with Bradford Teaching Hospital (BTH). It was acknowledged that within our geographical footprint we have an older population, whereas BTH have a younger population but they have a greater ethnicity share. In addition, BTH have used different oxygen techniques than the rest of West Yorkshire which could have led to different outcomes, and all this will be explored.

The Assistant Director of Performance added the following highlights:-

- The overall performance for October was still good at 70%
- Narratives have now started to be included within the IPR around the key indicators
- Long-term sickness appears to be a 'hot-spot'

The Chief Executive asked if there was anything required from this Committee which would be helpful to the Operations Team. The Chief Operating Officer responded by stating that in terms of the Patient Backlog, health inequalities should be reviewed and that wider conversation around reprioritisation would be useful. In addition, in terms of the work around Emergency Care an independent internal review would be valuable. The Chair was happy to assist in both the areas called out.

ACTION: To provide a presentation regarding Patient Backlog for the next meeting – **HB/PK, 11/1/21**

The Committee **NOTED** the contents of the October IPR.

GOVERNANCE

156/20 BOARD ASSURANCE FRAMEWORK (BAF)

The Company Secretary asked the Committee to note that both the Finance and Performance related risks have been presented for review. The Deputy Director of Finance reported that the Finance risks have been updated within the pack, however, at the next review certain values will be removed as these go out of date almost immediately.

The Target Scores were discussed, and it was suggested and agreed that BAF Risks 18.19 and 14.19 should be aligned as a target score of 12 for consistency purposes.

The Chair raised his concern with regard to the wording on the BAF risk 07.19, The Company Secretary agreed to refine the wording.

The Chair also queried Risk 05.20 which relates to services unable to maintain current levels due to COVID. It was felt that Finance & Performance Committee was not the primary Committee and asked if this risk was also being discussed at Workforce Committee and Quality Committee. The Company Secretary explained that this was the first Committee at which this risk could be discussed as most of the assurances were about performance. It was agreed that this would be discussed outside off-line.

ACTION: To review and align if feasible BAF Risks 18.19 and 14.19 to a Target Score of 12 – **GB/KA/AMcC**

ACTION: To refine the wording on the BAF Risk 07.19 in relation to Use of Resources – **AMcC/GB**

ACTION: To have a separate debate with regard to Risk 05.20 to agree the appropriate 'owner' Committee – **RH/AMcC/PL/HB**

157/20 DRAFT MINUTES FROM SUB-COMMITTEES

The following Minutes or summaries thereof were received by the Committee:

- Draft Minutes from the Capital Planning Group held 17 November 2020
- C&GH A&E Delivery Board held 10 November 2020
- THIS Executive Board held 25 November 2020

It was noted that whilst summaries are being received, the Committee should also receive the actual Minutes either approved or in draft format, this will be followed up.

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

158/20 WORK PLAN 2020/21

The Work Plan was discussed with the following points highlighted:

- It was agreed that the THIS Commercial Strategy will be deferred a further month now to be reviewed at the meeting to be held **1 February 2021**

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

159/20 MATTERS TO CASCADE TO THE BOARD

The following points will be cascaded to Board: -

- Phase 3 Staffing Review – paper to be finalised
- Stroke deep-dive actions - timelines to be received by mid-December.
- Month 7 reporting – a favourable variance due to staffing costs and we are fairly comfortable with the financial forecast at this point in time.
- Benchmarking Review – largely in line with our thinking in terms of opportunities but we need to develop the mechanisms for on-going CIP development and monitoring.

- IPR – overall a good performance at 70%, however, the following issues were highlighted:
 - Emergency Care
 - 12 Hour Trolley waits
 - Complaints
 - Cancer performance positive overall with one or two concerns
 - Mortality peer-review on-going in relation to recent COVID deaths
 - Review of the patient backlog to be discussed at the next meeting in January '21
 - Sickness absence at 10.5%. Long-term sickness a cause for concern

160/20 REVIEW OF MEETING

There were no points to note.

161/20 ANY OTHER BUSINESS

- Month 7, 2020/21 Financial Position – The Director of Finance referenced the late paper which highlighted the ICS position. It was noted that based at Month 7 the Acute providers are generally underspent and the CCGs are broadly in line with their plans.
- The Chief Executive asked the Committee to acknowledge the efforts and to note our thanks to Helen Barker and her colleagues for their determination in the face of the current circumstances. The Chair also extended the Committee's thanks to the entire workforce for their on-going work in caring for our patients.

DATE AND TIME OF NEXT MEETING:

Monday 11 January 2021, 11am – 1pm, via Microsoft Teams

QUALITY COMMITTEE

Monday, 26 October 2020

STANDING ITEMS

171/20 WELCOME AND INTRODUCTIONS

Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Doriann Bailey (DBy)	Assistant Director for Patient Safety
Dr David Birkenhead (DB)	Medical Director
Andrea Dauris (AD)	Associate Director of Nursing - Corporate
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee
Andrea McCourt (AMcc)	Company Secretary
Christine Mills (CM)	Public-elected Governor
Dr Cornelle Parker (CP)	Deputy Medical Director
Lindsay Rudge (LR)	Deputy Director of Nursing
Elisabeth Street (ES)	Clinical Director of Pharmacy
Maxine Travis (MT)	Senior Risk Manager
Lucy Walker (LW)	Quality Manager, Calderdale & Huddersfield CCG
Rachel White (RW)	Assistant Director for Patient Experience
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Joyce Ayre (JA)	Head of Midwifery (item 175/20)
Christopher Button (CB)	Lead Cancer Nurse (item 183/20)
Salome Kadelera (SK)	Student Nurse (observing)
Philip Lewer (PL)	Chairman (observing)
Dr Julie O'Riordan (JOR)	Divisional Director – FSS Division (item 175/20)

172/20 APOLOGIES

No apologies were received.

173/20 DECLARATIONS OF INTEREST

There were no declarations of interest.

174/20 MINUTES OF THE LAST MEETING, ACTION LOG AND MATTERS ARISING

The minutes of the last meeting held on Monday, 28 September 2020 were approved as a correct record, with the exception that the penultimate paragraph of section 166/20 reads:

'RW specified drawing a line under the submission date and if a paper has not been provided, then it needs to be removed from the agenda, and holding each other to account.'

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

AD HOC REPORTS**175/20 MATERNITY SERVICE SAFE IMPROVEMENT PLAN**

Dr Julie O’Riordan (Divisional Director for FSS) and Joyce Ayre (Head of Midwifery) were in attendance to present appendix B on the maternity service’s safe improvement plan, and the key points were summarised as detailed in the report.

In relation to the action plans, it was noted that the Healthcare Safety Investigation Branch (HSIB) investigation time frames were lengthy at the time, which meant that reports were received some time later after the investigation, hence the one outstanding action plan with two delayed actions. These were due to be signed off next month at the FSS (Families and Specialist Services) division’s orange panel meeting.

Further detail was provided on two pieces of quality improvement work undertaken; the cumulative risk assessment; a review undertaken in response to a number of clinical incidents involving the Maternity Assessment Centre (MAC) over the previous 12-18 months; cardiotocography (CTG) interpretation work, and CHFT being highlighted by the Perinatal Institute for being one of the top 10 maternity units in the country for detecting small for date babies during April and June 2020.

Key messages going forward included leadership training needed for key staff and safety culture work reports being out of date due to COVID-19. Actions taken for these included labour ward co-ordinators being encouraged to undertake leadership training via the CHFT cupboard; and suitable safety culture tools being identified to refresh the safety culture work.

Next steps include auditing the improvement work and changes made to practice; continuing the cardiotocography (CTG) interpretation training; utilising the NHS England / Improvement maternity safety support programme self-assessment tool and base an updated maternity SAFE improvement plan on the findings.

A detailed service improvement plan was available in the report.

EA reported that following the last meeting, the Trust were contacted by HSIB who were very complimentary on the level of engagement within the organisation and were positive on the improvements that have been put in place.

KH asked whether the actions on the improvement plan labelled ‘*will progress to timescale*’ had passed their deadline date, or whether the deadline dates should be updated. JA reported that those actions have now been carried forward and are still being developed, however, the RAG rating will be updated to reflect the ongoing progress.

In relation to support being needed with a suitable safety culture tool, DS asked whether any existing tools were available, or whether one will need to be developed. JA stated that some work had been done previously with NHS Improvement using their tool, however, the results took some time to be returned, therefore further tools which can be used in a timelier manner, are being sought.

JOR reported that the team, led by JA, responded positively to the HSIB investigations and the review of safety within maternity, and had a positive attitude to it. JOR thanked JA for her leadership and on the positive feedback from HSIB, which reflects the team’s fantastic engagement.

DS asked if there were any plans to get the training which has slipped due to COVID-19, back to where they should be. JA stated that funding for the leadership training was one of the issues, however, co-ordinators have been encouraged to undertake the in-house leadership training. The other issue involved the competency assessment for fundal height measurement, which is currently underway. JA also noted that CHFT’s Practical Obstetric

Multi-Professional Training (PROMPT) continued throughout the COVID-19 period, whereas other Trusts did not.

DS thanked JA and JOR for the detailed report.

OUTCOME: The Quality Committee approved and supported the recommendations from the report.

176/20 LEARNING FROM DEATH REPORT

Dr Cornelle Parker presented the learning from death report at appendix C, highlighting the mortality review process during quarters 1 and 2, and also noting that the annual learning from death report, together with an analysis of COVID-19 deaths was submitted to the Board of Directors in July 2020.

During quarter 1 (April to June 2020), there were 449 adult in-patient deaths, and 325 in quarter 2 (July to September 2020). It was noted that quarter 1 was heavily impacted by COVID-19. Of the 774 adult in-patient deaths over both quarters, 163 (21%) were reviewed using the initial screening review (ISR) tool. This falls short of the 50% target for mortality reviews, due to the process being suspended as part of the COVID-19 response, and clinicians being needed to increase capacity for clinical activity.

A total of 72 detailed structured judgement reviews (SJRs) were requested over both quarters, and 66 completed. Unlike the ISRs, SJRs were not suspended during COVID-19. Most of the reviews fell into the 'adequate care', 'good care' or 'very good care' categories. 12 reviews scored 'poor', which then trigger further investigation by divisions.

The learning themes from the investigations were identified in the report, as well as good practice, which is being shared with individuals mentioned in the SJRs care record as demonstrating good care.

The recommendations for 2020/21 are for 50% of all in-patient deaths to be reviewed by June 2021; Consideration of how SJR themes can be used to support improvement projects aligned to the Trust quality priorities; and to work alongside the new Medical Examiner team and align the learning from death processes.

RW asked if there was any further understanding of how many of the 12 'poor care' scored reviews ended up as a complaint. CP reported that of the 12, one was investigated as a complaint, and the next step will be to establish what changes have taken place within the division in response to learning.

OUTCOME: The Quality Committee approved and supported the recommendations from the report.

CARING

177/20 MAKING COMPLAINTS COUNT

Rachel White (Assistant Director of Patient Experience) presented appendix D, the 'Making complaints count bundle', which consisted of four key papers: a service review, an annual report, a bi-monthly report and an internal audit report.

The Committee's attention was drawn to paper one - the service review, and reference made to paper four - the internal audit report. Due to the business continuity and staffing risks highlighted throughout all four papers, it was stated that the scoring of the internal audit is likely to be downgraded to limited assurance.

Following a brief summary, RW welcomed discussion from the Committee.

AD noted the very comprehensive recommendations which reflected the reality of the scoping carried out.

KH also noted the comprehensive report and concern regarding staffing and resource levels. RW reported that since the report was written, an interim head of complaints will be in place until the post is recruited to, with the caveat that funding is available, however, it is critical to success that a strong leader heads the service. KH also queried if CHFT were learning from any other Trusts complaints processes. RW stated that the way complaints are viewed in the organisation needs to be reframed, and at this moment in time, conversations are still to be had with executive teams regarding the resource and reframe implication.

EA stated that one of the recommendations needs to make clearer reference to the 'time to care' strategy. Whilst it may be a nursing and midwifery strategy, it has implications for this and should be referenced. EA also stated that another area which can be strengthened is the cultural shift, and that accountability and responsibility for this needs to sit within the divisions.

MT stated that the 'Head of Incidents' in the project team should be reflected as 'Senior Risk Manager'.

DS noted the very comprehensive report and commented that reference made in the recommendations that the development plan will take 1-3 years, needs to clearly state that this is due to a culture change and shift.

RW also drew the Committee's attention to the fact that equality monitoring data was not previously recorded on Datix, however, amendments have been made in order for reporting against three (age, gender, ethnicity) of the nine protected characteristics to be enabled going forward. Thematic analysis against the characteristics can be made, which will provide an extra level of intelligence.

RW thanked everyone who contributed their time, energy and sharing their views into this report, and agreed to make further clarifications and amendments to the report and to clearly articulate the difference between the cultural aspects and process improvements.

The amended paper will be submitted to the Weekly Executive Board (WEB) in November, and it was agreed that an updated position statement following discussion at WEB will be resubmitted to the Quality Committee, prior to submission to the Board of Directors.

ACTION: Following discussion at WEB, a position statement will be resubmitted

178/20 PATIENT EXPERIENCE AND CARING GROUP

Rachel White (Assistant Director of Patient Experience) presented appendix E, highlighting issues from the Patient Experience and Caring Group meetings in August and September 2020. These included that the Friends and Family Test (FFT) reporting will commence from December 2020; several projects which were commissioned by the Group in response to lower scoring questions from the 2019 survey; an update on the delivery of the dementia strategy; a review of the annual programme for transforming patient and carer participation and experience; developing a readers' panel; divisional reports which focus on the impact that COVID-19 has had on patient experience, and the 'making complaints count' bundle as discussed at item 177/20.

As part of the complaints review process and the annual programme of work, it was found that previous equality impact assessments were not able to be located, therefore an overarching robust equality impact assessment is to be undertaken to inform the patient and carer experience transformation programme going forward. This will include a better understanding of the needs of local communities utilising existing demographic and health inequalities data.

DBy commented that the equality impact assessment is a challenging piece of work, and that individuals may not be aware of the expectations or relevance of it, and suggested that there

may be a requirement for some training or updates for authors of reports to have more knowledge on what is required in relation to an equality impact assessment.

KH also noted that equality impact assessments are vital to help understand why some people react the way they do and how we can then respond appropriately. It was asked if there was anything centrally available on how to undertake an equality impact assessment. EA stated that a process is available, which may need to be reviewed and support being available for individuals to complete. RW agreed that this is required and is due to undertake this piece of work.

DS noted the good examples of 'going the extra mile' within the report which were encouraging and highlighted the elderly patient who did not have access to contactless payment and was supported by a catering colleague with a meal and a drink. It was asked if this could be an issue for other patients. Regarding individuals who may be in need of access to a meal and a drink following a long wait, RW suggested that there would be some opportunity for this to be part of the compassion aspects of the nursing and midwifery strategy.

OUTCOME: The Quality Committee received and noted the report.

SAFE

179/20 HIGH LEVEL RISK REGISTER

Maxine Travis (Senior Risk Manager) presented appendix F highlighting the high-level risk register as at 5 October 2020, which was previously approved at the Risk Group in August and September and submitted to the October Board of Directors.

The report highlights key changes to the high-level risk register. The six top risks scoring 20 and above remain the same as last quarter:

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)

There were no new risks, no risks with an increased score, no closed risks and two reduced risks, as detailed in the report.

MT noted that the Risk Group was re-established in August 2020 following a period where the meetings were stood down due to the pandemic. There has been a review of the terms of reference to focus on the scrutiny and challenge of high-level risks. The remit for compliance will be taken up by the CQC Response Group and the revised terms of references will be submitted to the relevant Committees / Boards for ratification.

The Risk Group will also carry out a monthly deep-dive on either a high-level risk or a long-standing risk on the trustwide risk register, in order for all divisions to discuss and understand what the barriers are to the risk mitigation, what treatment plans are in place and to review the risk scoring.

EA commented that the Risk Group's terms of reference clearly state that risks should not be on risks registers for a long period of time, and that all divisions have been tasked with reviewing all of their risks.

DS noted that several risks on the register were showing a last update from several months ago, and this may need reviewing.

OUTCOME: The Quality Committee received and noted the report.

EFFECTIVE**180/20 QUALITY PRIORITY - IMPROVE STAFF HANDOVERS TO ENSURE THEY ROUTINELY REFER TO THE PSYCHOLOGICAL AND EMOTIONAL NEEDS OF PATIENTS, AS WELL AS THEIR RELATIVES / CARERS**

Lindsay Rudge (Deputy Director of Nursing) presented appendix G, updating on the above quality priority.

The Acute Floors identified an increase in patients who were staying longer and had complex needs, therefore a risk assessment tool was put in place and trialled, which was holistic, patient-centred and worked with stakeholders. A presentation on the work carried out was also available as part of the report. The risk assessment tool is now on the electronic patient record (EPR) for other ward areas to access and will be audited. The results will be reviewed at the mental health operational group.

The Community division have also been carrying out work on early supported discharge for stroke patients and psychological therapies as part of their weekly review. A psychologist attends their weekly multi-disciplinary team meeting, so there is holistic support in the early supported discharge in Community. Some work is also ongoing in complex neurology, in which they are assessing mood and signposting into services. The re-ablement service in Community are also focusing on patient-centred goals and ensuring that they risk assess and are alert to social isolation in the Community.

KH commented on the pilot and asked if this linked into the mental health strategy through the operational group. LR confirmed that it does link to the mental health strategy and is also part of the [‘treat as one’](#) NCEPOD (National Confidential Enquiry into Patient Outcome and Death) recommendation, on ensuring that we are not only looking at the physical presentation of patients, but also looking at patients who may or may not present with mental health as their primary reason for attending hospital.

DS asked if the tool is now available for use, and if there was any additional information to for those who may not have been involved in the initial development. LR stated that a briefing took place at a weekly nursing leadership session on where the tool is located and how to complete it, which generated a lot of interest. The HRI site have started to use the tool, however, a learning package may need to be compiled to support its wider roll-out.

OUTCOME: The Quality Committee received and noted the report.

181/20 MEDICAL EXAMINER UPDATE

Dr Cornelle Parker (Deputy Medical Director) provided a verbal six-month update.

Appointments to the team were delayed due to COVID-19, however, all vacancies are now filled. The Lead Medical Examiner has now been in post for a few months. Five additional medical examiners, covering a range of directorates, including anaesthetics, acute medicine, oncology, palliative care and paediatrics will all be starting within the next month. Two full-time medical examiner officers will be starting on 16 November 2020 and will provide the administrative support for the service. The appointment of the medical examiner officers is crucial as they will help structure the process that is required. The team are looking to commence the first reviews toward the end of November 2020 and will also be doing some educational work with trainee doctors and attending divisional Patient Safety and Quality Board (PSQB) meetings to make colleagues aware of their work.

ACTION: Dr Tim Jackson (Lead Medical Examiner) to be invited to the Quality Committee meeting to provide the next update in six months' time.

RESPONSIVE**182/20 QUALITY PRIORITY – IMPROVE RESOURCES FOR DISTRESSED RELATIVES / BREAKING BAD NEWS RELATING TO END OF LIFE CARE**

Lindsay Rudge (Deputy Director of Nursing) presented appendix H, updating on the above quality priority.

As part of the response to COVID-19, a telephone bereavement service was established to ensure that families and relatives were supported during the pandemic, which has been informative to understanding the needs of families and been an important service which has received powerful feedback. The service has been supported by End of Life Team, specialist nurses and volunteers and will be evaluated to understand how sustainable it will be moving forward.

As a result of some of the feedback from families and relatives, a pre and post bereavement quality standard is being developed to support wards to understand the feedback received from relatives.

Work is also ongoing with the West Yorkshire and Harrogate Cancer Alliance on breaking bad news, and the Community Palliative Care Services in Calderdale on how they support distressed relatives, break bad news and how they follow-up with patients. There has been a sustained growth in demand for the service, and LR gave credit to the team in maintaining the service through the pandemic.

OUTCOME: The Quality Committee received and noted the report.

183/20 CANCER BOARD REPORT

Christopher Button (Lead Cancer Nurse) was in attendance to provide any update from the Cancer Board, as detailed in the report at appendix I.

The report covers the meeting held on 7 October 2020, which was the first meeting held since January 2020, due to COVID-19. Following the first peak of COVID-19, a series of stabilisation and reset groups were commenced for all the cancer groups.

In the last update to the Quality Committee, it was reported that the Board would have patient representation for the first time. Two people were identified to support the Board on an alternate basis, however, one of the identified individuals, Steve Thackary, who was due to join in October 2020, sadly died, which was a huge blow to the Board, as he was a massive influence in helping shape some of the services over the last few years.

The key points of the report were noted including the 104-day cancer breaches; Multi-disciplinary team pledge follow-ups; Performance and benchmarking; patient stratified follow-up (PSFU) and patient-initiated follow-up (PIFU), and patient health and wellbeing offering.

In relation to the patient-initiated follow-up and the patient health and wellbeing, LR asked if there has been an inclusive approach to all communities, and whether all community groups are being represented across the breadth of health inequalities. CB reported that this is a very personalised approach and based on a holistic-needs assessment of all patients. Part of the work of the health and wellbeing links with patient-initiated follow-up, as it is around patient education and information, and further engaging with groups which are not currently reached.

DS stated that it would be useful for CB to liaise with RW in relation to patient experience.

OUTCOME: The Quality Committee received and noted the report.

184/20 BI-MONTHLY QUALITY REPORT

Doriann Bailey (Assistant Director of Patient Safety) presented appendix J with a bi-monthly update on key quality and patient experience outcomes for August to September 2020.

The key points to note were:

- some outstanding actions from the 2018 CQC inspection. The Trust still have five actions to complete, and the expectation from the CQC response group is that these actions will be closed by the end of November 2020.
- The Focused Support Framework pilot has been undertaken and ward 21 was completed last week. Outcomes from the report will be discussed, and plans are underway to develop a more multi-professional process.
- The Trust continues to be an outlier with Central Alert System (CAS) alerts, showing nationally as “much worse”. Further improvement work is needed to address this position, in order to report an improved position going forward.
- Work is ongoing to provide further assurance in relation to risk mitigations for recommendations nine and 10 on the Trust’s position for Facing the Future Standards for Children in Emergency Care settings.
- The Trust will undergo a CQC Patient FIRST for ED review, and the meeting will take place on 30 October 2020. A lot of work is ongoing with ED in preparation, and the report and outcomes will be brought back to this meeting.
- Pressure Ulcers – there is a reduction to two areas of limited assurance, noting an improving position with reasonable assurance across six areas. In quarter one, we were presented with a greater figure and whilst it is recognised that numbers went up in September, we are in a better position in quarter 3.
- Venous Thromboembolism (VTE) – there has been a great 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.

EA also reported on the agreed focused quality priorities and work being undertaken with health informatics colleagues around developing a quality dashboard. Work is also ongoing with operational performance colleagues to ensure there is appropriate duplication, and the removal of any inappropriate duplication.

In relation to the Facing the Future Standards, EA reported that these are 70 standards developed by the Royal College of Paediatrics and Child Health (RCPCH). CHFT, along with many other organisations are currently not compliant with some of the standards and are in breach of a regulation as a result. There is recognition by CQC of this and CHFT have done a phenomenal amount of work, particularly in the last four weeks in order to get ourselves back in compliance. There is another risk issue around paediatrics which is around our two-site model. EA suggested that the paediatric team and a matron from the emergency department are invited to this meeting to talk about their plans on how to manage the risk of a split-site paediatric service in light of staffing shortages.

ACTION: Gill Harries and Louise Croxall to be invited to a future Quality Committee to discuss their plans to manage the risk of a split-site paediatric service.

EA thanked DBy for providing the report despite being recently in post.

OUTCOME: The Quality Committee received and noted the report.

185/20 QUALITY ACCOUNT

Andrea Dauris (Associate Director of Nursing - Corporate) was in attendance to present appendix K, the final version of the 2019 Quality Account.

A draft report was previously presented at the Quality Committee on 3 August 2020, with comments requested from stakeholders and updates on all four quarters of the guardians of safe working for 2019/2020 incorporated into this final version.

DS stated that the Quality Committee have been delegated responsibility by the Board of Directors to approve the Quality Account.

OUTCOME: The Quality Committee approved the quality Account.

186/20 INTEGRATED PERFORMANCE REPORT

The integrated performance report is due to be published on 29 October 2020, therefore unavailable for this meeting.

WELL-LED**187/20 BOARD ASSURANCE FRAMEWORK**

Andrea McCourt (Company Secretary) presented appendix M, the second update of the Board Assurance Framework (BAF) which will be submitted to the Board of Directors on 5 November 2020.

The BAF risks are more strategic in nature than those on the high-level risk register, and the long-standing risks have been reviewed. Risk 9/19 - HRI estate and equipment (impact quality) has been revised and will be owned by the Finance and Performance Committee, not the Quality Committee as previously reported. There have been no movement in scores since the last update, and there was a risk around compliance with NHS England / Improvement which included elements of the CQC well-led governance framework, however, following discussion with EA, this has been removed and added into BAF risk 4/20 - CQC rating.

DS noted that the Quality Committee now have responsibility for four BAF risks, and deep dives will be carried out on all four risks from November 2020 through to February 2021.

OUTCOME: The Quality Committee noted the report.

188/20 INTERNAL AUDIT REPORT – CLINICAL AUDIT

Andrea Dauris (Associate Director of Nursing - Corporate) was in attendance to present appendix N, the findings of the internal audit report for the clinical audit service, which resulted in an overall opinion of significant assurance.

The report describes areas of significant assurances and some areas where processes were not robustly followed. An action plan was available in the report which reflects the areas of further development against a number of moderate recommendations, which will be monitored by the Clinical Effectiveness and Audit Group chaired by Dr Elizabeth Loney (Associate Medical Director).

OUTCOME: The Quality Committee noted the report.

POST MEETING REVIEW**189/20 MATTERS TO REPORT TO THE BOARD OF DIRECTORS**

- Comprehensive update received from maternity services on their SAFE improvement plan
- Making Complaints count bundle received, and recommendations endorsed in the service review paper
- 2019 Quality Accounts approved
- Quality report has escalated a number of concerns, including the CAS alerts and non-compliance with the paediatric facing the future standards
- Learning from death quarterly report received and will be linking of the SJR themes to support improvement projects going forward

190/20 REVIEW OF MEETINGWhat went well....

- There was a large agenda, however, there was a good balance between brevity and time spent on each item, and discussion was allowed where needed
- Reports were not deferred due to non-attendance
- Reporters were very clear when presenting their relevant reports

What could be better.....

- Feedback from report authors / presenters would be appreciated on whether they have appropriate time to present

191/20 ANY OTHER BUSINESSBoard Assurance Framework risks on workplan

The four BAF risks to be added to the workplan

ITEMS TO RECEIVE AND NOTE**192/20 QUALITY COMMITTEE ANNUAL WORK PLAN**

The workplan was available at appendix O and will incorporate the four BAF risks as noted above.

193/20 QUALITY COMMITTEE 2021 MEETING DATES

The meeting dates for 2021 were available at appendix P.

NEXT MEETING

Monday, 30 December 2020 at 3:00 – 5:00 pm on Microsoft Teams

Meeting scheduled for Monday; 30 November 2020 stood down

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
OPEN ACTIONS				
26.10.20 (177/20)	<u>MAKING COMPLIANTS COUNT</u>	Rachel White	Action 26.10.20: A position statement following discussion at WEB to be resubmitted to the Quality Committee.	See agenda item 198/20
2.9.20 (132/20)	<u>QUALITY PRIORITY - MEDICAL DEVICES</u>	Divisions	Action 2.9.20: Medical devices training and maintenance to be added as a risk on divisional risk registers Update September 2020: MA to check with all divisions that this is on risk registers. Update October: Surgical division working to place risk on register; work ongoing in FSS division; awaiting feedback from Community and Medical divisions. Update 26.10.20: JOR reported that the FSS division have discussed this, with progress made in several areas and training continuing. In relation to medical device maintenance, further information has been requested from Medical Engineering, however, this has not yet been received. Once all information has been gathered, this will ascertain what the risks are. Update November: Following a meeting with Doriann Bailey, Robert Ross and the Quality Governance Leads, it has been agreed that this is put on hold until the New Year. Medical devices training is now on the Community Risk Register at 7912.	
2.9.20 (133/20)	<u>QUALITY PRIORITY – FALLS RESULTING IN HARM</u>	Helen Hodgson / Dr Abhijit Chakraborty	Action 2.9.20: HH to take comments back to the Falls Collaborative to reconsider the 10% reduction target and to provide further assurance to the Quality Committee Action 2.9.20: The equality impact assessment to be completed. Action 2.9.20: Benchmarking data from other Trusts to be added to the monthly falls dashboard. Update 26.10.20: Reminders sent on 1 October and 20 October – no response received as yet. Further update to be requested from the Falls Collaborative. Update November: Deadline date provided for update	See matters arising
5.2.20 (21/20)	<u>OUTPATIENTS IMPROVEMENT PLAN</u>	Kimberley Scholes	Action 5.2.20: Progress on actions from the outpatient's improvement plan to be provided in April 2020. Update June 2020: Awaiting steer from Executive Director of Nursing due to a number of amber/red actions which need clarity in the context of COVID-19 Action 28.9.20: A more detailed report and the status of the original action plan was requested Update October: Updated report received and will be circulated to Quality Committee for comments ahead of next meeting. Discussion to take place at next meeting if necessary. Update: Follow-up report attached	See attached
29.6.20 (103/20)	<u>INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK</u>	David Birkenhead	It was stated that in the future, it would be good to get an update on how the recommendations have been implemented, and DB agreed that an action plan with an assurance statement against the 10 standards and any new guidance that has been issued, can be brought back to the Committee. Action 29.6.20: Action plan to be brought back to the Committee at a later date. Update August: Progress report will be made available for 28 September 2020 meeting Update Sept: To be deferred Update 26.10.20: DB requested an extension to revise the report, due to continuous changes in guidance and extra support within the Infection Control team to assist with this. An update to be provided at next meeting. Update November: See agenda	DUE Wednesday, 30 December 2020
2.9.20 (140/20)	<u>COMMUNITY DIVISION REPORT</u>	Community division	Action 2.9.20: Feedback on the development of non-concordance in relation to pressure ulcers to be provided in the next quarterly report. Update November: See agenda	DUE Wednesday, 30 December 2020
FORTHCOMING ACTIONS				
3.8.20 (121/20)	<u>QUALITY COMMITTEE ANNUAL REPORT ACTION PLAN</u>	Chair	Action 3.8.20: An action plan will be submitted to the Committee once the results have been reviewed.	DUE Monday, 25 January 2021
26.10.20 (184/20)	<u>BI-MONTHLY REPORT</u>		Action 26.10.20: Gill Harries and Louise Croxall to be invited to a future Quality Committee to discuss their plans to manage the risk of a split-site paediatric service.	TBC
1.7.19 (120/19) 2.3.20 (41/20)	<u>SERIOUS INCIDENTS DEEP DIVE</u>	Maxine Travis	Action 1.7.19: OW to be invited to a future meeting to present next steps. Update 29.7.19: Work is ongoing to review systems and processes, with an action plan being pulled together. Update 30.9.19: A three-month update was provided – see item 176/19 Action 30.9.19: Further update to be provided in six months' time, and maybe earlier if improvement and sustained change is not noted. Update 2.3.20: Following discussion on target timescales of between 25 to 40 working days for responding to complaints, it was queried why the same timescale cannot be delivered for serious incidents. Action 2.3.20: Deep dive into serious incidents to take place. Update September: MT reported that a conversation with the new Assistant Director for Patient Safety will need to take place regarding plans going forward with serious incident investigation capacity. This item to be deferred.	TBC
26.10.20 (181/20)	<u>MEDICAL EXAMINER UPDATE</u>	Dr Tim Jackson	Following a verbal update from CP, it was agreed that Dr Tim Jackson is invited to the next Medical Examiner's update in April 2021 Action 26.10.20: Dr Tim Jackson (Lead Medical Examiner) to be invited to the Quality Committee meeting to provide the next update in six months' time.	Monday, 19 April 2021

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE Review of Quality & Performance Report (Workforce)

Held on Monday 16 November 2020, 1pm – 2pm

VIA TEAMS

PRESENT:

David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Karen Heaton	(JH)	Non-Executive Director (Chair)
Adam Matthews	(AM)	Workforce Reconfiguration Lead
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Nikki Hosty	(NH)	Associate Director of Organisational Development (for agenda items 67/20 and 68/20)
-------------	------	---

59/20 **WELCOME AND INTRODUCTIONS:**

The Chair welcomed members to the meeting.

60/20 **APOLOGIES FOR ABSENCE:**

Ellen Armistead, Deputy Chief Executive/Director of Nursing
Helen Barker, Chief Operating Officer
Jason Eddleston, Deputy director of Workforce and Organisational Development
Andrea McCourt, Company Secretary

61/20 **DECLARATION OF INTERESTS:**

There were no declarations of interest.

62/20 **MINUTES OF MEETING HELD ON 19 OCTOBER 2020:**

The minutes of the Workforce Committee meeting held on 19 October 2020 were approved as a correct record.

63/20 **ACTION LOG**

The action log was reviewed and updated accordingly.

The Committee agreed the Recruitment Metrics report would be deferred to the December meeting.

64/20 **QUALITY AND PERFORMANCE REPORT (WORKFORCE) – OCTOBER 2020**

MB presented the report.

Summary

Performance on workforce metrics continues to be high and the Workforce domain increased to 84.8% in September 2020. This is now 17 consecutive months of a 'Green'

domain. Only 3 of the 15 current metrics that make up the Workforce domain score are not achieving target – 'Return to Work interviews recorded', and 'Sickness Absence Rate' and 'Long term sickness absence rate'. The appraisal compliance for both medical and non-medical are not included in the Domain scoring due to postponement of appraisal season due and Covid-19 and will be included for non-medical at the end of the appraisal season.

Workforce – September 2020

Staff in Post increased by 31.26 FTE, which, due, in part, to 18.30 FTE leavers in September 2020. There has also been an increase of 5.73 FTE in the Establishment figure, along with student nurses leaving.

Turnover increased to 7.27% for the rolling 12 month period October 2019 to September 2020. This is a slight increase on the figure of 6.98% for August 2020.

Sickness absence – August 2020

The in-month sickness absence decreased to 3.67% in August 2020. The rolling 12 month rate decreased marginally for the eleventh consecutive time in 21 months, to 4.22%.

Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 39.28% of sickness absence in August 2020, increasing from 38.57% in July 2020.

Sickness absence at 16 October 2020

Covid related: 1.96%

Non-covid related: 4.4%

Total = 6.3%

The RTW completion rate increased to 65.03% in August 2020.

Essential Safety Training – September 2020

Performance has improved in 7 of the core suite of essential safety training. With all 9 above the 90% target with 4 achieving the 95% 'stretch' target.

Overall compliance increased to 95.28% and is above the stretch target again following last month's decrease and is above the stretch target for the first time since July.

Workforce Spend – September 2020

Agency spend decreased by £0.03M, whilst bank spend increased by £0.5M.

Recruitment – September 2020

3 of the 5 recruitment metrics reported (Interview to Conditional offer, Pre employment to unconditional offer, and unconditional offer to acceptance) deteriorated in September 2020. The time for Unconditional offer to Acceptance in September 2020 decreased and was just over 3 weeks.

KH asked for an update on the health and wellbeing risk assessment. SD confirmed that 3390 risk assessments had been completed to date. A number of colleagues had submitted a form for the second time and analysis of the two is being undertaken. There has been a substantial increase of calls to the 24/7 helpline, users are predominantly colleagues who are being deployed again or still deployed from the first wave. SD added that some colleagues' personal circumstances is greatly affecting their mental health. The Committee noted a shorter production of the risk assessment form is being considered.

KH noted the reduction in agency and increase in bank use. SD advised that preference is to use bank staff as overall would have at least hospital knowledge and some experience that wouldn't add to the redeployment issue.

DS expressed her full support for the health and wellbeing hour acknowledging staffing challenges. SD reinforced the comments and reported there have been some great examples of use of the wellbeing hour and updates will be presented to Executive Board in

December and Board of Directors in January. DS confirmed her endorsement of the wellbeing hour can be shared with the Boards.

KH praised the overall positive figures under the current circumstances.

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

65/20

WORKFORCE COMMITTEE TERMS OF REFERENCE

The current ToR had been circulated for review. AM had provided her comments on email which will be added to the document and shared with Committee members for comment/approval ahead of the next Committee meeting. The final version will be shared at the December meeting for sign off.

OUTCOME: The Committee **RECEIVED** the TOR and **AGREED** to the course of action.

66/20

WORKFORCE COMMITTEE WORKPLAN

The Committee reviewed the proposed 2020/2021 workplan and agreed the content.

OUTCOME: The Committee **RECEIVED** and **AGREED** the 2021 Committee Workplan.

67/20

WORKFORCE RACE EQUALITY STANDARD (WRES)

68/20

WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

NH presented highlights of this year's data results and the 2020/2021 actions to deliver positive movement. Increased focus on virtual interaction and more on-line education awareness will reach a wider audience and enable colleagues the flexibility and accessibility at a time that suits them. The Trust's equality networks have been instrumental in the development of these action plans. The action plans will be monitored by the Inclusion Advisory Group on a bi-annual basis along with regular discussions at the Trust's Equality groups.

WRES

- Positive indicators were seen in the likelihood of BAME colleagues being appointed from shortlisting across all posts and colleagues believing that the Trust provides equal opportunities for career progression/promotion.
- The data showed an increase in the likelihood of BAME colleagues entering a formal disciplinary process. BAME colleagues experiencing harassment, bullying or abuse from both colleagues and patients/relatives/public has also increased along with BAME colleagues feeling discriminated at work.

In terms of disciplinary process, in 2021 a deep dive analysis will be undertaken of the past 2 years rolling data to understand cause/nature of the cases. KH asked if grievance cases were included in the results. NH explained that only disciplinary cases are part of the Standard data but the deep dive will capture all employee relations data.

DB noted an increase in both white and BAME colleagues experiencing bullying and harassment. NH advised this week is 'Anti-bullying week' and to support the promotional materials a 'say no to racism' campaign is being launched strengthened with direct messages about anti-racism and highlighting the consequences.

DS asked about the inclusive approach to recruitment panels. NH explained panel makeup will be scrutinised with confirmation that panel members have undertaken the unconscious bias module.

WDES

- Positive indicators were seen in the likelihood of disabled colleagues being appointed from shortlisting across all posts. An increase had been seen in colleagues believing the Trust provides equal opportunities for career progression/promotion. Less disabled colleagues said they felt pressure from their manager to come work and more disabled colleagues said they are satisfied with the extent to which their organisation values their work.
- The relative likelihood of disabled colleagues entering a formal capability process compared to non-disabled colleagues had increased. Disabled colleagues who said their employer had made adequate adjustments to enable them to carry out their work had decreased. The staff engagement score for disabled colleagues dropped marginally.

The committee noted the significant increase in the likelihood of both disabled and non-disabled colleagues entering a capability process. AM explained that from January 2019 a reporting change was implemented in ESR leading to the capture of all absence triggers.

DS asked what support is available for managers when considering reasonable adjustments. SD confirmed that managers should seek advice from their HR Business Partner. KH noted that the national staff survey results indicate a higher number of disabled colleagues in the Trust than actually recorded on ESR and acknowledged the efforts to tackle this.

OUTCOME: The Committee **RECEIVED** the data and **ENDORSED** the response to increase positive outcomes for colleagues.

69/20

ANY OTHER BUSINESS

SD reported CHFT's Staff Survey response rate is currently 46.5% - average across the region. At this point last year our response rate was 45.7%.

70/20

MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

- Positive elements from WRES/WDES
- Good workforce performance
- Committee ToR
- Committee Workplan for 2020/2021

71/20

DATE AND TIME OF NEXT MEETING:

9 December 2020 (Deep Dive)
1pm – 3pm
Via Teams

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

**Held on Wednesday 9 December 2020, 1pm – 2pm
VIA TEAMS**

PRESENT:

David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Karen Heaton	(JH)	Non-Executive Director (Chair)
Andrea McCourt	(AMc)	Company Secretary
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Nikki Hosty	(NH)	FTSU/ED&I Manager	} for agenda item 80/20
Azizen Khan	(AK)	Assistant Director of Human Resources	
Adam Matthews	(AM)	Workforce Reconfiguration Lead	
Charlotte North	(CN)	Assistant Director of Human Resources	
Rachael Pierce	(RP)	Recruitment Manager (for agenda items 77/20 and 78/20)	
Philip Lewer	(PL)	Chairman	
Owen Williams	(OW)	Chief Executive	

72/20 WELCOME AND INTRODUCTIONS:

The Chair welcomed members to the meeting.

73/20 APOLOGIES FOR ABSENCE:

Ellen Armistead, Deputy Chief Executive/Director of Nursing
Helen Barker, Chief Operating Officer

74/20 DECLARATION OF INTERESTS:

There were no declarations of interest.

75/20 MINUTES OF MEETING HELD ON 16 NOVEMBER 2020:

The minutes of the Workforce Committee meeting held on 16 November 2020 were approved as a correct record.

76/20 ACTION LOG

The action log was reviewed and updated accordingly.

77/20 MATTERS ARISING

Consultant Recruitment – Intranet Micro Site

RP provided a verbal update on the development of the micro site. The Committee noted the delay in the launch is attributed to the site developer Magpie furloughing its workforce between March and October this year. Magpie have since been provided with CHFT's material in order to build the website and are now on course for a go live date of end January 2021. The structure and language of the site is based on that of The Cupboard.

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

78/80

RECRUITMENT KEY PERFORMANCE INDICATORS (KPIs)

RP presented a paper which set out the Trust's recruitment KPIs and identified the improvements made to data reporting and compliance. The KPIs now align to the themes identified in the national NHS Enabling Staff Movement programme which looks to streamline employment processes to increase efficiency. Four out of five targets are attaining compliance. Pre-employment to unconditional offer is 2 days away from the target of 18 days primarily due to the lengthier recruitment process of doctors.

DS asked how delays in the vacancy control process were addressed. RP explained that changes had been implemented and improvements seen. Largely there is an issue around the number of authorisers required for one vacancy – in some areas 6 persons authorise one vacancy. JE reiterated that Trac creates full visibility of the overall recruitment process for every vacancy allowing recruitment colleagues to investigate data, identify blockages and respond where performance goes off.

DS understands that CHFT has a shorter notice period than other Trusts. RP wasn't aware of this but would ascertain the position and feedback to the Committee. JE referenced some time ago a piece was undertaken on notice periods and agreed to re-visit this.

KH asked if Trac offered flexibility for additional assessments eg psychometric testing. RP confirmed that additional processes can be incorporated and should be manageable within timescales.

Actions:

Compile an analysis of comparative employment contractual notice periods from other Trusts (CN).

Provide analysis on ED&I metrics (CN).

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

79/20

QUALITY AND PERFORMANCE REPORT (WORKFORCE) – NOVEMBER 2020

MB presented the report.

Summary

Performance on workforce metrics continues to be high and the Workforce domain decreased to 76.1% in October 2020. This is now 18 consecutive months of a 'Green' domain. 4 of the 15 current metrics that make up the Workforce domain score are not achieving target – 'Return to Work interviews recorded', and 'Sickness Absence Rate (rolling 12 month)' and 'Long term sickness absence rate (rolling 12 month)' and 'Short term sickness absence rate (rolling 12 month)'. Medical appraisals are hold due to the current Covid-19 pandemic and Non-medical compliance is excluded from the overall domain score following the postponement of the appraisal season until November to allow for all entries to be captured

Workforce – October 2020

The Staff in Post increased by 10.18 FTE, which, due, in part, to 0.61 FTE leavers in October 2020. There has also been an increase of 26.30 FTE in the Establishment figure, along with student nurses leaving.

Turnover decreased to 7.24% for the rolling 12 month period November 2019 to October 2020. This is a slight decrease on the figure of 7.27% for September 2020.

Sickness absence – September 2020

The in-month sickness absence increased to 4.08% in September 2020. The rolling 12 month rate increased marginally for the twelfth consecutive time in 22 months, to 4.24%. Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 35.08% of sickness absence in September 2020, decreasing from 39.28% in August 2020.

The return to work (RTW) completion rate decreased to 57.56% in September 2020.

Essential Safety Training – October 2020

Performance has improved in 5 of the core suite of essential safety training. With all 9 above the 90% target with 4 achieving the 95% 'stretch' target. Overall compliance increased to 95.51% and is above the stretch target again following last month's increase and is above the stretch target for the third time since July.

Workforce Spend – October 2020

Agency spend decreased by £0.03M. Bank spend also decreased by £0.3M.

Recruitment – October 2020

2 of the 5 recruitment metrics reported (Vacancy approval to advert placement and shortlisting to interview) deteriorated in October 2020. The time for Unconditional offer to Acceptance in October 2020 decreased and was just less than a week.

KH acknowledged the positive training position under the circumstances and also the increase in headcount. KH and DS stressed the importance of RTW discussions. AK advised a focussed piece of work is being undertaken to improve the position across the organisation.

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

80/20

COVID-19 RESPONSE TO OUR COLLEAGUES

Colleagues from the Workforce & OD team presented on the workforce response to the pandemic.

Health & wellbeing

First wave reports suggested that BAME people were most at risk of harm from Covid. Our local data showed white men over 55 were more at risk so the approach to risk assess all our colleagues was taken. Colleagues reported increased anxiety levels and in response the Health and Wellbeing Risk Assessment was launched on 16 June. Response rate is 47.9%. Analysis of results and listening events identified specific areas for action.

KH asked if there were any actions to increase the response rate and how we benchmarked against other Trusts. NH advised that recruitment of Wellbeing Advisers is underway, the role will include providing dedicated onsite signposting to risk assessments. Additionally, funding has been approved for a BAME community engagement partner to support BAME wellbeing and promote the effectiveness of the risk assessment. AM reported consideration is being given to a streamlined risk assessment which focusses on physical assessment. AM advised it is not possible to compare against other Trusts as the national guidance states that if a risk assessment is offered to all colleagues, those who don't respond can be removed from the denominator and organisations can therefore report 100%. JE advised the practice taken across other trusts has been variable and confirmed CHFT has a robust approach.

Operational HR

First wave prompted deployment of staff quickly at a time when mechanisms were not in place. Key response was the introduction of a support package for deployed staff inclusive of an induction programme. 182 colleagues were deployed. Significant support provided to CV and CEV colleagues. Touchpoint sessions for colleagues introduced. Clinical Workforce Group established with a key role around the escalation, reset and stabilisation of the workforce.

Occupational Health

Immediately moved to a 7 day service, undertaking health and wellbeing assessments, telephone support and advice for colleagues; supporting test and trace activity; preparing for Covid-19 immunisation programme. Continued to deliver flu vaccinations (67% uptake currently). JE advised that a split between health & wellbeing and Occupational Health so that each has a different focus in terms of what they deliver is the likely future model of Occupational Health.

Recruitment

In the whole of 2019/2020, 705 applicants were recruited. This year to date 1266 applicants have been appointed. KH acknowledge the rapid response. Previous face to face processes moved to on-line and streamlining of retire and return process whilst ensuring safe employment processes. Change forms now issued via the recruitment team providing robust governance.

FWD

2 colleagues received Star Award for their response to the first wave. In second wave 374.83 posts filled per week. 3 Audits provided assurance of a robust employment checking process during this time. More collaborative working relationships forged and work with the Medical Workforce Covid planning response team. KH asked about rotas - if they could be gauged in real-time. CN advised that development of rotas has enabled the production of a daily dashboard.

Health & Wellbeing

Onset of the pandemic demonstrated an urgent need to strengthen wellbeing support. Wellbeing offer developed within 3 weeks of the pandemic underpinned by supporting line managers and effective communication. Enhanced partnership with HR BPs and Occupational Health. External partners offered support to CHFT. Engagement of formal psychology service to enable rapid access to mental health support. Listening events for high intensity wards, friendly ear calls. Raised awareness of FTSU channel. Introduction of wellbeing hour. Data shows calls to the 24/7 helpline still increasing, from 15 December an external employee systems programme – Care First to be introduced. Going forward the requirement for robust Health and Wellbeing team. Two new wellbeing advisers to work with the Engagement Team. Funds secured for BAME business partner to encourage colleagues to access support available. Positive, satisfied feedback from colleagues referred to Socrates.

SD advised the response to workforce has shaped how we will look after our colleagues going forward. SD expressed great thanks to WOD colleagues for everything they have done to contribute to CHFT's overarching response. KH endorsed this and congratulated everyone involved.

OUTCOME: The Committee **NOTED** the valued work in response to the pandemic.

81/20

IMPROVING PEOPLE PRACTICES

JE presented a report which provides an assessment of our current practice against NHS Improvement (NHSI) recommendations and guidance to improve people practices based primarily on learning from a critical incident involving a London NHS Trust. The paper sets

out the actions implemented to ensure compliance with NHSI guidance. The Imperial College Trust has issued its revised disciplinary procedure, and this has been reviewed against the Trust's procedure and consideration is being given to assess if any adaptations need to be made.

DS felt the Trust had established a comprehensive response. DS asked what the training arrangements were for those providing support to individuals. JE confirmed guidance had been produced and work is progressing to ensure colleagues are able to undertake the role confidently.

OUTCOME: The Committee **RECEIVED** and **SUPPORTED** the Trust's response.

82/20

BOARD ASSURANCE FRAMEWORK (BAF)

AMc presented the BAF workforce risks for Committee review.

The workforce risks will be reviewed within the full BAF at the Audit and Risk Committee on 26 January 2021 and the Board of Directors on 4 March 2021.

This third update of the financial year of the BAF will be reviewed by internal audit as part of its end of year Head of Internal Audit Opinion on internal controls which informs the 2020/21 annual report. Any of the risks and associated assurances overseen by this Committee will be potentially reviewed by Internal Audit as part of this review.

Four workforce risks present with a significant risk appetite. The Committee agreed there were no further risks to add in relation to 'Workforce fit for the future'.

The Committee reviewed and confirmed agreement of the risk appetite category for risk 12/19 colleague engagement. JE commented that the medical and nurse staffing risks had previously been discussed at Workforce Committee demonstrating an increase of staff but retained the score as it was acknowledged there are still pockets of pressure.

AMc advised that actions need to be identified to articulate mitigation of risk appetite between current and target for all four risks.

Action: Director risk leads to review response to mitigate to target risk appetite (SD).

OUTCOME: The Committee **RECEIVED** and **AGREED** the BAF.

83/20

HOT HOUSE TOPICS TO DETERMINE

Four Hot House dates have been scheduled for 2021.

Action: Provide long-list of Hot House topics (SD).

OUTCOME: The Committee **AGREED** to determine the Hot House topics at the next meeting.

84/20

WORKFORCE COMMITTEE TERMS OF REFERENCE (ToR)

The Committee noted that for the purpose of clarity some additions had been made to the ToR.

OUTCOME: The Committee **APPROVED** the Terms of Reference.

85/20 WORKFORCE COMMITTEE ANNUAL REPORT 2019/2020

This annual report describes the activities of the Workforce Committee between April 2019 and March 2020 and captures how the Committee met the duties within its Terms of Reference.

Attendance was noted as an issue. It was suggested that a 2021 forward plan is produced that incorporates Divisional and Executive participation at Committee meetings. In addition areas experiencing workforce challenges will be urged to escalate issues to the Committee.

Actions:

Develop action plan to respond to self-Assessment outcome to target areas for improvement (JE). (AMc to provide an example).

Design 2021 plan focusing on Divisional/Executive Director participation (SD).

AMc reminded members that the 2020/2021 Committee annual report would need to be drawn up and agreed by July 2021.

OUTCOME: The Committee **AGREED** the annual report and **SUPPORTED** the proposals to improve attendance.

86/20 2021 DATES OF WORKFORCE COMMITTEE

Dates for next year's meetings had been shared with members.

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

87/20 ANY OTHER BUSINESS

The Chair asked what the final 2019 Staff Survey response rate was. SD confirmed 47% which compares well to other Trusts. The Committee noted 2018 survey response rate was 46%.

88/20 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

Recruitment KPIs
RTW
EST
Sickness absence rates
Health & wellbeing risk assessment
TOR
Annual Report

The Chair thanked everyone for their enormous hard work and achievements during this year.

89/20 DATE AND TIME OF NEXT MEETING:

8 February 2021 (Deep Dive)
3pm – 5pm
Via Teams



**Minutes of the Charitable Funds Committee meeting held on
Wednesday 25 November 2020, 2.00pm – 3.30pm
via Microsoft Teams**

PRESENT

Philip Lewer (PL)	Chair
Gary Boothby (GB)	Director of Finance
Richard Hopkin (RH)	Non-Executive Director
Sheila Taylor (ST)	Council of Governors' Representative

IN ATTENDANCE

Emma Kovaleski (EK)	Fundraising Manager
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Lyn Walsh (LW)	Finance Manager
Zoe Quarmby (ZQ)	ADF Financial Control
Badar Abbas (BA)	KPMG
Salma Younis (SY)	KPMG

1. DECLARATION OF INDEPENDENCE

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

2. APOLOGIES FOR ABSENCE

Apologies were received and noted for Adele Roach, Ellen Armistead, David Birkenhead and Peter Wilkinson.

3. DRAFT LETTER OF REPRESENTATION

GB explained its purpose and the Committee agreed that it was happy for this to be signed on its behalf and sent to KPMG after the meeting.

ACTION: CH to arrange signed letter of representation to be sent to KPMG
25.11.20 - 1.

4. DRAFT ANNUAL REPORT & ACCOUNTS 2019/20 (inc. Auditor's Report)

GB presented these and, subject to one slight amendment which is to add a further period of quarter 2 to the fund progress update for 2020/21, these were approved by the Committee. It was agreed that we would arrange signatures and sending to KPMG.

ACTION: CH to arrange signed Report & Accounts to be sent to KPMG
25.11.20 - 2.

5. AUDIT HIGHLIGHTS MEMORANDUM 2020

SY and BA presented this on behalf of KPMG. BA said that KPMG is happy to issue an unqualified audit opinion and that there were no significant issues identified. No specific recommendations were made and he thanked the Charitable Funds Team for their cooperation and timely responses throughout the Audit. The Committee accepted this report and its findings and thanked BA and SY for the work done and the comprehensive way in which it was presented at this meeting.

SY and BA left the meeting at this point.

6. MINUTES OF MEETING HELD ON 26 AUGUST 2020

The minutes of the meeting held on 26 August 2020 were approved as an accurate record.

7. ACTION LOG AND MATTERS ARISING

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

Risk Register

EK presented this and referred to an additional risk around fundraising that she had added. RH discussed including a risk related to fraud and was happy with EK's plans and response.

The Risk Register was NOTED. This is a live document which is reviewed at each meeting and then updated if necessary.

Terms of Reference of Ops Sub Committee and nominations

EK presented the list of (self) nominations and this was approved by the Committee, as was the final Terms of Reference which had earlier been approved outside of the meeting by some Committee members.

PL agreed to ask at the next meetings of Non Executive Directors and Council of Governors if anyone was interested in becoming a member of this sub committee.

ACTION: PL to ask if any interest at the next meetings of NEDs and Governors.
25.11.20 - 3.

8. QTR 2 2020/21 INCOME & EXPENDITURE SUMMARY (inc. SOFA & BS)

EK presented the key points in this very comprehensive paper. Future opportunities were discussed and the contents were NOTED.

9. REVIEW OF INVESTMENT MANAGER

GB presented this paper. Its recommendation of remaining with CCLA for a further three years was accepted, with the proviso that three years was a maximum term and it could be reviewed after two years if it was established that there was an optimum time of year to move investments around. This would be decided after next month's meeting with CCLA.

10. MINUTES OF STAFF LOTTERY COMMITTEE MEETING 28 SEPTEMBER 2020

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

11. THE GREAT GIFT APPEAL

EK gave an insight into all the different events taking place over the festive period, from receiving many donations of gifts via the Amazon Wish List, in particular for the Play Therapy Specialists, to pre-recorded messages for patients and staff from local sports teams and others in the community. She praised the efforts and willingness of our local community.

12. ANY OTHER BUSINESS

EK discussed the MRI Scanner/Radiology Enhancements proposal and fundraising appeal. The Committee was happy to approve this in principle and that the funds should come from the A Ormerod fund in the first instance but with all appeal proceeds to be put back into this fund, recognising that in the current climate there may be a shortfall. EK to provide all necessary documentation to allow set up of the approval, including CMG business case sign off. EK to construct a timeline regarding this appeal.

ACTION: EK to provide all documentation re approval set up. **25.11.20 - 4.**

ACTION: EK to construct appeal timeline. **25.11.20 – 5.**

DATE AND TIME OF NEXT MEETING:

Wednesday, 23 February 2021, 1.30pm – 3pm, via Microsoft Teams



Minutes of the Covid-19 Oversight Committee
Monday 23 November 2020 - 11.00 am – 12.00 pm
Microsoft Teams

PRESENT

Denise Sterling – Chair (DS)	Non-Executive Director
Karen Heaton (KH)	Non-Executive Director
Andy Nelson (AN)	Non-Executive Director

IN ATTENDANCE

Anna Basford (AB)	Director of Transformation and Partnerships
Andrea McCourt (AM)	Company Secretary
Linda Cordingley (LC)	Minutes

50/20 APOLOGIES FOR ABSENCE

There were no apologies for absence.

51/20 NOTES OF THE LAST MEETING

The last meeting was held on 20 July 2020 and the notes were approved by the Chair and circulated to members.

52/20 OUTER CORE GROUP MEETINGS

It was noted that the Outer Core Group had reinstated weekly meetings.

53/20 SUSPENSION OF NON-URGENT SURGERY

AB reminded colleagues of the collective view of Executive and Non-Executive Directors to support the decision to suspend non-urgent surgery in October 2020 as this was necessary to enable the Trust to respond to the increase in Covid positive patients admitted to hospital.

The Outer Core Group discussed and documented the decision, requesting that the Inner Core Group completed EQIA and QIA assessments to support the decision. In addition, the Inner Core Group was asked to provide feedback on how the current surge was impacting on paediatric services and capacity (in light of a similar request in the first wave). The Trust had recently implemented a new EQIA/QIA process and approach and offered the Inner Core Group support from the PMO to complete the assessments using the new formats. Work was in progress and would come back to the Outer Core Group for review. AB advised that all future decisions would be accompanied by an EQIA/QIA.

It was noted that operational management in the hospital continued to be challenging, particularly around cohorting of patients. The Trust was not mixing different cohorts of Covid patients which had impacted on patient flow, as placing

of patients in the correct bed was complex. This had resulted in delays in moves out of ED to a ward, increasing the incidence of 12-hour breaches. In ED patients were segregated, placed in a bed and made comfortable. It was noted that each delay was being investigated and plans developed with the aim of returning to zero or minimal 12-hour breaches as soon as possible.

There had been increased communications through screen savers and messages focusing on safety, use of PPE, social distancing and adhering to infection control practice.

It was noted that the Outer Core Group would formally review the decision to suspend non-urgent surgery on 11 January 2020. The Inner Core Group was also reviewing this on a daily basis.

The Committee **SUPPORTED** the decision to suspend non-urgent surgery.

54/20 CLOSURE OF HUDDERSFIELD BIRTH CENTRE

AB advised that the Outer Core Group had supported the decision to close the Huddersfield Birth Centre in order to provide a green facility for urgent surgery which could not be outsourced to the independent sector. It was noted that an EQIA/QIA would be undertaken and the decision reviewed in the New Year.

It was confirmed that all prospective Mums had been contacted around their birth plan, with the offer of CRH or a home birth (as had been the case in the first wave). It was noted that the Birth Centre closed on 30 October 2020 and could be reopened quickly if the position around surgery was to change.

The Committee **SUPPORTED** the decision to close the Huddersfield Birth Centre to provide a green facility for urgent surgery.

55/20 REVIEW OF COVID POSITIVE INPATIENTS DATA AND DEATHS

It was noted that the Outer Core Group had undertaken a review of inpatient mortality and outcomes at CHFT comparing data from the first wave of the pandemic to provide a level of oversight and potential assurance regarding the treatment interventions and outcomes. A copy of this analysis and findings had been shared with members of the Oversight Committee. It was agreed that whilst this high-level analysis had not identified new causes for concern in relation to comparison of outcomes between April and November 2020 it was important that this data was kept under routine review and oversight by both the Outer Core Group and the Oversight Committee.

The COO and the Assistant Director of Performance had been asked to develop a dashboard to readily report on these metrics and to consider the use of Statistical Process Control charts to enable any significant variations outside expected ranges to be identified.

The Oversight Committee requested that:

- the information and dashboard developed is included in the Knowledge Portal;
- the analysis includes comparison of length of stay in hospital of patients with Covid during wave 1 and wave 2 of the pandemic;
- Covid deaths is reported as a proportion of total Covid positive inpatients;
- if possible, the data includes information regarding whether patients are delaying access to care and whether this is impacting on outcomes.

The Committee **SUPPORTED** the regular review of data by the Outer Core Group and the Oversight Committee.

56/20 OUTER CORE REGISTER OF DECISIONS

The second wave Register of Decisions from the Outer Core Group was received. It was agreed that this would be combined with the first wave Register of Decisions.

57/20 DATE AND TIME OF NEXT MEETING

The next meeting was scheduled for Tuesday 22 December 2020 at 11.15 am.

Minutes of the Covid-19 Oversight Committee
Tuesday 22 December 2020 - 11.15 am – 12.15 pm
Microsoft Teams

PRESENT

Denise Sterling – Chair (DS)	Non-Executive Director
Karen Heaton (KH)	Non-Executive Director
Andy Nelson (AN)	Non-Executive Director

IN ATTENDANCE

Anna Basford (AB)	Director of Transformation and Partnerships
Andrea McCourt (AM)	Company Secretary
Linda Cordingley (LC)	Minutes

58/20 APOLOGIES FOR ABSENCE

There were no apologies for absence.

59/20 NOTES OF THE LAST MEETING

The notes of the meeting on 23 November 2020 were approved.

MATTERS ARISING

It was noted that the Outer Core Group had reviewed the comparative data around deaths and identified that there had been no step change in the volume of deaths in November. This position would be periodically reviewed by the Outer Core Group.

In terms of the request at the last meeting for additional parameters to be available on KP+ (LoS, deaths as a proportion of inpatients, number of Covid deaths), some of the data was available but may be hidden amongst a high volume of metrics tracked in real time. AB agreed to organise a presentation of live data on KP+ for the next meeting.

It was **AGREED** that a session be organised for the January meeting.

60/20 WAVE 2 PLANNING

It was noted that the Inner Core Group had been working to implement and develop operational responses to Wave 2 of the Covid-19 pandemic. During November several issues and decisions had arisen that required strengthened governance processes and assurance from the Outer Core Group and the Oversight Committee. The Inner Core Group presented a response to the Outer Core on the impact on service delivery (the slide set had been received).

The following issues had been discussed and the actions requested of the Inner Core Group were noted:

1. IPC and Bed Management/12-hour Breaches in ED – concern was expressed at the level of breaches (58) which was a position not observed across WY or at national level. AB advised that the Inner Core Group had provided a detailed report to the Outer Core Group around the relative risks of retaining patients in ED rather than providing additional beds on wards. The Outer Core Group had recognised that this was a fine balance of risk but generally ED had a more static workforce and greater levels of observation to keep patients safe. Neither option was optimal, but ED was considered to be lower risk in those circumstances. Criteria around managing risk in real time had been developed and additional training had been provided for on-call consultants, managers and directors to mitigate the risk of recurrence. There had been a change in the management of the OOHs rotas on the basis that OOHs, at weekends and bank holidays there would be senior operational and nursing on-site physical presence. It was noted that there had been no recurrences since this had been implemented.

It was accepted that there were additional pressures during the period of the breaches, although it would appear that the recommendations from the review of the November 2019 breaches had not been fully embedded. AB advised that the SOP had now been refreshed, and an EQIA/QIA had identified mitigating actions. The Outer Core Group had anticipated that the Board of Directors would want to see the conclusion of the investigations and actions and had requested update on this and lessons learned from IMT. AB advised that there had been dialogue with NHSE/I in recognition that we faced dual site issues with our estate. The focus was currently on concluding the investigations to prevent recurrence. DS asked if there was an opportunity to compare our actions and decisions with other WYAAT trusts. AB advised that the main difference was that other trusts had made a different choice on the balance of risk in high ED attendance situations by providing additional beds on wards. CHFT had taken the view that this was higher risk compared to the staffing levels and skill mix in ED. In terms of comparable nurse staffing levels this information should be available for the Workforce Committee and Quality Committee. DS agreed to pick this up in the Quality Committee in January 2021. It was important that there was greater assurance that the actions were embedded to prevent a recurrence of 12-hour breach situations.

2. Testing of Asymptomatic Staff – it was noted that the Inner Core Group had suggested a phased roll out to ensure we had appropriate coverage of staff and that services were not destabilised should staff test positive. The Outer Core Group supported this approach. An EQIA and QIA would be documented.
3. PPE Supply – AB advised that during Wave 2 it was mandated nationally that only the national call-off supply should be used. It was

recognised that during Wave 1 this proved to be inadequate and CHFT had put in place its own supply sources. It had been agreed that if there was concern over national call-off supply local sources would be used to ensure the safety of patients and staff. This had not been instigated at the current time. An EQIA/QIA had been requested.

4. Colleague Support and Wellbeing – AB advised that the wellbeing hour for staff had been well received. A paper would be presented to the March Board of Directors with recommendation regarding the longer term plans for implementation of the well-being hour
5. Safe Staffing – it was noted that the Inner Core Group had submitted a proposal to provide pay enhancements for healthcare workers. It had been agreed not to progress at this stage.

The Committee **SUPPORTED** the decisions.

61/20 MIXED SEX BREACHES

It was noted that the Inner Core Group had advised that on occasion, to manage the Covid-19 response and bed capacity across the two sites, mixed sex breaches had occurred. The Outer Core Group requested confirmation that a formal risk assessment and QIA had been documented in relation to this and also to clarify how safeguarding concerns and risk had been managed with particular reference to the management of risk on children's wards. Feedback was awaited from the Inner Core.

The Committee **SUPPORTED** the decision.

62/20 IPC REVIEW OF RESPIRATORY WARDS

It was noted that Consultants on the Respiratory floor at CRH had requested to wear enhanced PPE at all times in the Covid +ve areas which were not caring for patients having AGPs (Aerosol Generating Procedures). The lead Consultant Microbiologist had recommended that the Trust should continue to work to national and international guidance and did not support the use of enhanced PPE in this area. This had been escalated to the Outer Core Group to review the decision and were provided with assurance that the evidence base was a droplet transmitted condition and for staff on those areas normal PPE was adequate unless undertaking an AGP. The outcome had been well communicated and explained to the staff involved. The Outer Core Group would review the position in 3 months.

The Committee **SUPPORTED** the decision.

63/20 OUTER CORE REGISTER OF DECISIONS

The Register of Decisions from the Outer Core Group was received. It was noted that the requested EQIA/QIAs for Wave 2 and suspension of surgery and closure of Birth Centre had been completed.

PPE Wave 1 – this item could now be closed.

Consolidation of children's acute services – the request to the CQC had not been enacted as it was recognised that this was not being implemented at this time. This action would be closed. It was noted that this issue would be considered at a future point in time.

The importance of documentation and record keeping was recognised, particularly between the Outer and Inner Core Groups. It was noted that the membership of each of the groups had been reviewed and changes made. The Outer Core Group continued to have constructive conversations and provide objective review of decisions made by the Inner Core Group.

64/20 DATE AND TIME OF NEXT MEETING

The next meeting was scheduled for Tuesday 26 January 2021 at 1.00 pm on MS Teams.

3. Items for Review Room

- CHS Managing Directors Update
December 2020
- WYAAT Annual Report 2019/20



Calderdale & Huddersfield Solutions Limited (CHS)

MANAGING DIRECTOR'S SHAREHOLDERS REPORT

DECEMBER 2020

1.0 Company Update

Verbal Update

2.0 Service updates

2.1. Estates

2.1.1 Capital Development / Backlog

The Trust / CHS recently received monies addressing Capital Infrastructure Risk increasing the back-log maintenance to £4.6m. This includes demolition of the old nurse's home and learning centre subsequently reducing the back-log maintenance cost at HRI

The team are now working with the recently procured principal supply chain partner (PSCP) Integrated Health Partnership (IHP) on all projects across HRI.

Additional to the £4.6m the Trust also received funds in September to create a dedicated 15 bed single room ward for patients needing isolation. Ward 18 will be refurbished using an accelerated type programme only seen before in the national Nightingale projects aiming to complete 21st December. IHP are mobilised on site working 24 hours, 7 days a week. Lendlease Consulting are assisting with project management and QS/cost advisor.

2.1.2 Community

Work to rationalise the estate footprint adjacent to HRI is now coming to an end. The disposal of Glen Acre House, Acre House Avenue and now Acre House is complete.

2.1.3 LED Scheme

The LED scheme continues to progress at HRI albeit with challenges around timescales and delivery. The HRI programme has commenced however now with CV-19 delays of around 4 months with programme end date forecast for late February / early March.

2.1.4 Fire Safety

Fire safety remains an area of focus particularly at HRI, external consultants Mott MacDonalds have been commissioned to carry out this infrastructure and fire strategy review. Draft documents now received and circulated for feedback. The strategy will inform a 5 year programme of improvements across CHFT.

2.1.5 Portland Stone

The Portland stone cladding panels and windows remain a short and long-term risk at HRI, on-going maintenance and remediation continues to address the immediate risk, CHS estates are undertaking a process of due diligence to resolve the longer-term solution / replacement. This option includes over cladding the existing façade. Precedence has been set at Bristol Royal Infirmary while Aintree Hospital is currently completing the design stage and about to begin construction. Several "Go See" visits are being organised for members of the Trust to attend.

To mitigate the risk of falling stone panels a 12 month survey is conducted by structural engineers BWB to assess the condition and movement. Of the original Portland stone cladding panels inspected and scoring a condition C or above on the scoring matrix it was recorded that a further 24 panels now require imminent attention due to concerns regarding indications of potential movement and their general poor state of condition.

Immediate remediation was carried out using resin anchors effectively bolting the stones to the building. BWB structural engineers are now conducting a 6-month inspection to mitigate the risk. This will now need planning into the Capital Plan.

2.1.6 Oxygen

The oxygen infrastructure became critical during the CV-19 peak in particular monitoring of the Vacuum Insulated Evaporator (VIE). Monitoring became twice daily and improvements were made during the peak which ensured the VIE operated as efficiently as possible. Demand peaked to 40% of the overall capacity during the first wave. We are now reporting on less than 18% which is near normal levels.

2.1.7 Ventilation

There is now a focus on ventilation air change rates across health care premises in the management of aerosol generating procedures (AGPs). The resulting work is to ascertain the air change rate per hour (ACH) for every area where patient care may take place across the Trust to assist the Trust in decision making. This work is now complete for HRI.

2.2. Medical Engineering & Decontamination Service

2.2.1 Asset Tracking

Asset tracking system rollout complete in support of the COVID effort and it is working well.

Scan 4 Safety (S4S) funding for the expansion of the system to other assets throughout the Trust, delivered Dec 20 1,500 tags now being rolled out.

2.2.2 Active Temperature Monitoring

Medical Engineering have deployed the active temperature monitoring tags Trust wide, as a soft roll out communications and training are being prepared for New Year.

This project has now expanded to cover the Freezers for Covid Vaccine storage at -60 to -80°C tags fitted and active within one week of delivery in anticipation of vaccine delivery. It is noted that this is 2 freezers and due to the urgency of this training this has been rolled out to Pharmacy staff prior to the arrival of the vaccine.

Operational roll out for fridge training, for all relevant CHFT staff has been delayed due to current pressures and training requirement for staff, planned for before the end of FY to realise benefits for staff, this will however enhance CQC compliance for the Trust in any case as the evidence will be available.

2.2.3 Training Development

Medical Engineering Training team continue to develop alternative training resources and methods of training delivery in order to adapt to the ever-changing situation, essential to keep up with demand as the National Loan equipment is rolled out Trust wide in support of the wave 2 Covid effort.

2.2.4 New Location for Medical Engineering

Expansion of Medical Engineering & Decontamination Service accommodation at HRI in order to facilitate social distancing and working differently under COVID and in the future, is in the planning phase with Estates, the first draft plans have been received, this will be essential to the continuation of service delivery for the Medical Device Training team, with the Learning

Centre no longer being available. The Training Team have already made use of part of this space to deliver urgently needed training to staff.

2.2.5 Contract Management

Administrative team continue progressing well with contract renewals ahead of the busy New Year period, as procurement steps up towards the end of the FY.

2.2.6 Decontamination and Repair of Mattresses

Currently planning to scope the possibility to deliver this service differently, plan to be presented to BoD in the New Year.

2.2.7 KPI compliance

We have again attained a Green compliance for all Risk levels this month and we are working to ensure that this position is maintained and improved in the coming months.

2.2.8 Vacancy

This month the post of Decontamination Manager will be advertised.

2.2.9 Student Placements

We now have two placements from Bradford University who will be working with us over the coming year, Hasnain Mir & Ammad Mahmood.

2.3. Facilities

2.3.1 Covid Support

Facilities services continue to support CHFT with additional porters, transport and cleaning. There are 3 x additional porters in place, in both the pool and ED, transportation of swabs, patients, equipment continues and has now been implemented over the weekend period. Additional cleaning is still in place to provide touch point cleaning and support on the acute floor.

2.3.2 Lifecycle replacements – Porterage devices

Following the successful bid for the purchase of lifecycle replacements of the Cap Man handheld devices, all devices are now on site, with 20 programmed and in service. Although working well, the service has seen some minor issues with them dropping off the network

2.3.3 Project Search

Facilities services have now 3 x interns in place, with plans to continue supporting new interns throughout 2021, the project supports individuals with learning difficulties on work placements.

2.3.4 Domestic services Proposal – Renal Unit

CHS recently put together a proposal to Leeds Teaching Hospital, for provision of additional cleaning resource into the Renal Unit at HRI. Costs given were £20K, which Leeds accepted, with a planned start date of February 2021

2.3.5 Decontamination of Acute based Mattresses

The Equipment service have been involved in the proposal for CHS to take over management for the Decontamination and repair of mattresses for the Trust. The equipment service will transport and decontaminate the mattresses whilst Medical Engineering will carry out maintenance and repairs

2.3.6 Staffing shortages

Several services have been impacted due to the number of staff either having to shield or self-isolate. Both Domestic services and the Equipment service have seen a significant reduction in the number of staff being in work, whilst other services have seen fewer numbers, but still been affected. The services have done amazingly well and managed by using bank, working differently and utilising staff from other departments

2.3.7 Increase in calls to Switchboard

The switchboard has seen a significant rise in calls to the service, over the past few months, taking 63,000 calls throughout November, an increase of 6,000 on the same period last year.

2.4. Procurement

2.4.1 Materials Management, Receipt and Distribution

The Materials Management team have worked under continuous pressure this quarter, delivering additional PPE services on behalf of the Trust such as the coordination of the lateral flow tests (covid rapid tests) and providing additional PPE packs for the covid injections.

2.4.2 Category Management

The Category Management team have been working at half capacity due to redeployment, vacancies and sick leave within the team. They have continued to deliver the 'must dos' and progress the essential projects including cost improvement plans (CIP), developing contract registers across WYAAT and undertaking essential Brexit work to ensure that we have a robust supply chain from 1st January 2021.

2.4.3 Procurement Operations

The Buying team have continued to support the Trust with their ongoing covid requirements, along with maintaining a business as usual service. The covid service requirements include obtaining pricing and placing orders to open covid wards, along with being an active member of the PPE group. Other projects have continued to progress such as Scan4Safety and Catalogue Management.

3.0 CHS

3.1. Spotlight Awards



Tina has gone above and beyond recently; she has worked extra shifts to help out with staff shortages and even went in her own car to collect some disposable curtains in the middle of her night shift so that a ward could open up at short notice.



The Deputy Director of Operations, CHFT emailed to thank Rick for helping in the ED recently when there was an incident which resulted in nursing colleagues being assaulted by a patient. He explained that there had been an ongoing issue with this patient throughout the afternoon that required a police presence but eventually the patient was deemed suitable and stable by the police to be left in the department and his needs to be attended to by ED colleagues. Sadly, this patient assaulted nursing colleagues later and due to his size was difficult to defend against by the nurses treating him. However, Rick stepped in and selflessly assisted to stop the patient assaulting our ED nurses, which we as the senior team in the ED offer our gratitude as without Rick's intervention this situation could have been a lot worse for our nurses.

3.2. Finance

In Month Period 8

The in- month position shows a £0.27m deficit against a plan of £0.07m with an adverse £0.34m variance. This position results from the over recovery of income (£1.16m) due to an increase in the goods and services being transacted through the company offset by an overspend on pay (£0.01m) (adverse to plan) and a non-pay overspend (£1.52m) (adverse to plan) . Pay is overspent by £0.01m due to additional staffing resources required to deliver services in response to COVID 19 this is offset by vacancies in Senior Positions. Non pay is overspent by £1.50m due to an increase in goods and services being transacted through the company. Goods still continue to be funded through national supply chain initiatives and loan equipment from the National Pool to address COVID. This reduction in the procurement of goods and services offsets additional non pay costs such as Clinical waste which relates to COVID 19. Total income is above plan by £1.16m which reflects the increase in income invoiced for goods and services requested by CHFT.

Year To Date

The year to date position is £0.25m surplus against a plan of £0.45m with a £0.20m adverse variance. The adverse variance of £0.20m results from the over recovery of income (£5.85m) due to additional goods and services being transacted through the company offset by additional expenditure on pay (£0.21m adverse to plan) and non-pay (£5.90m adverse to plan).

Pay is overspent by £0.21m due to additional staffing resources required to deliver services in response to COVID 19 this is offset by vacancies in Senior Positions. Non pay is overspent by £5.90m due to additional goods and services being transacted through the company the majority of which relates to COVID 19. Total income is above plan by £5.85m which reflects the additional income invoiced for the goods transacted through CHS and Contract Variations relating to additional services.

Year End Forecast

The yearend forecast is £0.45m against a plan of £0.75m with a £0.30m adverse variance. The forecast is based on variations approved to date. A number of variations still exist which relate to COVID 19 which have yet to be approved through JLC. Going forward work is now being undertaken in the form of restart groups which will look at different ways of working in order to address a second wave of COVID admissions and given a return to business as usual what cost pressures CHS will face in terms of delivering services. The forecast has deteriorated since month 7 due to further slippage in CIP, an expectation that third-party income will not be realised. £100k and variations totalling £210k which have still to be approved. It should be noted that if these variations are approved the position will improve. Work is now being undertaken to ensure variations are signed off with CHFT in the month they are incurred.

CIP

CIP is under plan by £0.01m in month, this relates to the CIP scheme around waste which has not been achieved due to the additional costs due to COVID 19 and delays in the installation of LED lighting. The yearend forecast for CIP delivery is forecast to underachieve by £0.04m due to slippage of schemes due to COVID 19.

3.3. Workforce**3.3.1 Attendance**

CHS Sickness rate for November is 5.44% comprising LTS 3.03% and STS 2.41%. Whilst this is showing an increase on previous months, a further concern is the number of isolations within CHS which causes additional service pressure

We recognise adherence to covid safe practices is problematic in some areas, both inside and outside the workplace and are working to help staff understand the importance of complying at all times with government and workplace guidance.

Contingency arrangements are in place to manage reduce staffing numbers. (See 3.3.3)

3.3.2 Appraisal and Essential Skills Training

Essential (Mandatory) skills training shows excellence compliance, with all areas blue at (95%+). Appraisal season closed on 31 October with an excellent compliance rate of 99.75%

3.3.3 Recruitment

Work has concluded on recruiting to bank posts to support Covid/winter/ pressures
In excess of 50 staff have been recruited since March although a number of these have secured permanent posts elsewhere.

10 of these colleagues have applied for vacancies as they arose and have been appointed into substantive positions with CHS

We currently have 20 staff available and/or working on a bank basis.

This is being assessed as to whether services will need extra cover over the coming months.

This approach is being monitored as a potential way to recruit to posts in the future, however manager feedback is ongoing and suggests modifications may be needed to suit individual service areas.

3.3.4 B BRAUN/TUPE

A part time Decontamination Manager post which has been vacant for a period of time, will be advertised shortly. Airedale is providing support to CHS in the interim.

3.3.5 Staff Survey 2020/21

The Staff Survey 2020 closed on 27 November 2020.

Our overall response rate is 49.4% (*210 respondents from an eligible sample of 425 staff*) which is slightly higher than last year's rate of 47%.

Results are under embargo until the NHS England reports are published February/March 2021 however initial reports will be issued shortly that can be shared internally within the Company in the New Year.

4.0 KPIs

We continue to deliver a large number of KPIs as 'green', 4 KPIs (from a total of 68) did not achieve Green in November, which were:

Porters - Immediate response time Jobs

Switchboard - Calls answered within 60 seconds

Procurement – Epo Value

Estates – Reactive calls completed within (attended by) timescales – Acre Mills

5.0 Risks

An overview of CHS high level risk register is included within Appendix 1.

The high risks that CHS seek to manage and mitigate are:

- HRI Estates failing to meet minimum condition due to age and condition of the building (20)
- Resus – Collective risk to maintain compliance / upgrade (20)
- ICU – Collective risk to maintain compliance / upgrade (20)
- Medical Engineering - There is a risk of equipment failure from Medical Devices on the current trust asset list (16)
- Fire safety due to breaches in compartmentation, and a lack of compartmentation in some areas, and enough staff trained in fire safety awareness and as fire wardens (in CHFT) (15)
- The façade of HRI (15)

To note the below risk has now been REMOVED from the register and necessary action plans are in place

- Incorrect chemical balance in feed water supply to steam boilers (15).

6.0 Recommendation

Shareholders are asked to note the contents of the report.

APPENDIX 1

Risk Register C H Solutions – December 2020						
C H Solutions		Number of Risks	Change in Month			
Burgundy Very Hi Risks		3	0			
Red Risks High		3	0			
Amber Risks Moderate		27	-2			
Green Risks Low		11	0			
Total		44	-2			

Risk ref + score	Strategic Objective	Risk	Executive Lead	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20
CHS Risk 6903 (CHFT 7444 (12))	Keeping the base safe	Resus – Collective risk to maintain compliance / upgrade	Managing Director (SS) General Manager Estates (CD)	=20	=20	=20	=20	=20	=20
CHS Risk 7271 (CHFT 7442 (12))	Keeping the base safe	ICU – Collective risk to maintain compliance / upgrade	Managing Director (SS) General Manager Estates (CD)	=20	=20	=20	=20	=20	=20
CHS Risk 5806	Keeping the base safe	Overall condition of the building –There is a risk to areas due to the age, environment and condition of the HRI building.	Managing Director (SS) General Manager Estates (CD)	=20	=20	=20	=20	=20	=20
CHS Risk 7438 (CHFT 7474 (15))	Keeping the base safe	There is a risk of equipment failure from Medical Devices on the current trust asset list of 19,456 Medical Devices due to a very large number (n=5359) of High Risk devices (n=837), Medium and Low Risk devices which are out of service date and have not been seen for extended periods of time.	Manager Director (SS) Head of Medical Engineering (RR)	=15	=15	=16	=16	=16	=16
CHS Risk 7318 (CHFT 7414 (15))	Keeping the base safe	There is a risk to life and building due to the failed / heavily corroded metal ties that hold back the Portland Stone cladding at HRI, particularly Ward Black 1 South Elevation potentially resulting in falling Stone debris.	Managing Director (SS) General Manager Estates (CD)	=15	=15	=15	=15	=15	=15
CHS Risk 5511 (CHFT 7413 (15))	Keeping the base safe	Collective Fire Risk – There is a risk of increased fire spread and delayed evacuation at HRI	Managing Director (SS) General Manager Estates (CD)	=15	=15	=15	=15	=15	=15

The Risk Register has been noted by CHS Board



West Yorkshire Association of Acute Trusts

Annual Report 2019/2020

A collaboration between Airedale NHS Foundation Trust,
Bradford Teaching Hospitals NHS Foundation Trust,
Calderdale and Huddersfield NHS Foundation Trust,
Harrogate and District NHS Foundation Trust,
Leeds Teaching Hospitals NHS Trust and
Mid Yorkshire Hospitals NHS Trust.

Published October 2020



Contents

Introduction from the Trust Chairs	4
1. Introduction	8
2. Programmes	9
2.1 Procurement	10
2.2 Scan4Safety	12
2.3 Workforce	14
2.4 Pharmacy	16
2.5 Pathology	18
2.6 Radiology (Yorkshire Imaging Collaborative)	20
2.7 WYH Clinical Strategy	24
2.8 Elective Surgery (Orthopaedics)	26
2.9 Elective Surgery (Ophthalmology)	28
2.10 WYH Planned Care Alliance	30
2.11 WY Vascular Service	32
3. West Yorkshire and Harrogate Health and Care Partnership	34
3.1 WYH Five Year Plan	34
3.2 Developing our Infrastructure: Capital & Estates	34
4. WYAAT Governance	36
4.1 Programme Management Office	36
5. Financial Position 2019/20	37
6. COVID-19 Response	38
6.1 Supporting Collaboration	38
6.2 Xero Image Sharing	39
6.3 West Yorkshire and Harrogate Pathology Network	39
6.4 Supporting NHS Nightingale Hospital Yorkshire and the Humber ...	40
6.5 PPE and Medical Equipment Supplies	40
6.6 Ethical Principles	41
7. Conclusion	42
Appendices	
a. WYAAT Income/Expenditure Position 2019/20	43
b. WYAAT PMO Structures	46
c. Glossary of Terms	46



Introduction from the Trust Chairs

In 2016, the six acute trusts in West Yorkshire and Harrogate (WYH) decided to work together because we recognised that we are stronger together.

We set ourselves the purpose “to work together on behalf of patients and the population to deliver the best possible experience and outcomes within the available resources for corporate and acute services across the West Yorkshire Association of Acute Trusts (WYAAT) service area” and we agreed principles for how we will work together and our approach to collaboration.

Since that initial decision, we have made good progress towards our objective and the principles have become central to how we work together. The areas of collaboration and partnership have grown substantially, such that working together through WYAAT is now part of our everyday business.

Our philosophy is that WYAAT is the combination of the trusts, not a separate organisation; WYAAT does not deliver programmes for the trusts, the trusts deliver them together supported by the WYAAT Programme Management Office.

We are all hugely committed to WYAAT, as demonstrated by the annual £2m budget the trusts fund and the extensive time the Chairs, Chief Executives, Executive Directors and senior managers, clinicians and frontline staff spend on collaborative work through the Association. The recent report, ‘Getting it Right in Leadership’, used WYAAT as a case study for a collaborative approach to Getting It Right First Time (GIRFT), recognising the importance and success of our managers and clinicians working together.

Our collaborative approach has continued to pay dividends. Our shared programmes, as WYAAT, or as part of the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP), have continued to make strong progress as outlined in this report. We are now nationally recognised as a blueprint for successful collaboration and as a credible alternative to resource intensive mergers or other structural changes to organisations.

From 1 April 2020, Harrogate and District NHS Foundation Trust will join the Humber, Coast and Vale ICS for the purpose of formal operational, financial planning and service monitoring. However, they will remain a full member of WYAAT and a key delivery partner in our work. This recognises that based on our population and patient flows, this established relationship within WYAAT offers the most benefits for patients in delivery of hospital care.

WYAAT continues to act as a key partner within the WYH HCP, supporting the development of the Five Year Plan in response to the NHS Long Term Plan priorities, and providing executive, clinical and managerial leadership to many of the Partnership’s workstreams linked to the big priorities for the next five years, for example, increasing early diagnosis rate for cancer. Our work with wider system partners, including commissioners and primary care, is becoming more integrated, such as our work on elective pathways such as ophthalmology and dermatology.

We’re extremely proud that we have continued to attract more investment into the region with £12M allocated to support a single Laboratory Information Management System (LIMS) for our pathology services across WYAAT.

The end of 2019/20 has seen an unprecedented challenge to health and care systems worldwide with the outbreak of COVID-19. Whilst the past few months have been extremely challenging for each of us, our strong partnership and history of collaborative working has given us the best possible platform to respond in the interests of our patients and staff.

Andrew Gold
Chair, Airedale NHS Foundation Trust

Angela Schofield
Chair, Harrogate & District NHS Foundation Trust

Max McClean
Chair, Bradford Teaching Hospitals
NHS Foundation Trust

Linda Pollard
Chair, Leeds Teaching Hospitals NHS Trust

Philip Lewer
Chair, Calderdale & Huddersfield
NHS Foundation Trust

Keith Ramsay
Chair, Mid Yorkshire Hospitals NHS Trust

@WYAAT_Hospitals 

<https://wyaat.wyhpартnership.co.uk> 

**Airedale
NHS Foundation Trust**



Andrew Gold
Chair



Brendan Brown
Chief Executive

**Bradford Teaching Hospitals
NHS Foundation Trust**



Maxwell Mclean
Chair



Mel Pickup
Chief Executive

**Calderdale & Huddersfield
NHS Foundation Trust**



Philip Lewer
Chair



Owen Williams
Chief Executive

**Harrogate & District
NHS Foundation Trust**



Angela Schofield
Chair



Steve Russell
Chief Executive

**Leeds Teaching Hospitals
NHS Trust**



Linda Pollard
Chair



Julian Hartley
Chief Executive

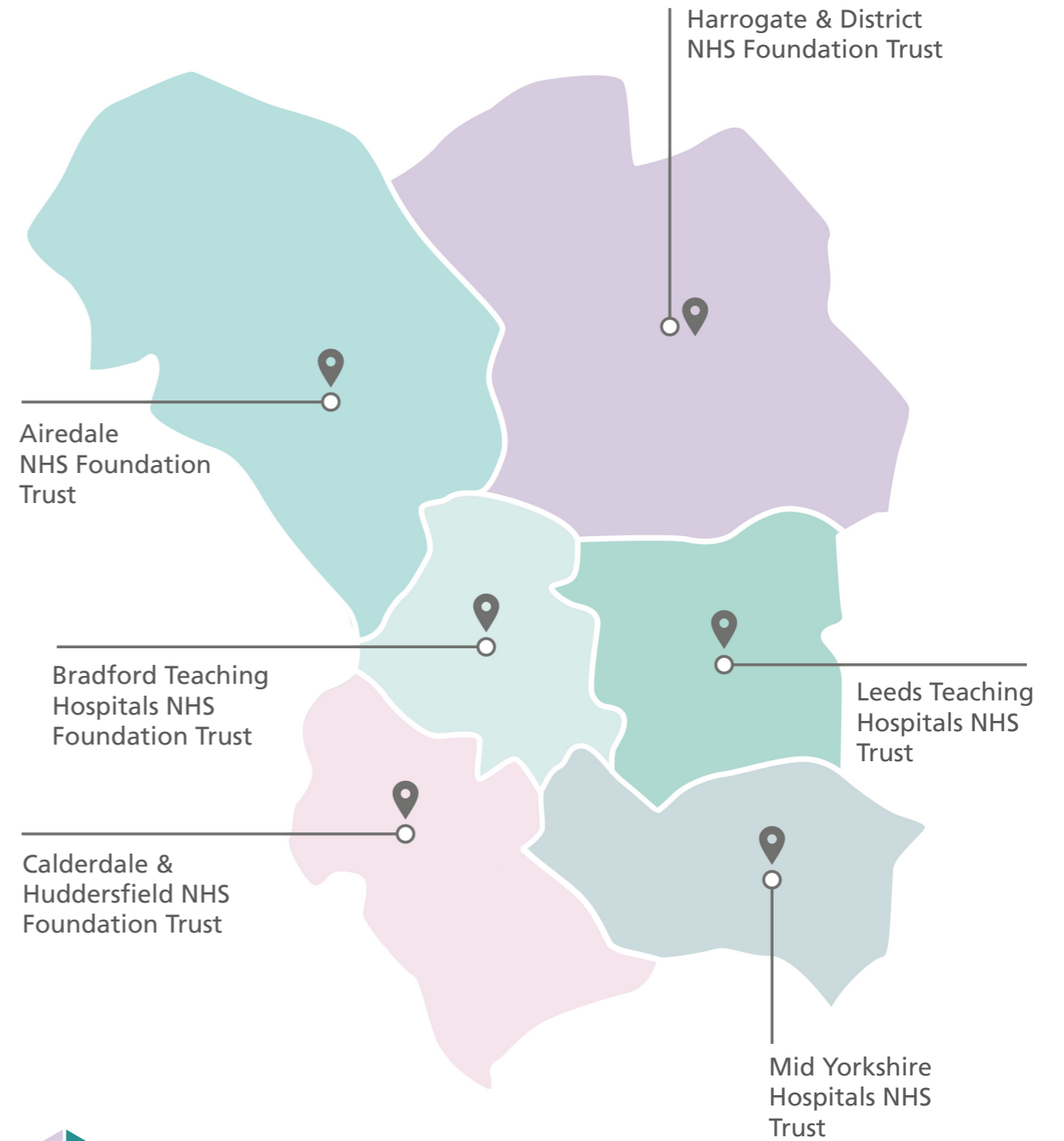
**Mid Yorkshire Hospitals
NHS Trust**



Keith Ramsay
Chair



Martin Barkley
Chief Executive



The West Yorkshire Association of Acute Trusts
is made up of six trusts working closely together
to plan health and care services across the area.

1. Introduction

The West Yorkshire Association of Acute Trusts (WYAAT) was established in 2016, with the first formal meeting of the Committee in Common (CIC) on 12 December 2016. The purpose of the Association, as set out in the Memorandum of Understanding (MOU), is for the trusts to work together on behalf of patients and the population to deliver the best possible experience and outcomes within the available resources for corporate and acute services across the WYAAT service area. The aim is to organise around the needs of the West Yorkshire and Harrogate (WYH) population, rather than planning at individual organisational level so as to deliver more integrated, high quality, cost-effective care for patients.

Since the end of 2016, WYAAT has established a portfolio of programmes covering corporate support, clinical support and clinical services, each of which is led by a Chief Executive and Executive Director, supported by a programme manager from the WYAAT Programme Management Office (PMO). WYAAT acts as the delivery mechanism for the WYH Health and Care Partnership's (HCP) Acute Collaboration programme and also provides a strong voice for the acute trusts into the Partnership.

Our model has been nationally recognised during 2019/20 as a credible alternative to mergers or changes to organisational structure. The NHS Providers 'State of the Provider Sector' report (October 2019) surveyed all NHS providers on progression of, or consideration in engaging in collaborative approaches with other providers. In the response, 66% of providers identified they were collaborating or considering collaboration on back-office services. For clinical services this was 55% and for innovative means to allow staff to work flexibly, 46% responded in the affirmative. We are proud that within WYAAT we have established programmes in all these areas, making a tangible impact after over three years of working together as the Association.

This Annual Report provides an update on WYAAT's progress and development over the last year. In addition to summarising each programme, it also describes WYAAT's contribution to the development of the Partnership and, given the extensive impact of the coronavirus pandemic, describes the role of the WYAAT PMO in supporting the trusts during the initial stages of the pandemic. It concludes with a summary of governance developments and the financial position for 2019/20.



2. Programmes

WYAAT's primary purpose is to deliver a portfolio of collaborative programmes which support the Association's aims as described above. The CIC is specifically charged in the MOU with "overseeing a comprehensive system wide collaborative programme to deliver the objective of an acute provider transformation to a more collaborative model of care for the WYAAT service area, the intention being to deliver a system model, operating as a network, that is coherent, integrated, consistent (reducing unwanted variation) and focused on quality and value for the population and patients". The current portfolio consists of eleven programmes covering corporate support services, clinical support services and clinical services.



2.1 Procurement

SRO: Brendan Brown

Executive Lead: Chris Slater

Programme Manager: Don Sturgeon
Jon Edwards (from 1 April 2020)

Aims & Objectives

- To deliver financial benefits to the WYAAT members through combining their purchasing power (volume) and where appropriate agreeing to use the lowest cost product/service in use in one of the trusts (standardisation).
- To improve the resilience of the procurement function through developing and adopting shared approaches to specific activities.
- To provide procurement expertise and support to WYAAT change programmes.

Achievements in 2019/20

Financial benefits

The Heads of Procurement were set a collective savings target of £8.8m for the year. This was broken down between savings delivered through the new national procurement model (£3.1m); regional initiatives (£0.9m); and local initiatives (£4.8m). Although the target was not met, over delivery on regional and local initiatives mitigated the impact of significant under-delivery of the national model. A Clinical sub-group has been in place since the programme began to identify and scope savings opportunities. During the year, a Non-clinical sub-group was also formed to perform a similar function. In reviewing opportunities, environmental sustainability has been added to the usual criteria of quality and value for money.

Examples of savings through regional standardisation and leveraging of volumes include:

- Surgeon's gloves (£106,000)
- Needle-free devices (£100,000)
- Continence pads (£20,000)
- Anti-embolism stockings (£20,000)
- Warming blankets (£20,000)

Resilience of the procurement function

In August 2019, the WYAAT DOFs signed off a new networked business model for the procurement function. This was based on developing and adopting shared approaches to sourcing/contracting; systems management; and staff training and skills development. The focus to date has been on the procurement and implementation of shared systems, with funding being provided in the main through the Scan4Safety programme. This includes a common Inventory Management System, a Pan-European

Public Procurement On-Line (PEPPOL) access point, a contracts database and e-tendering system. This will enable staff involved in the procurement and supply chain processes to collaborate more easily, avoiding duplication and standardising processes that will improve the quality of their service offer to colleagues in each trust and deliver direct and indirect savings across WYAAT.

Procurement expertise to other WYAAT programmes

Procurement staff have supported the Yorkshire Imaging Collaborative, Pathology, and Scan4Safety programmes in procuring technology improvements funded through successful STP capital bids. In addition, they have supported the Elective Orthopaedics project in developing approaches to the purchase of hip and knee joints.

Plans for 2020/21

The priority for this year will be the operational supply chain of PPE to ensure that frontline staff get the products they need.

This will include:

- Review and implement regional supply chain resilience using a central store to hold contingency stocks
- Review of the PPE supplier base to ensure multiple supply routes are available to meet any increases in demand
- Work with the WY&H Clinical Reference Group to agree a regional quality assurance process for PPE products sourced

Other procurement workstreams

- Contract review for standardisation and savings in areas with highest spend that do not impact on clinical practice
- Continue to invest in e-Procurement to drive more efficiencies into the procurement inventory systems and processes across WYAAT
- Focus on the rollout and implementation of the contracts database and the e-tendering system which will support cross-trust collaboration and contract management
- Utilise the working groups to best advantage to identify and deliver value for money products and services for the benefit of our patients
- Support the other WYAAT Programmes



2.2 Scan4Safety

SRO: Julian Hartley

Executive Lead: David Berridge

Programme Manager: Stuart MacMillan

Aims & Objectives

To implement Scan4Safety across all WYAAT trusts, building on the success of the LTHT demonstrator site. Scan4Safety implements the GS1 barcode standard and scanning technology to improve patient safety and experience by ensuring “right patient, right product, right place, right treatment”. It also provides automated data capture which improves data quality in patient records and administrative systems, for instance stock control. Based on DHSC estimates, the programme is estimated to deliver annual financial savings of £7-10m across WYAAT.

Achievements in 2019/20

Following the approval of the regional Scan4Safety business case by NHSE/I in January 2020, WYAAT was allocated £15M capital funding to implement clinically-led digital transformation through the use of point of care data capture. Since then, all six trusts have established dedicated programme boards and appointed programme leads to drive the change forward.

Collaboratively, in February 2020 the trusts completed the procurement of a new shared Inventory Management System, SupplyX from Omnicell. This solution will allow for the shared management of all stock being used across the region starting with the high cost, high risk items such as implants.

In March 2020 it was agreed that all trusts would use the same shared catalogue, Nexus from GHX, to support this capability and to improve regional buying power. It was also agreed that all trusts would use the same access point, Pagero, to facilitate the automation of producing orders and matching received invoices, removing the manual burden from each finance team.

Individually, each trust has begun work on the foundations of Scan4Safety, namely the barcoding of patients and places with the implementation of new standardised wristbands and new location labels which will be used to aid full traceability of the patient journey, whilst supporting wider use cases such as maintenance work and tracing deliveries.

Each trust has now put in place both financial proposals and delivery plans for 2020/21 and work is proceeding at pace.

Plans for 2020/21

In order to deliver such a large-scale business change, each trust will initially be building up their programme and inventory teams and the first full year of the programme will concentrate on ensuring the building blocks are in place:

- Implementation of GS1 compliant wristbands (the first region in the NHS to complete this)
- The mapping of all trust locations including CAD drawings and implementation of physical Global Location Number (GLN) cards to identify all clinical areas for potential applications such as patient tracking
- Centralising the catalogue capability out of LTHT to ensure consistency of data across the region, enabling opportunities to reduce product prices based on collaborative contracting

Additionally, the trusts will begin the journey to implement a regional Inventory Management System allowing:

- the capture of product to patient at the point of care to reduce never events
- facilitating real time product recall, a huge step forward in patient safety
- the kitting of products for use in theatre to support the wider plans to reduce storage space
- improved patient-level costing
- the mapping of clinical variation to improve patient outcomes and reduce cost

In the latter part of the year, the trusts will be drafting up plans for the future opportunities available once these building blocks are in place, including:

- the use of Real Time Location Services (RTLS) to trace equipment and prevent its loss, improving efficiency of care and reducing wastage
- the tracing of patients to reduce infection transmission
- the tracking of samples to improve pathology flows
- improved operational reporting such as live bed state
- the ability to trace blood accurately, facilitating the trusts' IT ambitions of Healthcare Information and Management Systems Society (HIMSS) Level 6
- improved data capture and reporting to reduce the clinical burden when populating national registries such as the National Joint Registry (NJR)



2.3 Workforce

SRO: Brendan Brown

Executive Lead: Pat Campbell, Phillip Marshall, Jo Harrison

Programme Manager: Madi Hoskin

Aims & Objectives

The programme consists primarily of three projects, with the overarching aim to support our workforce by operating common, consistent best-in-class employment approaches.

- Clinical Support Role Alignment aims to maximise the productivity of the workforce by redesigning and standardising roles to ensure the right role is doing the right task
- Staff portability will establish the infrastructure, processes and policies to enable staff to work in and on behalf of all WYAAT trusts
- Collaborative medical bank will enable bank staff to work across WYAAT and reduce bank and agency costs

Achievements in 2019/20

The WYAAT portability agreement has been used in earnest across our organisations over the last year, supporting treatment of patients closer to home, enabling staff movement for a variety of short term purposes without the need for onerous process and paperwork. It has been so successful that services have requested to expand the remit to include longer fixed periods and a task and finish group is being set up to explore options.

The role alignment project for clinical support workers produced standard JDs for band 2 and band 3 roles in the first half of the year, decisions on implementation have been considered by the WYAAT Chief Nurses and all HR process are in place to support the use for recruitment in 2020/21.

The collaborative medical bank project completed detailed financial analysis to determine a potential set of rates across WYAAT. Analysis considered long standing additional payments (variation orders) and fixed special rates for hard to fill services. Data quality and consistency meant that this process took considerably longer than anticipated but has resulted in a sound proposal.

The WYAAT workforce programme was featured in an NHS Employers case study and our portability agreement forms part of the national toolkit.

The programme also hosted the NHS Streamlining Programme, which has been renamed 'Enabling Staff Movement'. Funding from the LWAB secured a project manager who coordinated the work across WYH supporting WYAAT to achieve the programme objectives. A hugely successful event was held in February 2020, celebrating the work done so far across the region and encouraging teams moving forward into the next year of implementation.

The workforce programme worked with the WYH Unpaid Carers Programme on the development of a Working Carers Passport. The project manager for the work is hosted by WYAAT, which has helped to ensure the proposals, policies, and Working Carers Passport are co-designed with WYAAT HR staff, which will support implementation.

We successfully bid for £3.1M of NHSE/I funding for e-Rostering and e-Job planning in partnership with other WYH trusts. Project initiation has already started in this year and will commence delivery in 2020/21.

Plans for 2020/21

- The Enabling Staff Movement programme combines the work of the streamlining programme, staff portability and will deliver the ambitions of the NHS People Plan. The programme workstreams are being implemented and supported by the WYH Deputy Human Resources Directors (HRD) working group. The standardisation of mandatory and statutory training, the minimising of duplication for staff moving between organisations and ensuring the best experience for staff are all priorities
- The E-Rostering and E-Job planning programme is much more than the procurement and implementation of a new IT system and as such the process, standardisation and engagement work will be completed by HR and workforce leads coordinated by a central project manager in the WYAAT Workforce Programme. The PID, plans and engagement will begin in earnest in 2020/21, having been started in Q4 2019/20
- WYAAT will engage fully in the delivery of the NHS People Plan and work within the WYH People Board to ensure we are ambitious in the achievement of the outcomes while ensuring the consideration of staff wellbeing throughout. This work will also be embedded through the HRD network and through the other WYAAT programmes



2.4 Pharmacy

SRO: Martin Barkley

Executive Lead: Liz Kay. Phil Deady (from 1 April 2020)

Programme Manager: Ric Bowers. Lauren Price (from 1 April 2020)

Aims & Objectives

The overarching aim of this project is to improve patient care and enhance patient safety through the provision of ready-to-administer injectable medicines.

Specific objectives are to:

1. Improve patient care by releasing nursing time to care
2. Enhance patient safety through the provision of quality assured products
3. Generate additional manufacturing capacity to satisfy current and future demand
4. Leverage economies of scale concerning equipment and workforce
5. Act as a focal point to reduce unwarranted variation for in-scope products
6. Enhance resilience

Achievements in 2019/20

Project Board established

The initial kick-off meeting took place in October 2019, when a Project Board was established with representation from all six WYAAT trusts via Chief Pharmacists plus subject matter experts, executive-level nursing and HR representatives, project management resource and external consultancy expertise.

The project board retained many of the members from the WYAAT regional store project who have a track record of working well together and bring a wealth of knowledge to the project.

Data collection

Key learning from the WYAAT regional store project was that precise, validated data is essential. The team therefore undertook significant data-collection exercise during October and November 2019, which supported an agreement of which key products might be suitable for a regional approach. Key elements such as stability, turnaround times and predictability of demand were taken into consideration.

The above data, including current and potential future production volumes, was combined with an analysis of infrastructure and workforce requirements and informed the initial Product Category Options Appraisal. This was considered by the Project Board in February 2020 and ratified our product category focus of immunotherapy (MAbs) and Central Intravenous Additive Service (e.g. intravenous antibiotics) medicines.

Due to coronavirus the project was paused from March to June 2020.

Plans for 2020/21

Options Appraisal

The initial product catalogue and associated product volumes will be reviewed following the project restart. The next stage is to undertake a second options appraisal to determine viable operating models. It is essential that the selected model can significantly increase pharmacy capacity to optimise patient care; particularly by i) supporting nursing colleagues through provision of ready-to-administer medicines, ii) managing sustained growth in product demand and iii) optimising the patient experience.

Outline Business Case

Once these potential operating models have been identified, an Outline Business Case will be constructed to articulate the relative costs and benefits of viable options, including the potential do-nothing option of pursuing local investment and associated risks to patient care and waiting lists if a way forward cannot be identified.

National Engagement

- The project will continue to maintain close links, through shared membership, with the National Aseptics Transformation Board Chaired by Lord Carter
- The Project Team have submitted indicative capital costs to NHS England, with the potential opportunity to be a 'pathfinder' within England
- Continue to maintain close links with other large-scale projects of this nature





2.5 Pathology

SRO: Martin Barkley

Executive Lead: N/A

Programme Manager: Lucy Cole

Aims & Objectives

The aims of the WYH Pathology Network are to deliver a high-quality, efficient and effective pathology service to our population. This programme responds to the national NHS Improvement pathology consolidation initiative launched in 2017, in which trusts providing pathology services were required to form pathology networks. The WYH Network is made up of the WYAAT member trusts.

Achievements in 2019/20

The focus for the pathology programme in 2019/20 was the production of a WYH Strategy. This was supported by the WYAAT Committee in Common in October 2019 and subsequently approved by all trust boards during November 2019. The Strategy identified:

- A proposed model for standardisation and consolidation of laboratory services to deliver routine and direct access testing from fewer sites through hub laboratories
- A governance model to support the operation of a single Network for WYH

Whilst consolidation of laboratory services is a long-term programme for the Network, there have been significant opportunities identified for improvements in quality and efficiency across the Network through standardisation to tackle clinical variation, reduce non-pay expenditure and to support a single Laboratory Information Management System (LIMS) implementation.

The Network was successful in securing £12M capital allocation to support the implementation of a single LIMS across the six WYAAT trusts. Based on this, the business case for procurement of a single LIMS was revised and supported by the CIC in October and formally approved by trust boards in November 2019.

We successfully published a tender for the single LIMS in February 2020 following significant engagement work with pathology scientists, clinicians, managers and IT leads, which was undertaken during the second half of 2019 to develop a detailed specification of our requirements.

Supporting the Network proposals, LTHT submitted an Outline Business Case and planning application in February 2020 to develop a new, state-of-the-art laboratory facility at St James's University Hospital, supporting consolidation of pathology services across Leeds and providing capacity to deliver the consolidation proposals outlined in the Strategy in future years.

The Network governance structure, as outlined in the Strategy, has been defined and agreed, with operation in shadow form from 1 April 2020. The 2019 NHSI Pathology Networking State of the Nation report identified the WYH Network to be at 100% compliance for engagement (improving from 75% in 2018) and 100% on track for the networking requirements for 2020/21.

Plans for 2020/21

- Identify a preferred LIMS supplier by May 2020 and submit a Full Business Case (FBC) to NHSE/I in August 2020 to approve capital release
- Commence design and build phase with LIMS supplier and the six WYAAT trusts (October 2020)
- Support the Building the Leeds Way Programme to undertake a procurement exercise to secure contractors for the new laboratory at LTHT and develop a FBC for NHSE/I to support capital release (Summer 2020)
- Develop a Full Business Case for the governance and management of the Network to cover operations from April 2021 onwards (January 2021)
- Develop a second pathology provider partnership / entity to work alongside the existing Joint Venture within the overarching Network model (March 2021)
- Deliver on priority standardisation projects to support future operations and deliver improvements to quality and efficiency





2.6 Radiology (Yorkshire Imaging Collaborative)

SRO: Mel Pickup

Executive Lead: Cindy Fedell

Programme Manager: Gary Cooper, Diane Rooney, Janine Bontoft

Aims & Objectives

The Yorkshire Imaging Collaborative is a transformation programme enabled by technology, comprising 28 hospitals across nine NHS trusts, supporting a population of 4 million, reaching across the WYH and Humber Coast and Vale (HCV) HCPs. York Teaching Hospitals FT formally joined the Collaborative in early 2019.

The Collaborative will provide an integrated radiology service responsive to the current and evolving needs of patients and supporting the delivery of the Cancer Alliance goals. By adopting a common technical solution, radiology services over our whole area will be able to deliver on-demand availability of images and reports at the point of care, no matter where patients travel for care within the network.

Transformation

Achievements in 2019/20

The focus of work in 2019/20 has been to develop the specification and Full Business Case (FBC) for the implementation of a shared reporting solution across the WYAAT trusts. Following a successful procurement by the HCV partners of the Collaborative in Q1 2019 and additional market research by WYAAT, the decision was taken to pursue the same solution and work is currently underway with the preferred supplier to negotiate a suitable position. Implementation of the solution has commenced in HCV which will greatly inform the implementation within WYAAT. The solution will be funded from a successful bid from WYAAT for £6.1M capital funding. Work is in progress to detail the service model in preparation for the solution.

The programme successfully recruited a Health Education England (HEE) Clinical Leadership Fellow (Radiologist Registrar) in August 2019 and has advanced work on developing options for a collaborative on call model. This would potentially see out of hours reporting for Member Trusts managed from a centralised location; rather than the current mixture of trusts' staff at various sites and by external organisations.

The common practices work stream is well developed with 11 Special Interest Groups meeting on a regular (quarterly) basis. The more mature of these groups have already identified and agreed standard protocols for the region to adopt. The groups continue to receive significant support from key stakeholders across the Collaborative and we are being approached by external Collaboratives interested in our approach.

The Radiographer Lead commenced in post in September 2019 and has very quickly developed and initiated a number of workforce projects. Work is being advanced on agreement for a workforce strategy for the Collaborative. The Collaborative has been at the forefront of work to establish HEE's international recruitment programmes and supported an International Radiographer Recruitment Project in India in February 2020. Several suitable candidates were identified and are being offered to NHS trusts. Agreement has been reached to review and explore standardised job descriptions for advanced practice roles. Work is also underway with Local Health Education providers to establish an apprentice route for radiographers. A very successful first Radiographer Study Day was held in early February with fantastic attendance from across the Collaborative and excellent feedback.

Following a successful round of recruitment, the Demand and Capacity project, in collaboration with the WYH Cancer Alliance, is working with LTHT to develop a model for CT and MRI demand and capacity which can be rolled out across WYAAT to understand how changes to pathways and waiting times can be managed within radiology.

Early work has commenced with education partners to identify suitable options for a Collaborative Artificial Intelligence project to enable more efficient working.

The programme has also continued to implement its communications and engagement strategy. The programme team has visited all trusts, joining consultant radiologist meetings, and holding drop-in sessions for radiographers. The aim is to empower and encourage the workforce to help design their own future in order to increase the uptake of new technology and generate cultural change to support a network model. Several workshops specific to individual work streams have also been undertaken.





Plans for 2020/21

- Refresh the business case for the shared reporting solution and obtain CIC and Member Trusts' approval to proceed. This is targeted for Q2 2020/21
- Complete procurement and commence implementation of the shared reporting solution by Q3 2020/21
- Commence implementation of Collaborative home working in Q3 2020/21
- Complete options development for the Collaborative's Future Way of Working (service model)
- Begin shared reporting across YIC from Q4 2020/21
- Work with HEE to identify training course priorities for radiology
- Special interest groups to continue their development of common approach to protocols
- Scope, develop options and source funding to commence a Collaborative Artificial Intelligence project
- Continue the extensive communications and engagement activity to maintain clinical commitment to the programme

Technology

Achievements in 2019/20

Three trusts have deployed PACS since April 2019 – CHFT, ANHSFT and MYHT.

The Xero image viewer is technically working between trusts. In parallel, the Xero image viewer is being implemented in LTHT and integration of local Xero instances into a single system (allowing cross-trust image viewing) is now operational.

The incumbent Programme Manager retired in June 2019 and a new Programme Manager was appointed July 2019.

Plans for 2020/21

PACS (EI) deployments dates are:

- LTHT - the trust is making significant progress with the project and is working towards a go-live date in 2020
- BTHFT - August 2020

A further piece of work is being reviewed to agree standardisation and consolidation of naming conventions across Member Trusts which will be a prerequisite for workflow sharing. Initial meetings for this are being held with Service Managers in April 2020.



2.7 WYH Clinical Strategy

SRO: Brendan Brown

Executive Lead: Matt Graham

Programme Manager: Dr Robin Jeffrey, Gary Cooper

Aims & Objectives

The purpose of the WYH Clinical Strategy is to provide a framework for the development, improvement and transformation of clinical services in WYH. By aligning individual organisational strategies, place strategies and WYH programmes within this framework we seek to ensure that the development, improvement and transformation of clinical services is coherent throughout our system. An aligned framework:

- Enables places and trusts to develop their own services while avoiding adverse impact on other places' or trusts' services
- Promotes collaboration between places and trusts on services where a WYH or multi-place approach is required

Achievements in 2019/20

The work to develop a WYH Clinical Strategy began in 2018 in response to multiple requests for a clinical strategy to inform the HCP's capital and estates strategy, financial strategy etc. Since the clinical strategy for acute services was recognised as a core part of the overall clinical strategy the WYAAT PMO offered to lead the work on behalf of the whole HCP. A Clinical Strategy Steering Group was established with representatives from all sectors and places to oversee the work. The group agreed three workstreams: frailty patient journeys, children and family patient journeys and acute specialty profiles. The outcomes of these workstreams were presented to SLE in May 2019 and it was agreed that WYAAT should lead further work to develop the acute specialty profiles.

Following extensive engagement with clinicians in all trusts and places by the programme team, a complete set of 24 acute specialty profiles was presented to the Programme Executive in September 2020. Following the Programme Executive, the programme team met with the Executive Team from each trust to review the acute specialty profiles against each trust's own clinical strategy to confirm alignment between them and identify any specific, discrete areas of needing further work.

In February 2020, the team returned to the Programme Executive to present the draft Clinical Strategy. The purpose of the Strategy is to provide a framework within which local and WY&H programmes can be delivered while remaining coherent with the overall clinical strategy for the system; the Strategy does not seek to define every aspect of every service from WY&H level down since this would be too big and too complex. The Strategy is built from the WYH HCP vision and service delivery model.

The service delivery model describes acute hospital services in three layers: local, secondary and tertiary and the Strategy describes the outline future operating models for specialties against those layers, highlighting opportunities for clinical networks, care closer to home, use of digital technology and population health and prevention.

Following the meeting, the intention was to complete a further round discussion with trust Executive Teams and to engage with commissioners and the wider HCP but this was put on pause during COVID-19.

Plans for 2020/21

- Following the initial peak of the pandemic the Programme Executive decided to keep the work on pause while services are restarted and changes from COVID-19 are embedded
- The work will restart towards the end of 2020 with a review of the February 2020 Clinical Strategy against the lessons from COVID-19





2.8 Elective Surgery (Orthopaedics)

SRO: Steve Russell

Executive Lead: Clare Smith

Programme Manager: Madi Hoskin

Aims & Objectives

The Elective Surgery programme is a clinically led, data driven regional collaborative improvement programme to deliver clinical excellence, reduce regional variation and provide best value for money in alignment and collaboration with the WYH HCP Standardising Commissioning Policies and Elective Care Programme.

The project goals are to deliver standardised elective pathways to maximise both efficiency and productivity which will increase capacity to ensure maximum NHS funds are spent in NHS organisations, and to ensure equity of care for patients across the region.

Achievements in 2019/20

The programme delivery team provided information that supported standardising information for GPs in SystmOne.

Standard referral criteria and protocols for hips, knees and shoulders were drafted with the surgeons and operational managers in the programme delivery group in partnership with the place-based planned care commissioning leads. They were all finalised and approved for implementation this year. As each place implements the referral policy, equality of services and access to those services across WYH increases.

The patient education group of therapists and patient engagement leads has now designed and created the standard content for the patient journey app. When launched, the app will be available for all patients to engage with from the decision to have surgery right through the post-surgical therapy, providing timely information in an accessible format. This product will be supported by a print on demand version of the content ensuring accessibility for all and maintaining a single standard across all WYAAT organisations.

The programme delivery group designed and tested optimised theatre lists, a way of rotating staff that means it is possible to do an additional joint replacement on each theatre list. The design worked well and was popular with staff as they adjusted to the new way of working. To fully scale up across all orthopaedic lists there is a requirement for more ODP and scrub staff which are currently in short supply. While there is a shortage of staff scaling up optimised lists is on hold due to the high risk of avoidable late cancellations due to understaffed lists. Work is underway on recruitment training and a review of band 2 to 4 roles.

Standardised referral approaches, theatre lists, post-surgical therapy and patient information means that patients across WYH will be receiving the best care.

Plans for 2020/21

- The programme has now ended however the orthopaedic delivery group intend to continue working together as a clinical service network to implement and monitor the work done so far and to maintain a system approach to service delivery moving forward. This includes a plan to launch the patient education app, standardising patient education and providing information as the patient journey progresses, including exercise videos, hospital information and recording levels of pain
- The Procurement Programme has now taken over the procurement workstream because of complications with the national towers. The programme delivery group will maintain the engagement to ensure that decisions are clinically led





2.9 Elective Surgery (Ophthalmology)

SRO: Steve Russell

Executive Lead: Clare Smith

Programme Manager: Nicky Moss

Aims & Objectives

The Elective Surgery programme is a clinically-led, data driven regional collaborative improvement programme to deliver clinical excellence, reduce regional variation and provide best value for money in alignment and collaboration with the WYH HCP Standardising Commissioning Policies and Elective Care Programme.

The project goals are to deliver standardised elective pathways to maximise both efficiency and productivity which will increase capacity to ensure maximum NHS funds are spent in NHS organisations, and to ensure equity of care for patients across the region.

Achievements in 2019/20

The programme developed regional pathways for Cataract Surgery, AMD and Glaucoma. Two of these clinical pathways (Cataract Surgery & AMD) achieved commissioner approval and were progressing through trust governance before COVID-19. The Glaucoma pathway was in the final stages of development prior to approval with work underway to agree clinical thresholds, risk stratification protocols and discharge guidelines (for stable green patients).

The development of these pathways will reduce clinical variation across WYAAT. Their impact being further enhanced by the development of shared decision-making tools, regional referral forms, standard clinical thresholds, a Treat & Extend Policy and improved patient information.

The programme ran a pilot with optometrists to enable direct referral into ophthalmology services rather than via a GP.

A regional approach for routine, complex and emergency vitreo-retinal surgery is under development, improving patient safety and equality across WYH and supporting service sustainability.

The programme worked closely with the various Diabetic Eye Screening Programmes across the region to explore opportunities to improve working between HES and DESP so that patients are seen in the most convenient location by the most appropriate clinician.

In the paediatric eye project team work was focussed on the development of a GOS referral protocol and discharge protocol. These will help to reduce unnecessary referrals and ensure that patients are discharged as soon as safe/practicable. Work is underway to trial and audit these procedures before full sign-off and adoption regionally.

Plans for 2020/21

- The programme has now ended the remaining work will continue to progress as part of the Planned Care Alliance Outpatient Programme. This will ensure coordination with other design/efficiency work and move the developed pathways to implementation
- Wider engagement across the whole system (including NHS Trusts, AQPs, Community Optometrists and commissioners) will be necessary to develop robust implementation plans including necessary commissioning, workforce planning and efficiency optimisation
- The Diabetic Retinopathy team will develop regional discharge criteria, virtual pathways and guidelines on which patients (with non-DR issues) should be referred to a community optometrist
- Further work will be undertaken to explore and agree a regional policy for use of minimally invasive procedures (including iStents). This will bring together consultants and across the region to collectively agree which treatments should be offered to patients so that care is consistent and fair across the ICS



2.10 WYH Planned Care Alliance

SRO: Steve Russell, Jo Webster

Executive Lead: Matt Graham, Catherine Thompson, Sal Uka, James Thomas

Programme Manager: Madi Hoskin, Fiona Stephenson, Kate Clough, Mike Hayward

Aims & Objectives

The Planned Care Alliance Board operates within WYH principles for stabilisation and reset:

- We will be ambitious for the people we serve and the staff we employ
- We will ensure that our approach to recovery will be outcomes focused and reflect the ambitions in our five year strategy
- Our approach will consider the response across the breadth of our partnership, including wider economic recovery
- Our approach will recognise that most of the planning takes place at local level, and we will be clear where the value-added is at WYH level, in line with our three tests

Background

Prior to the pandemic the programme leadership had started the process of bringing together into a single programme the work of the WYAAT Elective Surgery programmes, the WYAAT Outpatient Transformation Programme (delivered by the AHSN) and the WYH Elective Care and Standardisation of Commissioning Policies programme. The pandemic has expedited this and all work will now be done as a single WYH Planned Care Alliance.

The Planned Care Alliance has a refreshed leadership team with Jo Webster (Chief Officer, Wakefield CCG) and Steve Russell (Chief Executive Officer, Harrogate and District Foundation Trust) as co-chairs, and Dr James Thomas (Bradford CCG) and Dr Sal Uka (Calderdale and Huddersfield Foundation Trust and WYAAT Clinical Lead) providing clinical leadership and integration with the Clinical Forum.

The Planned Care Alliance held its first board meeting in June 2020, confirming governance, membership and priorities, the Board membership includes secondary care, primary care, commissioning, VCS and patient representation.

The first phase of work for the programme team is the delivery of work to support the recovery and reset of services across WYH. This includes the development of an Adopt and Adapt blueprint for theatres on behalf of NHSE/I and the implementation of blueprints for Diagnostics and Outpatients (the Cancer blueprint being managed by the Cancer Alliance). This work will be in support of the phase 3 planning and restoration of NHS services but will also ensure that the work is transformational, patient-centred and innovative.

Plans for 2020/21

- Delivery of the four Adopt and Adapt blueprints to meet the requirements of the NHSEI programme
 - Endoscopy
 - CT and MRI
 - Outpatients
 - Theatres
- Where the ongoing work of any original programmes is still required, but not present in the Adopt and Adapt blueprints, work will be programmed alongside the Adopt and Adapt programmes





2.11 WY Vascular Service

SRO: Mel Pickup

Executive Lead: Matt Graham

Programme Manager: CD - Neeraj Bhasin
GM - Jane Lang
HoN - Clare Vickers

Aims & Objectives

To establish a single, shared, regional West Yorkshire Vascular Service (WYVaS) with two arterial centres encompassing current services across ANHSFT, BTHFT, CHFT, LTHT and MYHT in line with the recommendations of the Yorkshire and Humber Clinical Senate, and to comply with the NHS England Service Specification.

Through this the ultimate aim is to create a sustainable, effective regional service that delivers an exceptional standard of care to the patients and staff enjoy working within.

To note, vascular services for Harrogate are provided with York Teaching Hospital NHS FT so HDFT is not part of WYVaS.

Achievements in 2019/20

The triumvirate have established and embedded the multi-professional, multi-organisation working groups to oversee the development of a single service via the following work streams:

- Governance
- Workforce
- Operations and Performance
- Finance and Contracting including Procurement
- Communications and Engagement
- Repatriation
- Clinical Standardisation

WYVaS continues to develop a shared and collaborative culture, vision and ethos, across all five hospital trusts to deliver evidence-based models of care that further improves patient outcomes and experience. There is a passion that this approach will drive improved resilience of the service by attracting talented new staff whilst retaining existing colleagues through ensuring staff are happy in their work and given the opportunity to progress through bespoke career pathways that meet their aspirations.

This ethos should also bring benefits to the wider NHS with standardisation of procurement and improved opportunities for regional research.

The triumvirate have established positive, collaborative working relationships with a wide range of stakeholders and developed an understanding of the baseline position. Proposals and documents have been created to describe unified regional clinical pathways, operational policies, new models of working, repatriation protocols etc. The aim is to result in service efficiencies, such as a virtual ward to provide admission

avoidance and early supportive discharge, facilitating patients being able to stay at home for longer with an improved experience.

Other initiatives, such as developing a regional Vascular Nurse Specialist model and agreed therapy/rehabilitation/repatriation protocols, will deliver continuity, equity and ease of access of care across the region.

A regional governance structure is emerging to monitor safety and quality once the service goes live. This will sit alongside a single regional performance dashboard and we continue to develop a finance vision towards a single regional contracting model.

WYVaS worked with NHS England to prepare for and complete the challenging public consultation on the proposal for BRI to be the second arterial centre and attended the WY Joint Health Oversight and Scrutiny Committee on a number of occasions.

Plans for 2020/21

- Continued service development regionally, co-ordinated by the triumvirate
- Continued planning to implement a shared, single regional vascular service
- Complete reconfiguration of three to two arterial centres in the region
- Increase use of technology to deliver virtual OPD consultations
- Work with primary care to develop an intermittent claudication pathways and exercise program, moving forward decisions from the West Yorkshire & Health Care partnership clinical forum
- Introduce the first cloud based regional informatics platform to allow an aggregated reporting position for vascular services
- Use technology to identify waiting list variation and offer patients choice
- Continue to transform services to optimise patient experience and outcomes
- Revise the capital bid for a hybrid theatre at BTHFT and discuss funding routes with the WY&H Capital and Estates Board
- To engage with wider stakeholders within WYHCP such as the Clinical Forum, Planned Care Alliance and Joint Committee of CCGs
- To create a WYVaS website - a central resource of clinical, operational and governance information
- Create a WYVaS Patient Panel to involve service users in the planning and implementation

3. West Yorkshire and Harrogate Health and Care Partnership

WYAAT's second role is to provide a strong and consistent acute trust voice into the Partnership. Over the last year this has mainly been in two areas: the development of the WYH HCP Five Year Plan and securing capital funding to enable us to improve infrastructure for patients and clinicians in the region.

3.1 WYH Five Year Plan

All Health and Care Partnerships across the country (ICs or STPs) have produced a Five Year Plan in response to the commitments in the NHS Long Term Plan. WYAAT has played a significant role in development of the plan and in the demonstrable progress of many of the WYH HCP programmes including: Cancer, Urgent and Emergency Care, Planned Care, Maternity, Workforce, Digital, Capital and Estates, Finance, Innovation and Improvement.

The WYAAT trusts and senior leaders have continued to play a significant part in the further development of the HCP, taking senior leadership roles including:

Angela Schofield, chair HDFT: vice chair of the WYH HCP Partnership Board

Owen Williams: SRO for the WYH HCP Capital & Estates programme

Martin Barkley: SRO for the WYH Innovation & Improvement programme

Julian Hartley: Co-Chair of the WYH Cancer Alliance

Julian Hartley, Martin Barkley, Mel Pickup and Bryan Gill: members of the System Oversight & Assurance Group

Brendan Brown: Chair of the Local Workforce Action Board (in 2020/21 this will become the People Board, working alongside the regional Workforce Hub)

Karen Dawber: Acute SRO of the Local Maternity System

Cindy Fedell: SRO Digital Programme

Prabal Data: Clinical Lead, WYH Stroke Network

Bryan Gill: Co-chair of WYH Clinical Forum (from April 2020)

Steve Russell: SRO of WYH Planned Care Alliance (from May 2020)

3.2 Developing our infrastructure: Capital & Estates

2017/18 and 2018/19 saw WYH, through the WYAAT trusts, secure a range of capital allocations to support investment in infrastructure projects in the region. In 2019/20, plans for these projects progressed, and further projects were approved, cumulatively totalling over £850M of investment in our acute hospitals. It is a testament to our work as a partnership, within WYAAT and as part of the WYH HCP, that we have secured the largest share of national capital investment in England.

Existing projects

- Ongoing procurement within the Yorkshire Imaging Collaborative for a shared reporting solution across the WYAAT trusts. A procurement exercise commenced in 2019/20 and will conclude in 2020/21 with an FBC to NHSE/I to release £6.1M capital allocation to support implementation
- A FBC was approved by NHSE/I during 2019/20 to release nearly £15M capital to implement Scan4Safety across all six WYAAT trusts. This was one of the first multi-trust business cases approved, supporting the WYAAT model
- An OBC, along with a planning application, was submitted by LTHT to NHSE/I and the local authority respectively to support the development of a £27M capital project to build a new state of the art laboratory on the St James's University Hospital site, delivering consolidation of pathology services across Leeds and supporting the delivery of the WYH Pathology Network Strategy in the future

In addition, CHFT secured £197M capital to support its reconfiguration of the Calderdale Hospital and Huddersfield Royal Infirmary sites. 2019/20 saw the trust progress this work through development of an OBC.

New allocation

- Allocated £12M capital in August 2019 to support the implementation of a single LIMS across the WYH Pathology Network. A procurement process commenced in 2019/20 and will conclude in early 2020/21 with a FBC to be submitted to NHSE/I in Summer 2020 to enable the release of the capital allocation to commence implementation

As a trust, LTHT was allocated £600M capital in September 2019 to support the development of two new hospitals, including a children's hospital, on the Leeds General Infirmary site, both of which will provide specialist care to patients in WYH and beyond.



4. WYAAT Governance

Our governance structures are now well established in supporting collaboration and decision-making on collaborative programmes. No business cases, proposals or key decisions supported by our Committee in Common have not subsequently been formally approved by the six trust boards. In 2019/20 this supported progression to the next stages of work, for example in Scan4Safety and pathology.

We believe that our ability to take collective decisions, the progress we are making on a wide range of programmes and the strength of WYAAT's voice nationally and within the HCP, demonstrates that, with the right governance structures, clarity of vision and purpose, and good relationships, an association of trusts is an effective alternative to mergers and other organisational structure changes to achieve collaboration and system working.

4.1 Programme Management Office

The WYAAT Programme Management Office (PMO) has continued to grow this year to have sufficient capacity to deliver its increasing portfolio of programmes. There are now more than 30 members of staff in post. The full structure of the team is at Appendix B.



5. 2019/20 Financial Position

The original budget for 2019/20 was £1.86M, to be funded from contributions from the six WYAAT partners plus the acute trusts in Humber, Coast and Vale who are members of the Yorkshire Imaging Collaborative (YIC). Expenditure for the year was £1.72M giving an underspend of £1.45M. This was mainly attributable to the YIC, Pathology and Scan4Safety programmes and driven by delays in appointment. In year, we received £0.350M Transformation Funding for the Pathology programme that reduced the contributions needed from the WYAAT partners.

In addition, during the year we received funding from the ICS for the Ophthalmology and Carers projects that we hosted and from Health Education England for the appointment of two clinical fellows to support the YIC and Vascular programmes.

A more detailed breakdown of expenditure is shown in Appendix A.

6. COVID-19 Response

The WYAAT PMO supported the trusts to coordinate their response to COVID-19 and facilitated ongoing conversations between trust leaders to share information and agree common approaches during the pandemic. We were able to respond immediately (often before regional or national teams) and then, as national and regional support was established, switched our capacity to support other tasks.

We also supported specific COVID-19 projects, detailed below in sections 6.1-6.7

6.1 Supporting Collaboration

Liaison Officers and Daily Sit-rep

WYAAT PMO staff, supported by others from WYH HCP, provided a Liaison Officer to each trust to facilitate information sharing between organisations. On a daily basis we took information from each trust and put it into a single document to support whole acute sector visibility. This daily sit-rep publication consolidated information on critical care capacity and staffing levels across all WYAAT trusts. By sharing what was happening in each WYAAT trust, we aimed to minimise the risk of colleagues feeling isolated in dealing with a very difficult situation.

Trust Communications Reports

During the period in which trusts were sharing daily COVID-19 bulletins, WYAAT issued a daily communications report to support the sharing of key messages. The update provided a consolidated place for trusts to receive useful information, including the sharing of good practice and key messages. It also provided links to sharable content to support consistency and efficiency. It helped ensure more consistent messages to all staff working in the WYAAT hospitals.



6.2 Xero Image Sharing

The Yorkshire Imaging Collaborative (YIC) Programme accelerated the deployment of new functionality to enable regional image and report viewing in response to the COVID-19 pandemic. The Xero Exchange Network (XEN) is now available in seven of the nine trusts within the collaborative, to help manage the high demand on radiology departments during the COVID-19 outbreak and beyond, when services return to full capacity.

The software allows clinicians across the connected sites to instantly access images acquired at any site, without the need for image transfer either by CD/DVD or use of the Image Exchange Portal (IEP). Not only does this software speed up the time it takes to access an image, it also enables a quicker patient diagnosis and, in some cases, reduces the number of times a patient is required to attend hospital for a scan.

The software was also connected to the NHS Nightingale Hospital Yorkshire and the Humber, to ensure that images acquired at the Nightingale Hospital could be accessed at the other connected hospital sites.

As non-COVID-19 activity is restored, the XEN will help colleagues avoid requesting duplicate scans and increasing demand on our diagnostic services.

6.3 West Yorkshire and Harrogate Pathology Network

The West Yorkshire and Harrogate Pathology Network worked collaboratively across WYAAT in its response to COVID-19. The Network worked as part of the national testing cell's response – appointing a single Pathology Incident Director, Procurement Lead and Quality Lead to work across the Network as one of 29 nationally.

The Network increased capacity for COVID-19 PCR testing from 100 tests per day from LTHT at the start of the pandemic in March, to capacity to run 5,000 tests a day with testing available at every trust in the Network by mid-June. All teams rose to the challenge to increase capacity for this complex molecular test, including the purchasing and installation of new platforms and training for wider staff teams who would not normally run this sort of test. The Network also operated extended hours during the surge to improve capacity across WYAAT hospitals.

As of mid-June, the Network was able to offer almost 4,000 antibody tests per day to the region and mobilised quickly to do 1,500 staff tests on the first day of testing, only two days after the testing kits were released.

6.4 Supporting NHS Nightingale Hospital Yorkshire and the Humber

Although a regional facility, the implementation of NHS Nightingale Hospital Yorkshire and the Humber was led by WYAAT, through LTHT. The majority of the executives and project team were from WYAAT trusts and the WYAAT PMO.

The relationships built through WYAAT and the Partnership were an important factor in the ability to establish the facility so quickly and maintain its readiness for reactivation.

The WYAAT PMO also supported trusts to deliver additional radiology capacity by introducing outpatient CT appointments for non-COVID ambulatory patients at NHS Nightingale. Initially this has been utilised by LTHT and HDFT but is available to all trusts in the region and a number of others are exploring its use.

6.5 PPE and Medical Equipment Supplies

In response to the nation-wide shortage of personal protective equipment (PPE) and other medical supplies, the WYAAT Procurement team supported by the PMO organised daily stock reporting on supplies and co-ordinated supplier offers of help across local trusts.

WYAAT established a common data capture to develop a combined WYH view of our organisations for each type of PPE. Using this combined view, we were able to facilitate immediate 'mutual aid' between trusts based on individual stock levels. In addition, WYAAT sourced several large orders from overseas and established a regional store at the Harrogate showground, where these large volume orders were delivered for onward distribution. We also took a lead across the broader system by supporting the six other community and mental health providers and provided assistance in the development of a model that estimates the impact of changes in patient activity on the volumes of PPE required.

This joint working meant that no WYAAT trusts had to limit their service offer on the back of access to PPE.



6.6 Ethical Principles

The Partnership recognised a need to support their staff across social, community and hospital care to act with confidence and integrity during the COVID-19 pandemic and into the future. This led to a desire to have clarity and consistency of clinical ethical principles across the WYH system that supported all staff to make sound decisions. The aim was to set out broad ethical principles that could be applied to adults across the health and care system but still be specific enough to be of practical use.

WYAAT colleagues worked closely with the WYH Clinical Forum subgroup to rapidly scope, draft and ratify these principles. The principles were generated by looking across a wide range of sources of ethical thinking (RCP, RCGP, NHS England, BMA, HDFT, Bradford and Craven Districts, NICE) and drawing these into a set of principles relevant to WYH. These were then tested in situ across the Partnership by members of the Clinical Forum Subgroup to make them as applicable as possible across the breadth of services provided.

The principles were ratified by the WYH Clinical Forum and are now used at a place level to support programmes and services in making challenging decisions with confidence and integrity. Once the principles have been used to assist programmes (notably around Advanced Care Planning), these real case examples are planned to be written up to inform staff across the Partnership about how they too can use these principles to support their work.

7. Conclusion

2018/19 saw the programmes progress substantially with a number gaining key approvals and securing capital funding, underpinned by strong partnerships and the WYAAT MOU. 2019/20 has been a year of consolidation, of our relationship as partners, of our governance and decision-making processes and of our programme delivery. 2019/20 has also seen much recognition of our collaborative model as a credible means by which to deliver system-level change. The end of the year has been dominated by our response to the coronavirus pandemic which has validated and reinforced the importance of collaboration and the value of the strong relationships between us - trust and mutual support have been critical to our success in the last few months.

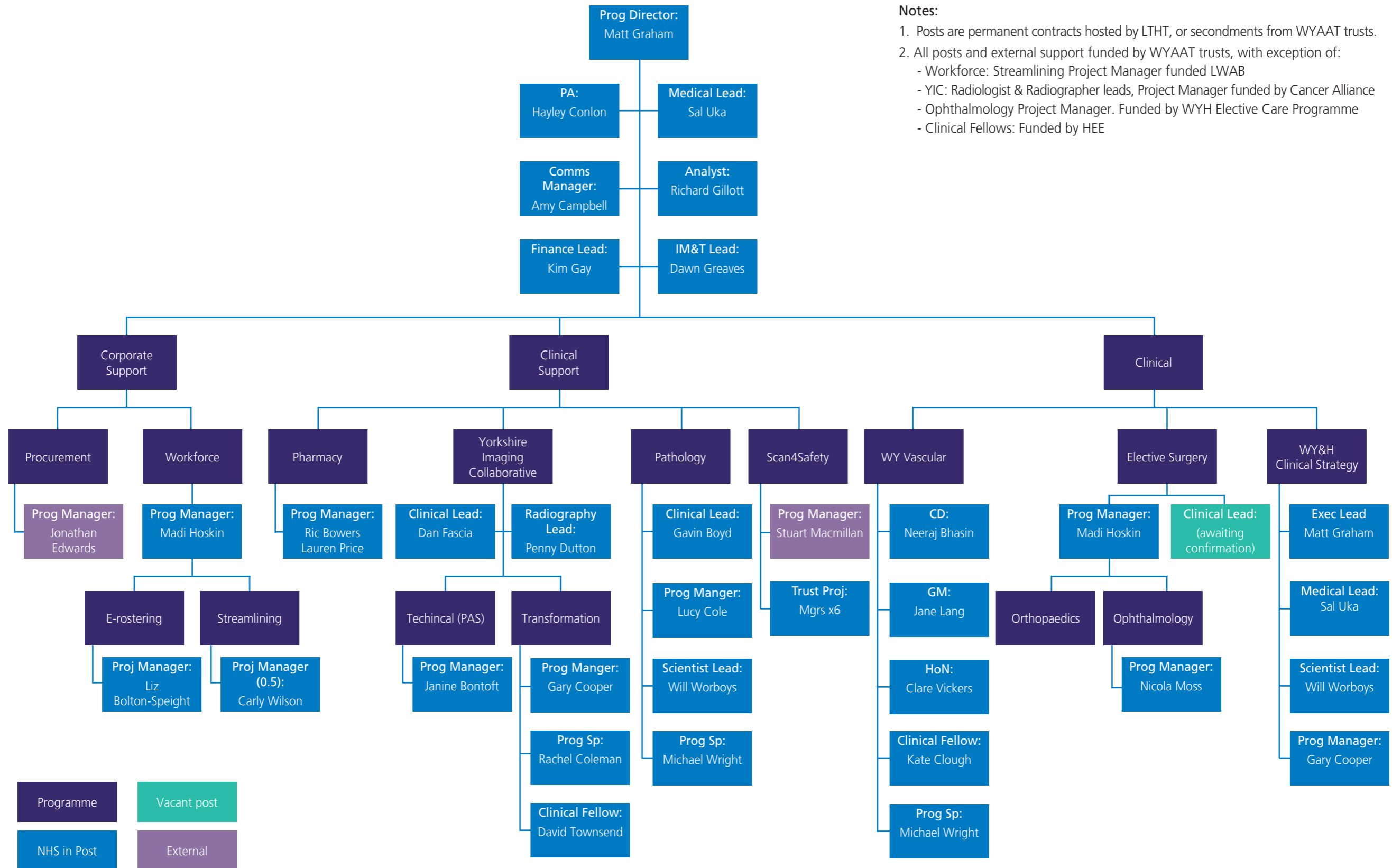
Appendices

Appendix A: WYAAT Budget 2019/20

Original Plan	Annual budget (£)	Actual expenditure (£)	Variance (£)
Programme Office	637,136	647,180	10,044
Procurement	101,520	104,321	2,801
Pharmacy	47,568	48,116	548
YIC - Technology	93,590	77,754	-15,836
Scan4Safety	226,100	193,577	-32,523
YIC - Transformation	97,807	88,220	-9,588
IM&T	35,424	39,299	3,875
Pathology	350,000	272,770	-77,231
Workforce	52,000	49,684	-2,316
Vascular	203,667	199,038	-4,629
Pay award provision (costs in rows above)	20,000	0	-20,000
Total	1,864,812	1,719,957	-144,856

Additional projects funded in year	Income (£)	Expenditure (£)	Variance (£)
Joint project with ICS on Ophthalmology	53,122	53,122	0
Hosted ICS carers project	40,000	13,826	-26,174
Clinical fellows	58,664	84,437	25,773
Total	151,786	151,385	-401

Appendix B: WYAAT PMO Structure



Appendix C: Glossary of terms

ANHSFT - Airedale NHS Foundation Trust

BTHFT - Bradford Teaching Hospitals NHS Foundation Trust

CCGs - Clinical Commissioning Groups

CHFT - Calderdale and Huddersfield NHS Foundation Trust

CiC - Committee in Common

DH - Department of Health

GIRFT - Getting It Right First Time

HDFT - Harrogate and District NHS Foundation Trust

HEE - Health Education England

HUTH - Hull University Teaching Hospitals NHS Trust

IM&T - Information Management and Technology

LHCRE - Local Health and Care Record Exemplar

LIMS - Laboratory Information Management System

LTHT - Leeds Teaching Hospitals NHS Trust

LWAB - Local Workforce Action Boards

MAU - Medical Assessment Unit

MoU - Memorandum of Understanding

MYHT - Mid Yorkshire Hospitals NHS Trust

NHSE- NHS England

NHSI - NHS Improvement

NLAG - North Lincolnshire and Goole NHS Foundation Trust

OJEU- Official Journal of the European Union

PACS - Picture Archiving and Communications System

PID - Programme Initiation Document

PMO - Programme Manager's Office

WYAAT - West Yorkshire Association of Acute Trusts

WY&H HCP - West Yorkshire and Harrogate Health Care Partnership

WYJHOSC - West Yorkshire Joint Health Oversight and Scrutiny Committee

WYVaS - West Yorkshire Vascular Service





<https://wyaat.wypartnership.co.uk>



@WYAAT_Hospitals





West Yorkshire Association of Acute Trusts

Our progress and achievements during
2019/2020





An Introduction from Matt Graham, WYAAT Director

The West Yorkshire Association of Acute Trusts (WYAAT) is a collaboration of six NHS trusts who deliver acute hospital services to 2.6 million people across West Yorkshire and Harrogate.

We're part of the wider West Yorkshire and Harrogate Health and Care Partnership. WYAAT gives the acute hospitals a strong and consistent voice within the Partnership and delivers the Partnership's "Hospitals Working Together" programme.

Our vision is to provide a region-wide, efficient and sustainable healthcare system that uses innovation and best practice for the benefit of patients.

We're working together because we believe we are stronger together. WYAAT does not deliver programmes for the trusts - we deliver them together, supported by the WYAAT programme management office (PMO).

We are very proud of the work we have achieved through WYAAT in 2019/20. The decisions we have been able to take together and the progress we have made shows that an association of trusts is an effective way of working to bring about better services for our patients.

In 2020, collaborative working is now more important than ever. Health and care services have undergone rapid transformational changes to respond to the global public health emergency presented by the international coronavirus pandemic. At the time of writing this

report, WYAAT had a major role in the local response to the COVID-19 pandemic. Therefore, as well as summarising the achievements of 2019/20, the following pages also include an additional section on the work the WYAAT PMO undertook at the very start of the COVID-19 pandemic to support our local hospitals.

Whilst it has been an incredibly difficult time, it has given us the opportunity to work differently, breaking down barriers, to do the best we can as a system in an emergency.

We accelerated work in several areas to support a partnership response to COVID-19 across the trusts, including the roll-out of the Yorkshire Imaging Collaborative image-viewing software, increased testing capacity across the Pathology Network and establishing the Nightingale Hospital in Harrogate.

Adversity has strengthened partnerships with our colleagues across the system and we must sustain those in the future.

2020 will no doubt continue to be a very challenging year, and I am grateful for the energy, passion and effort WYAAT colleagues from across the trusts continue to demonstrate to help stabilise and reset NHS services for our population.



Matt Graham
Director,
West Yorkshire Association
of Acute Trusts

Airedale NHS Foundation Trust



Andrew Gold
Chair



Brendan Brown
Chief Executive

Bradford Teaching Hospitals NHS Foundation Trust



Maxwell Mclean
Chair



Mel Pickup
Chief Executive

Calderdale & Huddersfield NHS Foundation Trust



Philip Lewer
Chair



Owen Williams
Chief Executive

Harrogate & District NHS Foundation Trust



Angela Schofield
Chair



Steve Russell
Chief Executive

Leeds Teaching Hospitals NHS Trust



Linda Pollard
Chair



Julian Hartley
Chief Executive

Mid Yorkshire Hospitals NHS Trust



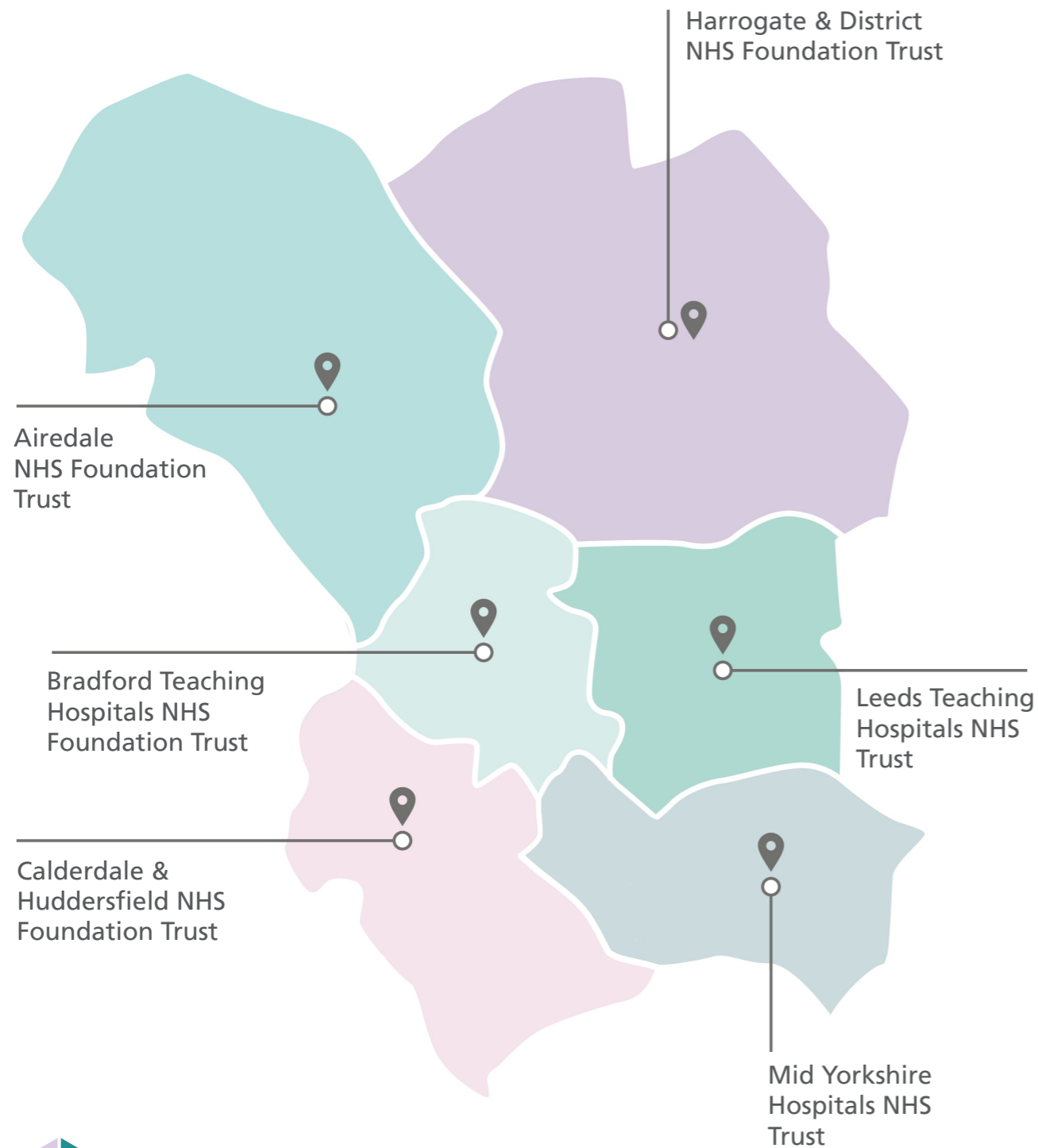
Keith Ramsay
Chair



Martin Barkley
Chief Executive

September 2020

Programmes



The West Yorkshire Association of Acute Trusts is made up of six trusts working closely together to deliver health and care services across the area.

Procurement

Benefits for patients

This programme brings together procurement specialists from the WYAAT hospitals to identify areas where our combined strength in the region can be used to save money by standardising products.

Achievements in 2019-20

The WYAAT procurement programme saved hospitals across West Yorkshire and Harrogate more than £400k in 2019/20. Example savings achieved through standardising products include:

- Surgeon's gloves (£106,000)
- Needle-free devices (£100,000)
- Continence pads (£20,000)
- Anti-embolism stockings (£20,000)
- Warming blankets (£20,000)

The procurement team also supported the Yorkshire Imaging Collaborative, Pathology, and Scan4Safety programmes in procuring technology improvements.

Plans for 2020-21

- Further focus on reviewing services to bring about greater regional collaboration, avoid duplication and improve service quality.
- Deliver further savings by continuing to standardise more products and services.
- Complete the development of a regional procurement model.

Scan4Safety

Benefits for patients

Scan4Safety uses barcodes and scanning technology to track patients and products across the trusts - improving patient safety whilst reducing the cost of care. It also improves data quality in patient records and administrative systems.

Achievements in 2019-20

The programme was allocated more than £14 million funding to implement Scan4Safety across the WYAAT trusts.

The procurement of a new shared Inventory Management System was completed, which will allow trusts to see levels of all stock across the region.

Each trust has begun work on the foundations of Scan4Safety. This includes the use of scannable tags to aid full traceability of patients and products.

Plans for 2020-21

- Fully establish programme and inventory teams in all trusts.
- Implement the regional Inventory Management System.
- Develop plans for future opportunities including Real Time Location Services and tracking of pathology samples.



Programmes

Workforce

Benefits for patients

The workforce programme aims to help the trusts implement common, consistent, top quality employment practices to deliver sufficient staff in the right roles to provide care to our patients.

Achievements in 2019-20

The 'Enabling Staff Movement' programme implemented changes making it easier for NHS colleagues to move between organisations.

A 'portability agreement' between trusts enabled staff movement for a variety of short-term purposes without the need for onerous process and paperwork.

The workforce programme worked with the West Yorkshire and Harrogate Unpaid Carers Programme on the development of a 'Working Carers' Passport', to improve working conditions for working carers across West Yorkshire and Harrogate.

Plans for 2020-21

- Deliver the ambitions of the NHS People Plan through the Enabling Staff Movement programme.
- Implement a shared E-Rostering and E-Job planning platform.

Pharmacy

Benefits for patients

This programme will improve WYAAT's capacity to manufacture ready to administer medicines, such as intravenous antibiotics and chemotherapy drugs, improving patient care, enhancing patient safety and releasing nursing time to care.

Achievements in 2019-20

A Project Board was established with representation from all six WYAAT trusts including pharmacists, nursing and human resources representatives.

The team undertook a significant data-collection exercise to identify which medicines would be suitable for a regional approach to manufacture and supply. In February 2020, the Project Board agreed to focus on immunotherapy drugs and intravenous antibiotics.

Due to coronavirus the project was paused from March to June 2020 so that pharmacy staff could return to fulltime clinical work.

Plans for 2020-21

- Determine options for a viable operating model to significantly increase pharmacy capacity to optimise patient care.
- Develop and gain approval of a business case for the preferred option.

Pathology

Benefits for patients

The aim of the West Yorkshire and Harrogate Pathology Network is to deliver high quality, efficient and effective pathology services for the population of West Yorkshire and Harrogate. It will address challenges around staffing and increasing demand, investment in new technology and ways of working so that patients get the highest quality service.

Achievements in 2019-20

The West Yorkshire and Harrogate Pathology Strategy was supported by all WYAAT trust boards. The strategy set out plans to operate a single network of pathology services for West Yorkshire and Harrogate and to consolidate some laboratory services into a smaller number of hub laboratories.

The Network was also successful in securing £12 million to support the implementation of a single Laboratory Information Management System across the six WYAAT trusts. This state-of-the-art IT system will link the pathology services together giving clinicians access to pathology results from anywhere in West Yorkshire and Harrogate.



Programmes

In line with the Network Strategy, Leeds Teaching Hospitals NHS Trust submitted a planning application to develop a new, state-of-the-art laboratory facility at St James's University Hospital to provide one of the hub laboratories for the network.

Plans for 2020-21

- Complete procurement and commence design and build phase of the Laboratory Information Management System to link the pathology services together giving clinicians access to pathology results from anywhere in West Yorkshire and Harrogate.
- Support the build of the new West Yorkshire and Harrogate hub laboratory at St James's University Hospital.



Programmes



Radiology - Yorkshire Imaging Collaborative

Benefits for patients

The Yorkshire Imaging Collaborative works across the six WYAAT trusts and three regional partner trusts to provide an integrated radiology service that is responsive to the needs of patients across all our hospitals. Using common approaches and technology we will be able to deliver patient images and reports wherever patients receive their care within the network: in line with our vision "Any image, Anywhere".

Achievements in 2019-20

New image-sharing technology, which allows organisations to view patient images and reports across eight NHS hospital trusts, was successfully deployed at Airedale NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust and The Mid Yorkshire Hospitals NHS Trust.

The technology provides instant access for clinicians to view patient images and reports, which previously had to be physically or electronically transferred between hospitals.

Extensive work took place to support the recruitment of radiographers across WYAAT, including a project with Local Health Education providers to explore establishing an apprentice route for radiographers.

The Yorkshire Imaging Collaborative worked with the Health Education England Overseas Recruitment Pilot Programme in India to support a successful overseas recruitment drive. This resulted in the appointment of 15 radiographers.

Clinicians from across WYAAT and partner trusts worked together to agree common approaches to scanning and reporting, to ensure continuity of care for patients.

Plans were progressed for the introduction of software which will allow clinicians to report on patient scans from any location, including when working from home.

Plans for 2020-21

- Deploy image-sharing technology at Leeds Teaching Hospitals NHS Trust, Bradford Teaching Hospitals NHS Foundation Trust.
- Commence implementation of collaborative reporting software between WYAAT and Humber Coast and Vale partner trusts.
- Implement flexible and home working for 158 Consultant Radiologists and Reporting Radiographers.
- Implement training rooms at each hospital trust to facilitate virtual training.

Planned Care

Benefits for patients

This programme manages the transformation of planned hospital care to achieve the best health outcomes and reduce inequality of access for patients.

Achievements in 2019-20

Standard referral criteria and protocols for hip, knee and shoulder surgery were finalised and approved for implementation this year.

Content has been designed and created for the patient journey mobile app. When launched, the app will be available for all patients to engage with from the decision to have surgery right through the post-surgical therapy, providing timely information in an accessible format.

The programme delivery group designed and tested optimised theatre lists, a way of rotating staff that means it is possible to do an additional joint replacement on each theatre list.

The programme team co-designed a 'best of the best' approach for several ophthalmology procedures across West Yorkshire and Harrogate, to ensure that patients get the same level of high-quality clinical care wherever they live.

Programmes



An innovative new approach to connecting optometrists and specialists in hospitals was also trialled which will significantly improve the speed at which patients receive care.

Plans for 2020-21

- Launch the patient journey app.
- Develop regional discharge criteria, virtual pathways and guidelines on which patients should be referred to a community optometrist.
- Establish a Planned Care Alliance as a governing body to deliver service transformation in outpatients, diagnostics and surgery to improve patient care and manage hospital capacity.



Programmes



West Yorkshire and Harrogate Clinical Strategy

Benefits for patients

The purpose of this programme is to improve clinical services in West Yorkshire and Harrogate. It promotes collaboration between healthcare services where it makes sense to do so and ensures that patients receive the same high standard of care, regardless of where they live.

Achievements in 2019-20

A West Yorkshire and Harrogate Clinical Strategy was drafted to highlight opportunities where hospitals and other healthcare services could benefit from working together.

The strategy describes a model of care which focuses on the delivery of care closer to home, the use digital technology and prevention of illness by supporting patients to adopt a healthy lifestyle.

Plans for 2020-21

- Following the initial peak of the pandemic, this work was put on pause while services are restarted and changes from COVID-19 are embedded.
- The work will restart towards the end of 2020 with a review of the Clinical Strategy against the lessons from COVID-19.



Programmes



West Yorkshire Vascular Service

Benefits for patients

The West Yorkshire Vascular Service brings together the vascular services from Airedale, Bradford, Calderdale and Huddersfield, Leeds and Mid Yorkshire NHS Trusts. Its aim is to create a sustainable, effective regional service which delivers exceptional care to patients and which staff enjoy working in.

Achievements in 2019-20

A public consultation was successfully completed with NHSE/I on the proposal for Bradford Royal Infirmary to be the second arterial centre in West Yorkshire, leading to support from the West Yorkshire Joint Health Oversight and Scrutiny Committee for the proposal. NHSE/I took its formal commissioning decision on the proposal in March 2020, enabling WYVaS to begin preparation for the move of services in late 2020.

A set of standardised treatment protocols for vascular services were developed through extensive clinical engagement across WYVaS. These will be implemented in all trusts to ensure patients receive the same high standards of care everywhere in West Yorkshire.

Plans for new models of vascular care were developed including: a "Virtual Ward" which will enable patients to stay at home for longer; an Urgent Vascular Assessment Clinic, to see urgent patients quickly without needing admission to hospital; and a Consultant of the Week model to provide continuity of consultant input to patients on vascular wards.

Plans for 2020-21

- Establish the expanded Bradford Royal Infirmary arterial centre to complete the reconfiguration from three to two arterial centres in the region.
- Implement the new models of vascular care to optimise patient experience and outcomes.
- Develop the vascular workforce across West Yorkshire.



COVID-19 Response

The end of 2019/20 saw an unprecedented challenge to health and care systems worldwide with the outbreak of COVID-19.

The WYAAT PMO supported the trusts to co-ordinate their initial response to COVID-19 and facilitated ongoing conversations between trust leaders to share information and agree common approaches during the pandemic.

Reporting

- Provided a link between the trusts to coordinate the response to COVID-19 across the system
- Provided WYAAT level reporting on critical care capacity and staffing levels across the trusts
- Issued a daily communications report to support the sharing of key messages across the trusts

West Yorkshire and Harrogate Pathology Network

- Supported all trusts to increase capacity for COVID-19 testing and operate extended hours during the surge to improve capacity across WYAAT hospitals
- Led and coordinated the pathology incident response in West Yorkshire & Harrogate

Xero image sharing

- Accelerated deployment of software to enable regional image and report viewing, which:
 - Enabled a quicker patient diagnosis
 - Reduced the number of times some patients were required to attend hospital for a scan

PPE and medical equipment supplies

- Established a regional store at the Yorkshire Showground in Harrogate.
- Sourced several large orders for the region
- Co-ordinated supplier offers of help across local trusts
- Organised daily stock reporting on supplies

Supporting NHS Nightingale Hospital Yorkshire and the Humber

- Led the establishment of the Nightingale Hospital - a 500 bed critical care hospital delivered in three weeks
- Maintained the hospital's readiness for reactivation
- Established an outpatient CT service at NHS Nightingale for trusts to increase scanning capacity in West Yorkshire & Harrogate

Ethical principles

- Drafted, scoped and ratified broad ethical principles to support clinicians caring for adults with coronavirus across the local health and care system





wyaat.wyhpartnership.co.uk



[@WYAAT_Hospitals](https://twitter.com/WYAAT_Hospitals)



A collaboration between:
Airedale NHS Foundation Trust,
Bradford Teaching Hospitals NHS Foundation Trust,
Calderdale and Huddersfield NHS Foundation Trust,
Harrogate and District NHS Foundation Trust,
Leeds Teaching Hospitals NHS Trust,
Mid Yorkshire Hospitals NHS Trust.

The West Yorkshire Association of Acute Trusts is part of
West Yorkshire and Harrogate Health and Care Partnership

