Public Board of Directors 1 July 2021 - Items for Board Assurance

Organiser Jacqueline Ryden

Documents for Review

1. CHS Managing Directors Report - June 2021

Calderdale & Huddersfield Solutions Limited (CHS)

MANAGING DIRECTOR'S SHAREHOLDERS REPORT

JUNE 2021

Calderdale and Huddersfield Solutions Ltd
Huddersfield Royal Infirmary · Trust Headquarters ·
Acre Street · Huddersfield · HD3 3EA
Web: www.chs-limited.co.uk
Company registration number 11258001 · VAT number 293 0609 00

1.0 Company Update

Verbal Update

2.0 Service updates

2.1. Estates

2.1.1 Capital Development / Backlog

The Learning Centre reprovision has been approved for the sub basement floor at HRI, the package of works have been tendered and the team are currently looking at value engineering the scheme within budget.

The de-commissioning of the existing Learning Centre and Nurses Home is ongoing with asbestos removal and soft strip currently taking place. The project is due for completion in November 21. The dusty demolition works have been put back to September due to the IPC requirements for sealing closed windows and the potential for overheating within ward areas.

2.1.2 Community

Work to rationalise the estate footprint adjacent to HRI is now coming to an end. The disposal of 62 Acre Street is the last identified disposal. Heads of terms are currently being negotiated with Assura who are working alongside Lindley GP & Greater Huddersfield CCG to develop a new GP Practice on the site. The market value is £295k.

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 with programme end date forecast for Summer 2021.

2.1.4 Fire Safety

Fire safety remains an area of focus at HRI. A recently completed fire audit by Mott MacDonald's has been reviewed and a capital plan of £400k has been approved. CHS are working alongside the Trust fire officer and the Fire Committee to prioritise the action plan following the audit and to commence design to roll out the capital plan.
The actions are around, community fire door remediation, HRI 30 min compartmentation, fire plans and signage.

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.

A feasibility study has been completed by our PSCP and a gross maximum price for the over cladding is due mid June. There are ongoing issues with the main contractors independent

building control officer and the local authority in relation to the retention of timber window frames within the over cladding. CHS are working with IHP to ascertain whether a scheme to include the removal of window frames is achievable and what clinical impact this will have.

Risk Mitigation

To mitigate the risk of falling stone panels a 6-month survey is conducted by structural engineers BWB to assess the condition and movement. The survey is due to commence at the end of June.

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

During the pandemic here has been 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. A paper exploring the mitigations and subsequent advice was presented and approved by IMT in February. A number of air purifiers have been purchased and rolled out to a number of areas with approval from IPC colleagues.

2.1.8 ED Development

The new ED development at HRI has now been passed over to estates to run as a P22 scheme. The capital development team are working with Lendlease Consulting who are providing PM & QS services. The planning application for the scheme was submitted on 16th June 21. The team are working closely with all stakeholders to sign off internal design and room data sheets.

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, this is now being expanded to enable Wards/Departments to better manage their assets, by grouping them into Ward/Department areas from the Favourites menu. Throughout the next year suitable assets will be tagged and added to each area as identified.

2.2.2 Active Temperature Monitoring

Medical Engineering has withdrawn the ULT freezer tags from the Covid Vaccine freezers, which will now be redeployed to Pharmacy freezers. Ambient temperature tags have been deployed around the Trust into Medicines storage areas and the refrigerator tags are working well. The planned upgrade is due shortly, we are waiting for the upgrade to the Temperature monitoring system before the SOP and "Go Live" date is agreed.

Ambient Tag

Refrigerator Tag

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 and expand the Digital Training Catalogue.

2.2.4 Training Compliance

CHS training compliance for Medical Devices remains constant and above 95%

Division	April	May
Surgical	66%	65%
Medicine	64%	61%
FSS	82%	82%
Community	78%	79%
Corporate	48%	55%
CHS	98%	98%
Trust	73%	73%

2.2.5 Scoping space for Medical Engineering

We are looking to gain another location for Medical Engineering at HRI to accommodate the new staff and improve workflow and throughput.

2.2.6 Contract Management

This is now an agenda item at the Medical Device Procurement & Management Group (MDPMG) monthly meetings. We are also setting up a monthly review with Divisional Finance colleagues in order to agree the variations.

2.2.7 Decontamination and Repair of Mattresses

Planned trial runs to prove the process will be happening this month, SOP and method statement are going to be reviewed by IPC for new “in house” decontamination and repair process, with Facilities Team to deliver the decontamination element & Medical Engineering to deliver the repair element of the service, while maintaining support from current provider, staff have been recruited and are planned to be in post before end of month, but to assist existing staff have already been trained and will be receiving additional training over the coming months to support this service.

2.2.8 KPI compliance

We have maintained Green compliance for all High-Risk devices but have been unable to do this for Medium and Low Risk device due to lack of staff, as we now have recurrent funding to support the recruitment of new staff, we have appointed to the new roles and one has now started, the others are planned to start later this month. This should enable the recovery of KPI’s over the coming months.

2.2.9 Vacancy

In the coming months the following posts will be advertised:

- Grade B Apprentice Administrative assistant.
- Grade TBC Decontamination Manager.

2.2.10 Student Placements

As our recent recruitment has shown the placement program is bearing fruit, as we have engaged a former placement into a permanent position. To that end we will be looking to increase the number of placements from 2 to 3 in September and will engage shortly with Bradford University again for the Clinical Technologist students who will be looking for their placement positions in the Autumn.

2.2.11 Replacement of Patient Monitoring

The case for the replacement monitors will be represented to CISC due to a change in requirement and some unexpected costs, in order to mitigate the delay the lease on the current theatre monitors has been extended for 3 months to ensure service continuation.

2.2.12 ESCRIBE/Dose Error Reduction Software (DERS)

We have begun the process of scoping the potential to integrate our infusion & syringe pumps with our EPR system, this is being done jointly with Pharmacy and will also potentially involve Bradford as well as there is potential for a joint procurement within the S4S project scope.

2.3. Facilities

2.3.1 Covid Support

Facilities services have been able to step down some of the additional services which we have been providing over the past 12 months. Where support is still required, variations have been raised and timeframes agreed

2.3.2 Laundry Tender

The laundry tender process is almost complete with the intention to issue Mid-June

2.3.3 Retail catering

Handover meetings have started and collective meetings have been held with all Compass staff, with individual 1:1 meetings in place for those who requested one. Weekly meetings are taking place for CHS colleagues to ensure actions are completed and the schedule remains on plan

2.3.4 Transport services – Operators licence

The operators licence has been granted and the larger shuttle buses are now back in circulation. There has been agreement from the Trust to source an additional vehicle, following directive from IPC that social distancing must remain as was on all vehicles as the Trust won't be moving to a more relaxed service which would see vehicles operating at 80% capacity

2.3.5 Equipment service review

The recommendation by Local Authority Commissioners, to retain the Calderdale Community Equipment service as an in-house service, was approved by the ICE/BCF board in May. The review considered outcomes set out in the original recommendation and identified that the service had delivered excellent value for money, servicing the Calderdale Community quickly and efficiently. Evidence showed that the outcomes had been achieved and additional benefits had been accomplished.

2.3.6 National Cleaning standards

New NHS Cleaning Standards have been launched with a 12-month implementation period. A meeting with the Trust is to take place to establish who will be involved in implementation. Estates and ward colleagues are included in the group.

2.3.8 ED Porter

A revised approach to the ED Porter was implemented at HRI on 05/05/21, resulting in the ED Porter being part of the pool rather than in ED. This means that CHS are now able to collect data as all jobs are logged onto Cap Man. Regular meetings with ED will continue to monitor and refine the service.

2.4. Procurement

2.4.1 Materials Management

The team continue to provide PPE services, undertaking daily stock counts (to be reported nationally), stock takes and distribution of Lateral Flow tests.

This month has seen the revival of business-as-usual projects, the main projects are shown below.

- The team are supporting the Infection Prevention Control team with their 2-week Student Placement programme. The new students will spend time within Materials Management team to understand the range of medical and surgical consumables the Trust use, along with the reasons we use them. This will improve working relationships and enable us to provide an improved service to clinical colleagues.
- A Woundcare Strategy Group has been established with the aim of standardising dressings across Pharmacy and Materials Management. This will reduce costs and provide a standardised service across the Trust.
- Work has re-commenced for NRFit implementation to change devices used predominantly in theatres relating to spinal and epidural procedures. The term "NRFit™" refers to neuraxial devices that are ISO 80369-6 compliant. These consumables are yellow which identify them as NRFit™ devices.

- Housekeeping is underway on the Bluespier system by the relevant MatMan staff in preparation for the new SpaceX inventory management system. This work is part of the Scan 4 Safety programme.
- WYAAT project – There are currently three projects moving at pace which all trusts have agreed to review and sign up to if possible; 72 hour closed suction, nasal bridles and haemostats. CHS have signed up to all three standardisations. Several other projects are in the scoping stage.
- Catheter Steering Group has recently recommenced with one of the aims to ensure standardisation of consumables across the trust including Community.

2.4.2 Category Management

The Category Management Team are now fully up and running with new starters settling in well and have hit the ground running. The team are continuing to support their category areas and focus on contracts that were extended or rolled forward during COVID as well as taking on additional work and major projects such as the procurement requirements of the reconfiguration programme.

The strategic focus for 2021/2022 is to carry out a process, policy and procurement toolkit review across the procurement function including the impact and dependencies procurement has on other business functions. A procurement transformation plan is being developed identifying priority workstreams, outlining the current risks, achievable actions and target delivery dates. The workstreams will include developing a forward procurement plan, developing a contract register, reviewing standard documentation, implementation of a regional wide e-procurement solution and to ensure compliance.

2.4.3 Operational Procurement

The team are currently working as part of the catering project, specifically looking at the till system, card machines and cash collection. We continue to work alongside Accounts Payable to reduce outstanding invoice queries and have participated in housekeeping exercises to reduce unnecessary accruals prior to financial month end close down. There is a current focus around updating catalogue data due to large numbers of supplier price updates from 1st April as this also feeds into other areas such as Scan4Safety. The Scan4Safety project continues to progress, we are currently undertaking a review of catalogue data in collaboration with LTH and preparation for Inventory Management continues.

3.0 CHS

3.1. Spotlight Awards

Maxine Lodge is a domestic at Huddersfield Royal Infirmary and was awarded the April 2021 Gold Spotlight Award. Maxine was moved to cover the cleaning on top floor of Acre Mills when the vaccine centre became up and running earlier this year. This feedback has been received for Maxine from Melanie Addy, Covid 19 Vaccine Programme Manager:

“I Just wanted to let you know about the domestic who is working on 3rd Floor of Acre Mill with us in the vaccine programme. She has always been thorough in her duties and engages with staff and people attending for their vaccine and she keeps our area clean. Today, before it had even got light, I have observed her, on her hands and knees, cleaning ‘scuff marks’ off the wall.

She takes pride in her work and wants to make the best of the environment that our team are working in. I overheard her telling a colleague that the scuff marks are what a patient will see first and will remember... She’s a gem and a credit to your team”

Danny is the supply chain lead at HRI and was nominated for a Spotlight Award in May by Jaqui Yuen. During the whole of May there were multiple staff absences due to annual leave in the Materials Management team at HRI. Jaqui said that Danny was a 'team champion' because Danny made himself available to cover the team during the month and worked in every clinical department, either on his own or with another one of the team who was also covering. At times this included working the full week in theatres. He has ensured the continuity of the BAU service with no detriment to the additional PPE, airways and lateral flow service provision.

3.2. Finance

Month 1 - April 2021

The month position reports a £0.06m surplus against a plan of £0.07m with a £0.01m adverse variance. This position results from the over recovery of income (£1.95m) 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). 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 and funded variations agreed with CHFT . Non pay is overspent by £1.94m due to an increase in goods and services being transacted through the company. Total income is above plan by £1.95m which reflects the increase in income invoiced for goods and services requested by CHFT.

Month 2 – May 2021

The month position reports a £0.10m surplus against a plan of £0.07m with a £0.03m favourable variance. This position results from the over recovery of income (£1.24m) 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). 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 and funded variations agreed with CHFT . Non pay is overspent by £1.19m due to an increase in goods and services being transacted through the

company. Total income is above plan by £1.24m which reflects the increase in income invoiced for goods and services requested by CHFT

Forecast 2021/22
At this early stage of the financial year there are no indications that the financial plan of £810k surplus will not be achieved.

CIP 2021/22
The target for CHS is £650k. At this stage schemes of £290k have been identified as recurrent relating to energy and waste leaving a £360k unidentified. Managers and Heads of Service are currently working on CIP plans to deliver the target in conjunction with CHFT.

3.3. Workforce

3.3.1 Attendance
CHS Sickness rate for April shows a further significant reduction to 2.36% comprising LTS 1.53% and STS 0.83%. This compares well with the corresponding period last year which was 5%. Chest/Respiratory infections are the main reason for absence at 28%.

3.3.2 Appraisal and Essential Skills Training
Appraisal season will run between July and October. CHS appraisal paperwork is being modified to include objectives for line managers and guidance on how to have a conversation with colleagues that more robustly supports succession planning and talent spotting. CHS Values and behaviours are reinforced in the paperwork, together with the Company objectives for the next 12 months
Mandatory training remains in the blue domain at 95% + across all areas.

3.3.3 Life Assurance/Death in Service Benefit
Communications will be sent to all CHS staff on local terms and conditions to advise of the introduction of the above benefit with effect from 1 June 2021. There will be a portal for staff to access further information and hard copy information available, including a beneficiary form to complete.

3.3.4 Customer Service/Values and Behaviours Training
The above face to face training has been developed and is being delivered weekly across the Company in response to staff survey feedback that our staff are not always treated with respect by other colleagues. Whilst only small numbers are allowed in the sessions, due to covid restrictions, these have been well received and will roll out over the next 12 months, with on-line team sessions being available further down the line.

3.3.5 Retail Services – TUPE transfer of staff
Consultation meetings have taken place with Compass staff in relation to the TUPE transfer of retail services to CHS on 1 November 2021. Further meetings including 1:1's with staff are scheduled over the forthcoming weeks. FAQ's are being developed for staff and they have contact details for HR and Heads of Service for any concerns.
Unions are fully briefed on the matter and will support Compass staff though the process.
Structures and training needs are currently being considered.

3.3.6 Vaccination position

76% of colleagues have received their first vaccination with 69% now having had both doses.

4.0 KPIs

We continue to deliver a large number of KPIs as 'green', 5 KPIs (from a total of 68) did not achieve Green in May 2021, which were:

- General Office – All medical certificates and appointments booked with registrar within 5 working days – RED NO
- Medical Engineering - Medium Risk PPMS – RED – 59.14%
- Porters – Immediate requests – RED – 77.47%
- Medical Engineering - Low Risk PPMS – AMBER – 56.43%
- Domestics – Number of bed cleans against the number requested – AMBER – 79.23%

5.0 Risks

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

The very high / 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 (20)
- 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).

6.0 Recommendation

Shareholders are asked to note the contents of the report.

APPENDIX 1

Risk Register C H Solutions – June 2021

C H Solutions	Number of Risks	Change in Month
Burgundy Very Hi Risks	4	0
Red Risks High	2	0
Amber Risks Moderate	27	+1
Green Risks Low	13	-2
Total	46	-1

Risk ref + score	Strategic Objective	Risk	Executive Lead	Jan 21	Feb 21	Mar 21	April 21	May 21	June 21
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)	=20	=20	=20	=20	=20	=20
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

2. Health and Safety Policy

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
Review Lead: Head of Health and Safety

NHS
Calderdale and Huddersfield
NHS Foundation Trust

HEALTH AND SAFETY POLICY

Version 7

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
Review Lead: Head of Health and Safety

Document Summary Table		
Reference Number	G-129-2002	
Status	Ratified	
Version	8	
Implementation Date	2002	
Current/Last Review Date	April 2021	
Next Formal Review	April 2023	
Sponsor	Director of Workforce and Organisational Development	
Author	Head of Health and Safety	
Where available	Intranet	
Target audience	All Staff	
Ratifying Committee		
Board of Directors		6 May 2021
Executive Board		22 April 2021
Consultation Committees		
Committee Name	**Committee Chair**	**Date**
Audit and Risk Committee	Non-Executive Director	12 April 2021
Health & Safety Committee	Director of Workforce and Organisational Development	February 2021

Does this document map to other Regulator requirements?	
Health and Safety at Work Act 1974 Management of Health & Safety at Work Regulations 1999. Health & Social Care Act – 2008 "Essential Standards of Quality & Care" Outcome 10 & 11	The Act and Regulations set the standards that must be met to ensure the health and safety of all employees and others who may be affected by any work activity. Safety and Suitability of Premises (10) Safety, Availability and Suitability of Equipment (11)

Document Version Control	
Version 7	Included reference to the CHFT 4 Pillars and articulated their relationship with health and safety within the Trust. Added a page 'statement of intent' which is to be signed by CEO and displayed as a 1-page across areas of the Trust. This is standard best practice across all other organisations to have a 'statement of intent'. Added a reference to CHFT 5 year health and safety strategy 2021-2026. Added reference to CHFT's adopting a new health and safety management system titled 'NHS Workplace Health and Safety Standards'.

UNIQUE IDENTIFIER NO: G-129-2002
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Version 6	Removal of list of principles in INDG 417 from part 2 as these are already detailed in the health and safety statement, already contained in this policy. Removal of reference to the 'strategic health and safety committee' as this no longer meets. Changes to information provided about individual responsibilities including: • General duties for Directors, other than for those with specific health and safety duties. • Reduction of duplication in duties to one category 'All Managers". Reduction in detail about specific hazards. Reference is instead made to hazard-specific Trust policies that already exist.
Version 5	This policy has been updated to reflect the health and safety roles and responsibilities and incorporate general arrangements. Risk scoring matrices have been updated in line with risk management policy.
Version 4	The policy is a statement of intent which identifies strong and active leadership from the Board of Directors. The policy is part 1 of the Trust's health and safety management system. Part 2 "Organisation and Responsibilities" and Part 3 "General Arrangements for Health and Safety" provides the detailed framework.

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
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Contents

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
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Definitions

Term	Definition
Accident	An undesired circumstance leading to ill health or injury, damage to property, plant, products or environment, increased liabilities
CHFT	Calderdale and Huddersfield NHS Foundation Trust
CHS Ltd	Calderdale and Huddersfield Solutions Ltd
Danger	Exposure to Harm
Dangerous Occurrence	A “near miss” that could have led to serious injury or loss of life and is reportable to the enforcing authorities.
Environmental Protection	Arrangement to protect the environment from the effects of workplace activities
Hazard	The potential of a substance, activity or process to cause harm
Health	The protection of the bodies and minds of people from illness
Health Surveillance	Monitoring of employee’s health to detect signs or symptoms of work-related ill health so that steps can be taken to eliminate or reduce the probability of further harm
Ill Health	Acute/chronic ill health caused by physical, chemical or biological agents as well as adverse effects on mental health
Incident	Undesired circumstances and near misses which have the potential to cause harm
Near Miss	An incident that could have caused harm, injury
Occupational Ill Health	Illness or physical and mental disorders caused or triggered by workplace activities
Policy	Intentions, approach and objectives of an organisation
Risk	Definitions relating to risk as the likelihood of harm occurring, categorised in several ways • Acceptable Risk • Residual Risk • Risk • Risk Acceptance • Risk Analysis • Risk Assessment • Risk Avoidance • Risk Control • Risk Evaluation • Risk Identification • Risk Management • Risk Reduction • Risk Transfer • Risk Treatment • System Failure
Safety	The protection of people from injury
Suitable and Sufficient	A set of criteria that has to be met to fulfil a duty
Welfare	The provision of facilities to maintain the health and wellbeing of individuals

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
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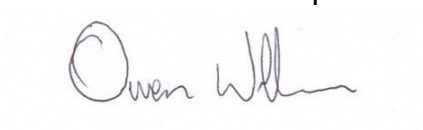
1. Statement of Intent

This policy is intended for use across Calderdale and Huddersfield NHS Foundation Trust (CHFT), where responsibilities state all staff, managers, senior managers and directors.

The Calderdale and Huddersfield NHS Foundation Trust (CHFT) policy has been developed in accordance with the Health and Safety at Work Act 1974 (HASAWA) which requires employers to ensure, as far as is reasonably practicable, the health and safety of their employees and others who may be affected by their work activity.

Health and safety is the responsibility of staff at all levels of the Trust and a culture of safety is important to minimise human costs with regards to injury, pain and incapacity for our staff, patients, contractors and visitors. Our policy aims to:

- Recognise health and safety accountability from the Chief Executive and the Board and all the responsibilities for management and staff groups
- Ensure that information, instruction, training and supervision is provided to all staff members
- Ensure that the health and safety policies, are developed, implemented and maintained
- Reduce the risk of injury, near misses or ill-health so far as is reasonably practicable
- To promote good health and safety standards across the Trust
- Ensure that staff are appropriately consulted on matters affecting their health and safety
- Ensure the provision of personal protective equipment which continues to be issued free of charge to staff members that require it
- Provide safe equipment for staff members to use
- To ensure competent advice is provided to all staff members



…… ……

Owen Williams Dated
Chief Executive for and on behalf of the Trust Board

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
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2. Purpose

The purpose of this policy is to provide assurance that the Trust is meeting the requirements of the Health and Safety at Work Act etc 1974 and the Trust recognises this responsibility as the employer under the Act. The content of this policy gives the responsibilities of the employer and the employees in ensuring that a health and safety culture is developed and meets the requirements of the Health and Safety at Work Act 1974 and subordinate health and safety legislation.

The target audience for this policy is all staff, visitors, contractors and patients as all staff are required to work within this policy by ensuring risk is reduced so far as is reasonably practicable.

Good health and safety benefits individuals and the Trust by:

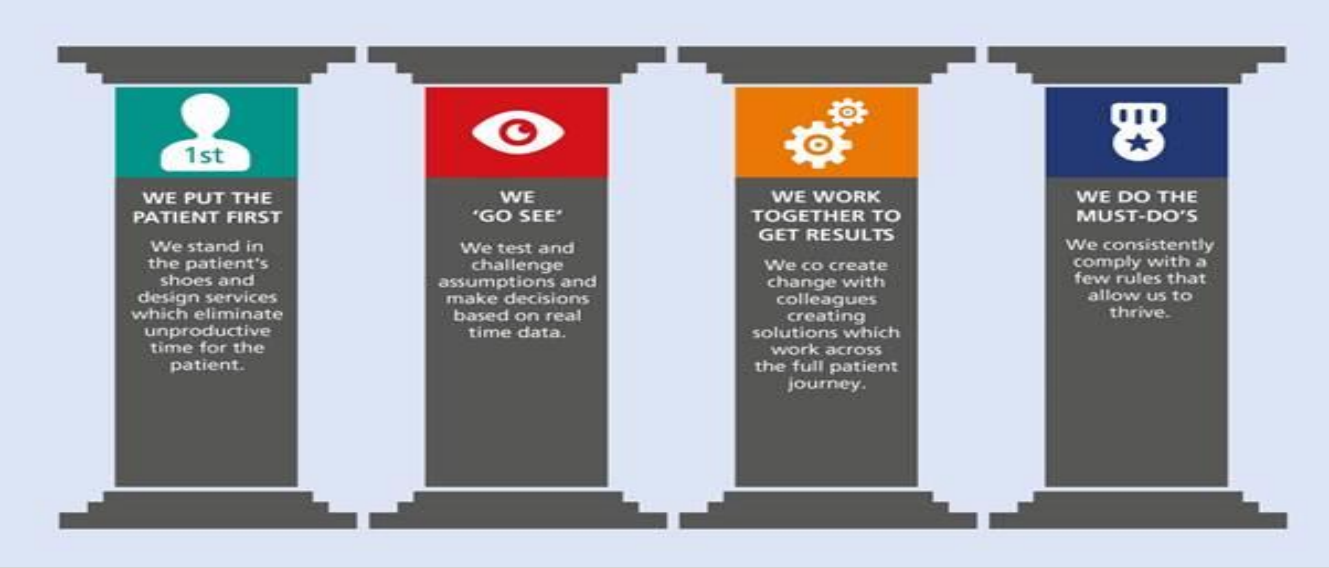
- Protecting staff, visitors, contractors and patients from injury or illness
- Ensuring that risk is continually being monitored to keep the base safe, minimise personal injury, financial losses, claims and to learn from incidents and risks to prevent reoccurrences.
- Promoting a positive health and safety culture towards staff members.
- Ensuring that risk assessments are in place for the identification of hazards and the allocation of resources to control them.
- Ensuring that there is an escalation and cascading processes in place to ensure the effective communication to all levels.
- Ensuring compliance with this policy and other health and safety related policies and evidencing these when needed.

3. Principles of Health and Safety

CHFT aims to fulfil required statutory obligations as laid out in the Health and Safety at Work Act 1974 (H&SAWA) and the Health and Social Care Act 2008 and related legislation and guidance. The Trust is committed to ensuring the health, safety and welfare of patients, staff, contractors and visitors who may be affected by our activities. A key component of our vision is about “keeping the base safe”.

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
Review Lead: Head of Health and Safety

CHFT's 4 key principles to deliver the vision are:



CHFT is obligated to comply with the Health and Safety at Work Act etc 1974 and associated regulations. Failure to do so may lead to prosecutions, higher risk of injuries and sickness. The Trust will adhere to this health and safety legislation by:

- Provision of adequate and appropriate resources to review and implement this policy, including the updating of roles and responsibilities for all staff levels and specialist roles
- Ensuring that health and safety policies are in place so any hazards arising from work activities are identified and that appropriate risk assessments and reporting of incidents take place to a) keep the workforce safe, and b) to ensure that incidents are appropriately monitored and investigated and lessons are learned to prevent recurrence
- Ensuring that the Health and Safety Committee meeting arrangements are in place
- Maintaining safe working conditions (including the provision of adequate welfare facilities and PPE)
- Provision of suitable and sufficient information, instruction, training and supervision to ensure all employees are competent to carry out their roles, safely
- To seek assurance of compliance from work being carried out by Calderdale and Huddersfield Solutions Ltd, ISS and Engie
- Continuing to embed standards that allows adequate control measures which will be supported by the development and implementation of the NHS Workplace Health and Safety Standards
- Recognise the Trust 'One Culture of Care' ethos "Look after colleagues to look after patients" - acknowledging that people are a key resource to the Trust and act to promote the general health, safety and wellbeing of its staff

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
Review Lead: Head of Health and Safety

4. Trust Health and Safety Structural Duties

4.1 Board of Directors

The Board of Directors is responsible for leadership of health and safety. Failure to include health and safety as a key business risk in board decisions can have catastrophic results to individual life, financial and reputational consequences.

4.2 Audit and Risk Committee

The Audit and Risk Committee shall provide the Board of Directors with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the Trust's activities.

This Committee reviews processes to ensure appropriate information flows to the Audit and Risk Committee from executive management and other board committees in relation to the Trust's overall internal control and risk management position and ensures compliance of the adequacy of policies with regards to relevant regulatory, legal and conduct requirements

4.3 CHFT Health and Safety Committee

The Health and Safety Committee is a meeting that promotes co-operation between employers and employees in instigating, developing and carrying out measures to ensure the health, safety and welfare at work of the employees. It provides evidence of communication held between recognised trade unions and the organisation and is a formal group by which it assures the Trust in areas of compliance with their responsibilities.

The Committee supports delivery of CHFT's 5-year health and safety strategy by providing assurance that health and safety arrangements are in place to meet statutory obligations of a functioning Health and Safety Committee. It is a sub-group to the CHFT Audit and Risk Committee who in turn reports to the Board and the Health and Safety Committee is chaired by the Executive Director of Workforce and Organisational Development, who champions health and safety on behalf of the Board.

This Committee meets bi-monthly and reports into the Audit and Risk Committee. Its main functions are to:

- Support the Audit and Risk Committee in providing health and safety assurance to the Board

- Oversee implementation of the Health and Safety Policy and reviewing, monitoring and making recommendations with regards to health and safety related policies. Monitoring of the health and safety policies is a standing agenda item to ensure that these are current, reviewed and approved in a timely manner

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
Review Lead: Head of Health and Safety

- Provide a forum for discussion of health and safety risks to staff and those accessing Trust services or working on behalf of the Trust

- Challenging processes and escalating risks to the Audit and Risk Committee as required

- Monitor health and safety activity within the Trust by receiving minutes from the Calderdale and Huddersfield Solutions Ltd health and safety committee meetings and health and safety subgroups

5. General Roles and Responsibilities

5.1 Chief Executive

The Chief Executive has overall accountability for health and safety in the Trust. The Chief Executive will ensure the following:

- That the Trust complies with all relevant health and safety legislation
- That the 5-year health and safety strategy is created, implemented and maintained
- Ensure that adequate resources, including competent health and safety advice is available to allow the Trust to comply with this policy and its legislative requirements
- Ensure that correct governance is in place to provide the Board of Directors with the assurance that health and safety risk are appropriately assessed and controlled
- Support the promotion of a positive health and safety culture

5.2 Trust Directors

Trust Directors are responsible for allocating roles and responsibilities for health and safety to embed a positive health and safety culture. These responsibilities include:

- Interpreting the Health and Safety policy and cascade responsibilities within their sphere of operations to teams working within their remit
- Ensuring that staff are competent to carry out their role and receive the appropriate resources, information, instruction, training and supervision required to enable them to work safety and manage/reduce the level of risk in work areas
- Escalating the need for the availability of sufficient resources for anything that is deemed necessary and appropriate under legislation to reduce the level of risk in their area
- Provision of training and distribution of personal protective equipment as per legislative compliance
- Ensuring that health and safety policies are implemented in their Directorate and that these are communicated to staff to ensure health and safety compliance. There are risk assessments in place to ensure that hazards are identified, and adequate controls are put in place
- Ensuring staff are aware of the need to report incidents and near misses

- Ensuring that suitable investigations of incidents takes place and that these are recorded on the Datix incident reporting system
- Providing timely feedback to staff, within their remit, regarding health and safety risks, incidents, controls and mitigating actions
- Ensuring health and safety information is effectively communicated to all staff and they are consulted regarding proposed changes that might affect their health and safety
- Exercising collaborated working with Calderdale and Huddersfield Solutions Ltd with regards to relevant health and safety matters
- Alerting the Head of Health and Safety Manager of any health and safety issues as required

5.3 Non-Executive Director / Health and Safety Champion

The Trust has appointed a Non-Executive Director as its health and safety champion and non-executive scrutineer. They are accountable for, so far as it is within their control:

- Raising the profile of health and safety at Board level by ensuring that health and safety is considered during corporate debate and the decision-making process
- Raising matters pertaining to health and safety at board level that have been escalated or from other sources

5.4 Executive Director, Workforce & Organisational Development

The Director of Workforce and Organisational Development is the Champion for Health and Safety for the Trust. This role has the same health and safety responsibilities as all other Trust Directors with the additional responsibility for escalating health and safety issues to the Board of Directors. The Executive Director will:

- Chair the Trust's Health and Safety Committee
- Champion health and safety within the Trust
- Ensure that professional health and safety advice is available for the Trust
- Provide an occupational health service for all staff

5.5 Head of Health and Safety

The Head of Health and Safety CHFT will have strategic responsibilities for and safety within CHFT and provide guidance and advice, as the competent person. This role will:

- Manage and monitor health and safety compliance in line with this policy, and the health and safety 5-year strategy
- Be responsible for collaborating risk identification and mitigation for health and safety, compliance using relevant legislation
- Provide direction on health and safety compliance with regards to activity within the Trust and associated activities undertaken by Trust staff members

- Act as the main contact and co-ordinator for health and safety related visits and inspections conducted by regulatory bodies ensuring that comprehensive documentary evidence is available
- Continue to develop, and to provide continues assurance to the Trust in relation to health and safety compliance, including the Health and Safety 5-year strategy
- To monitor the results of audits and inspections carried out across the Trust
- Report on staff incidents via quarterly reports to identify trends and to report into the Trust Health and Safety Committee.
- To work collaboratively with our service providers, and Calderdale and Huddersfield Solutions Ltd on relevant matters.

5.6 Directors of Operations/General Managers

Directors of Operations/General Managers are accountable for ensuring that this policy is adhered to, safeguard the safety of staff, and others affected by the work of their departments. These responsibilities include:

- To interpret the Health and Safety Policy, and associated health and safety policies
- Ensuring that staff are aware of the health and safety policies, and that there is a communication process in place to make sure information is accessible and available to all staff
- Ensuring that staff are competent to carry out their role and receive the appropriate resources, information, instruction, training and supervision required to enable them to work safety and manage/reduce the level of risk in work areas
- Escalate the need for the availability of sufficient resources for anything that is deemed necessary and appropriate under legislation to reduce the level of risk in their area
- Distribution of personal protective equipment as identified or as per legislative compliance
- Ensuring there are controls put in place to control the risks in their area(s) of responsibility
- Staff are aware of the need to report incidents and near misses in line the incident reporting process. Ensuring that suitable investigations of incidents takes place and that these are recorded on the Datix incident reporting system
- They provide feedback to staff, regarding incidents, and mitigating actions by representing at the Trust Health and Safety Committee
- Ensuring that health and safety information is effectively communicated to all staff and they are consulted regarding proposed changes that might affect their health and safety
- Exercise collaborated working with Calderdale and Huddersfield Solutions Ltd on health and safety matters
- Alert the Head of Health and Safety Manager of any health and safety issues as required

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
Review Lead: Head of Health and Safety

5.7 All Managers

Managers are responsible for ensuring that policies, processes, legislative requirements and health and safety compliance is cascaded down to staff. These responsibilities include:

- Interpreting the Health and Safety Policy and the cascading of responsibilities within their sphere of operations to teams working within their remit
- Ensuring that staff are competent to carry out their role safely and receive the appropriate resources, information, instruction, training and supervision
- Ensuring that all staff are aware of the health and safety policies, and that there is a communication process in place to make sure information is accessible and available to all staff
- Maintaining staff competencies by monitoring attendance at relevant training
- Ensuring that relevant risk assessments risks are carried out
- Escalating the need for the availability of sufficient resources for anything that is deemed necessary and appropriate under legislation to reduce the level of risk
- Provision and distribution of relevant personal protective equipment
- Ensure the reporting and replacement of defective equipment
- Ensuring that health and safety information is communicated to all staff and they are consulted regarding proposed changes that might affect their health and safety
- Ensuring that staff are aware of the need to report incidents and near misses Ensuring that suitable investigations of incidents takes place and that these are recorded on the Datix incident reporting system
- Provision of timely feedback to staff, regarding, incidents, and mitigating actions
- Collaborate with the carrying out of workplace inspections and audits to ensure that the base remains safe
- Exercise collaborated working with Calderdale and Huddersfield Solutions with regards to health and safety matters
- Alert the Head of Health and Safety Manager of any health and safety issues as required

5.8 All Trust Staff

All Trust Staff are responsible for complying with policies, and any other health and safety compliance as cascaded down by managers. These responsibilities include:

- Work in accordance with the Trust Health and Safety Policy and associated health and safety policies to take care of themselves and others who may be affected by his / her actions
- Maintaining staff health and safety competencies by attending relevant training
- Use personal protective equipment provided as determined by risk assessment. Report defects and failures to managers for remedial action/further escalation
- Reporting all incidents, accidents and near misses to their manager
- Alert managers of any health and safety issues as identified

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
Review Lead: Head of Health and Safety

6. Specialist CHFT Health and Safety Responsibilities

The following post-holders have additional health and safety duties above the standard outlined responsibilities previously covered.

6.1 Senior Risk Manager

The Senior Risk Manager role holder is responsible for ensuring that systems are in place to:

- Provide expertise in clinical and corporate governance, risk management and assurance
- Manage the Datix incident reporting system
- Maintain oversight of the Trust's risk register processes, and serious incident investigations

6.2 Trust Resilience & Security Management Specialist

Trust Resilience & Security Management Specialist is appointed to provide advice on security and violence and aggression issues. These include:

- Advice and support for staff on security matters
- Support and keep updated any staff involved in a prosecution
- Where necessary assist with measures to have people excluded from the Trust
- Be involved in serious violence and aggression/security related incident investigations and organise post-accident incident reviews
- Ensure that all physical assaults are reported to the NHS protect and liaise with risk management and health and safety for possible reporting of assaults to the Health and Safety Executive, in compliance with RIDDOR regulations as required

6.3 Fire Officer

The Fire Officer is responsible for the provision of fire safety advice to the Trust Divisions and Subsidiary organisation, CHS.

6.4 Moving and Handling Advisor

The Moving and Handling Advisor is responsible for:

- Developing and updating the Trust's Moving and Handling Policy
- Developing, designing, delivering and evaluating appropriate training programmes based on evidence, best practice and statutory requirements
- Providing information to Divisions on training activity at a minimum annually
- Providing assessment and problem-solving advice for staff from wards, departments and community bases, where specialist knowledge and skills are required for patient and object handling

- Assisting managers in the investigation of significant moving and handling incidents and injuries

6.5 Health and Safety Representatives

The Trust recognises a number of trade unions and involves them in collective bargaining and the consultation process with regard to health and safety matters as required under the Safety Representatives and Safety Committees Regulations 1977 (as amended). Trade Union staff are represented on the Trust's Health and Safety Committee.

6.6 Communications Manager

The CHFT Communications Team is responsible for managing all contacts with the media regarding health and safety issues.

6.7 Other Specialist Advisors

CHFT has access to other health and safety advisors including:

- Infection Prevention and Control Leads
- Radiation Protection Officer
- Medical Gases Leads
- Control of Substances Hazardous to Health Leads

6.8 Partnership Companies

Roles and responsibilities for partnership companies, Engie and ISS are documented in the Health and Safety Policies of these organisations.

6.9 Subsidiary Company

Calderdale and Huddersfield Solutions Ltd (CHS) provide soft and hard services for the wider Trust and has in place its own health and safety policies. (CHS) ensures that its services are in compliance with health and safety requirements, having its own policies and procedures in place to help reduce the risk of injury to CHFT staff members, visitors and patients.

7. Trust Equalities Statement

Calderdale and Huddersfield Foundation Trust aims to eliminate discrimination, harassment and victimisation and advance equality of opportunity through fostering good relationships, promoting inclusivity and embedding the "One Culture of Care" approach throughout the organisation. Stakeholder engagement is vital to analyse the equalities impact of this policy and ensure where there are any negative impacts, mitigation has been discussed and acted on.

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
Review Lead: Head of Health and Safety

8. Consultation & Approval

8.1 Consultation

This policy has been developed and reviewed by the Head of Health, CHFT Health and Safety Committee and the Risk and Audit Committee. This policy is reviewed every 2 years.

8.2 Approval

This policy has been approved by the CHFT Health and Safety Committee and ratified by the Audit and Risk Committee.

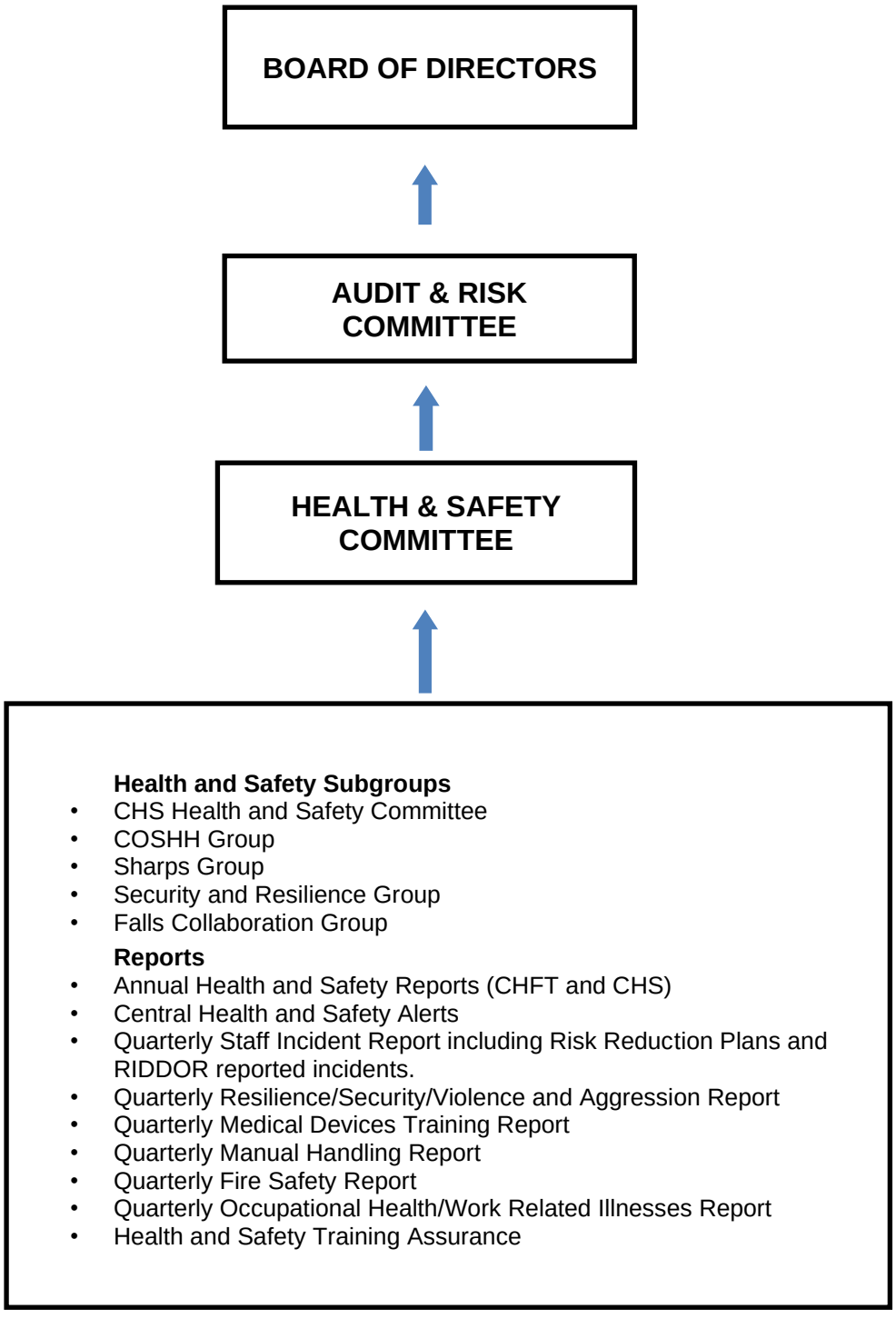
8.3 Monitoring and Auditing

Health and safety checks are included in regular external inspections, including those carried out by the Care Quality Commission (CQC) and the Health and Safety Executive. Written reports and action plans are provided to the relevant areas with corrective action progress monitored.

UNIQUE IDENTIFIER NO: G-129-2002
Review Date: April 2023
Review Lead: Head of Health and Safety

APPENDIX 1

HEALTH AND SAFETY REPORTING GOVERNANCE FRAMEWORK



3. Update from sub-committees and receipt of minutes

- Finance and Performance Committee meetings held 29.03.21 & 05.05.21
- Quality Committee meetings held 19.04.21 & 24.05.21
- Workforce Committee meetings held 10.05.21
- Charitable Funds Committee meeting held 24.05.21
- Audit and Risk Committee meeting held 10.06.21

Calderdale and Huddersfield NHS Foundation Trust

APP A

Minutes of the Finance & Performance Committee held on Monday 29 March 2021, 11.00am – 14.00pm Via Microsoft Teams

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Kirsty Archer	Deputy Director of Finance
Mandy Griffin	Managing Director – Digital Health (Item 054/21)
Peter Keogh	Assistant Director of Performance
Philip Lewer	Chair
Rhianna Lomas	PA to Director of Finance (Minutes)
Stephen Baines	Governor Representative
Stuart Baron	Associate Director of Finance
Suzanne Dunkley	Director of Workforce & Organisational Development (Item 055/21)

ITEM

046/21 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting.

047/21 APOLOGIES FOR ABSENCE

Apologies were received from Anna Basford, Director of Transformation and Partnerships.

048/21 DECLARATIONS OF INTEREST

Declarations of interest were noted for Stuart Baron as a Director of CHS.

049/21 MINUTES OF THE MEETING HELD 1 MARCH 2021

The Minutes of the Public meeting held 1 March 2021 were **APPROVED** as an accurate record subject to the following changes:

- Within the IPR item on page three the first bullet point should read “but all other categories have deteriorated” instead of “the categories in red have deteriorated” as no category was coloured red.
- The action regarding long term sickness on page four should read “regarding” not “regrading.”

050/21 ACTION LOG AND MATTERS ARISING

The Chair asked for a brief update regarding Project Echo to which it was understood that NHSEI have commenced their review. The project is moving through the required processes as planned and further updates will continue to be given to this Committee.

The Action Log was reviewed as follows:

025/20 – Outpatient Improvement Work: The Committee received the presentation prior to the meeting. The Chief Operating Officer explained that Meridian were brought in to investigate and resolve a number of issues as follows:

- There had been a reduction in bookings and the decrease could not be completely attributed to the Covid-19 pandemic.
- A divide had been noted between the booking team and the specialities using the service.
- There were a high number of requests to change templates.
- The booking team were feeling fatigued after the implementation of EPR.

Using Meridian would allow the Trust to gain extra capacity. The aim was to ensure the work was clinically led and that it would improve the health and wellbeing of the booking team. On reflection, Meridian placed a great deal of focus on the processes within the booking team. Helpful interventions were put in place due to the users of the service being involved in the work and these colleagues began to understand the complexities of creating a booking. The admin processes and work profiles were reviewed particularly at manager/supervisor level within the booking team and structures were put in place to increase capacity.

As a result of this work, bookings increased and cancellations for patients/clinics decreased. Patients also began receiving their letters with advance notice therefore appointment attendance improved. However, the template change issue was not addressed which was noted by the Chief Operating Officer as one of the larger issues. It was highlighted that the work focused significantly on how the booking team could improve rather than the specialities that use the service also. Therefore, the template work is now in progress. The work will continue until the initial scope is fulfilled.

The Chair questioned the definition of templates and what is required going forward to improve them. It was explained that a template change can be due to any amendment being needed e.g. cancelling a clinic. Pre EPR a clinic could be overbooked however in Cerner this is considered a template change. Within a year 60,000 clinic change requests can be seen creating a high volume of work. Meridian have been asked to create a detailed piece of diagnostics and offer solutions. The Director of Finance added that learning has been taken from this situation regarding in future being clearer/communicating better the objectives of the project to the consultancy firm involved. It was noted that the booking centre team felt supported throughout the process.

Overall, four things have been learned:

1.) The Trust need to be more specific about the scope of the work in future.
2.) The communications to those outside of the programme could have been better as not all knew the programme was ongoing.

3.) There is a need to ensure that all involved understand the rationale behind using an external party. In this case Meridian were used as there was no capacity to conduct the work internally.
4.) The Trust are still unsure whether the benefits delivered would have occurred naturally within the re-set work therefore the success of the project will be proved through its sustainability (or otherwise) in the long term.

The Director of Finance added that he and the Chief Operating Officer wanted the project to be clinically led therefore they minimised their involvement. However, if more input had been given at Executive level, the template work would have been identified as missing sooner. It was noted that the overall project cost of £230k was within budget. The KPIs have been signed off as they have been completed. However, in hindsight, the KPIs could have been more sophisticated.

Non-Executive Director, Peter Wilkinson, questioned what the booking trend levels were pre-Covid. It was noted that this information was not documented in the presentation therefore the Chief Operating Officer will find this data and circulate it outside of the meeting.

ACTION: To circulate the data regarding booking trend levels pre-Covid to the Committee **– HB, 05/05/21**

The Chief Executive commented that there is a need to investigate how the Trust bolsters its improvement capacity in future as this is not the first time that the organisation has brought in a company and not felt completely satisfied with the output. It was agreed that next time the work should be both Executive and clinical colleague led instead of being completely clinical. Overall, the Trust has a choice between improving its own capacity or investing in professional commercial help when consideration is being given to employing a consultancy firm.

In summary some benefits have been seen regarding increased bookings, decreased cancelations and letters being sent with advance notice. The sustainability of these improvements will be assessed in the long term, and work is ongoing regarding the templates. It was agreed to receive a further update on the Outpatient Improvement Work in six months' time to see whether the benefits have been sustained and the templates improved.

ACTION: To receive a further update regarding the outpatient improvement work in six months' time to assess whether the benefits have been sustained and the templates improved **– HB, 04/10/21**

There are numerous learnings to take from the project and the Trust's approach to consultancy work will be assessed going forward. It was suggested that the internal capacity element could potentially be discussed within the efficiency engagement project work.

037/21 – 12 Hr Trolley Waits: No other protected characteristics were reviewed at the time other than ethnicity therefore a colleague is working

through the patient list to look at the other characteristics. The findings will be communicated at the next Committee meeting. **Action remains open.**

037/21 – Relative Complaints: The Committee were informed that no complaints had been received from the patients/family of those who experienced long waits in the Emergency Department. No feedback has been received regarding the apology letters that were sent either. **Action closed.**

037/21: Long Term Sickness: This action was covered by the Director of Workforce in item 055/21 – Health and Wellbeing Strategy. **Action closed.**

FINANCE & PERFORMANCE

051/21 MONTH 11, FINANCE REPORT INCLUDING HIGH LEVEL RISKS

The Director of Finance highlighted the key points reported at Month 11:

- The Trust remains on plan. Currently the forecast deficit stands at £2.36m which is worse than the planned £1.92m however this will change as guidance is updated. The Committee were assured that the position at year end will be on plan.
- From an ICS point of view, the ICS will be somewhere between £2m – £40m ahead of plan depending on what is confirmed next week. Overall, the Trust will deliver the original plan and any differences will be for allowable reasons.

It was questioned whether the items labelled as Covid costs are to be challenged. The Director of Finance explained that it has been agreed to identify one organisation per ICS for an in depth audit and CHFT was not selected. Data shows that on average 9% of what organisations have bid for has been rejected. An internal audit review took place at CHFT and the result was a favourable audit as no issues were identified. The overall risk of such a challenge is low.

The Chair highlighted that the capital position shows the Trust is currently underspent by £9m. CHFT will therefore have high capital creditors, and this does pose an element of risk. The Director of Finance has discussed this with Andy Nelson as Chair of the Audit & Risk Committee. The organisation is committed to spending the majority of the internally generated capital and the Finance team have worked hard to bring projects from next year's plan into this year so that the funding is spent. For some of the external schemes the Trust are allowed to move the money between years however the plan cannot change therefore an underspend is created for those particular elements.

The high level risks are included in the report. Many were downgraded at previous meetings. There have been no further changes and the Director of Finance remains happy with the scores.

The Committee **NOTED** the Month 11 finance report.

052/21 **INTEGRATED PERFORMANCE REVIEW – FEBRUARY 2021**

The Chief Operating Officer reported that the Trust's performance for February 2021 was 68%. The following key points were highlighted:

- Improvement has been seen across all of the domains with the exception of effective, efficiency and finance which have deteriorated slightly.
- Stroke is an area for concern. There were three Covid outbreaks on the stroke unit in February therefore the ability to admit new patients was impacted. A weekly improvement plan has been implemented, this will be managed through the divisions and overseen by the Chief Operating Officer. The stroke deep dive review scheduled to happen at this Committee in October may be needed earlier. A final decision regarding this will be made in the coming months.
- SHMI is also a concern. It was deteriorating pre-Covid and continues to do so. Cornelle Parker and Sree Tumula brought information regarding this to WEB last month and they will be returning with more data. The out of hospital death rate is of particular concern.
- Clostridium Difficile has deteriorated and CHFT are over the suggested trajectory. Therefore, the IPC team are working on this.
- Long term sickness will be discussed in greater depth by the Director of Workforce in item 055/21.
- Regarding the backlog position, diagnostic imaging and DEXA scanning are improving. There are just under 4,000 patients in the 52 week wait position however this is 800 less than predicted for this point.
- Emergency care has stabilised, running between 86-90%. The Trust continues to perform well when benchmarked against other organisations. Overall, the department is back to being busy. Last Monday saw the highest attendance level for a single day in 18–24 months. General bed capacity is still quite low for non-electives that are non-Covid therefore work is being done to improve this. Overall, the team are doing exceptionally well and work is being done to look at how we can raise awareness of this good work throughout the Trust.

The Assistant Director of Performance noted that the figure for SHMI in hospital is below 100 however it is still deteriorating despite it not being as bad a position as SHMI out of hospital. The Chief Executive highlighted that we must be clear on what is defined as an out of hospital death as this should not affect the reconfiguration plans regarding care closer to home. As a result of this, the definitions will be shared with the Committee outside of the meeting.

ACTION: To share the definitions regarding out of hospital deaths **– OW, 05/05/21**

All five Trusts within West Yorkshire with the exception of Leeds have a deteriorating SHMI position. In 2018/19, CHFT were 58th in the league table however this year we are 78th out of 123. Bradford were 19^{th,} but they are now 103rd and Mid Yorks are 104th. Therefore, we are trying to understand this deterioration regionally. Leeds have typically been at +100th Trust and they have stayed static/improved over recent years. Overall, we need to make sure there are no underlying factors being missed. The situation will be kept under review.

The Chief Executive questioned whether ED attendance lowered for the rest of the week after the particularly busy Monday. It was understood that attendances for the whole week remained fairly high apart from one day that saw a significant decrease. Over the last two weeks each site has seen an extra 180-200 patients per week. This increase has been seen across Yorkshire however we do not know if this is reflected nationally.

The Committee **NOTED** the IPR for February 2021.

053/21 **POST COVID-19 RE-SET / BUSINESS BETTER THAN USUAL -**

The Chief Operating Officer delivered a presentation to the Committee. It was noted that the framework has been seen at WEB and amendments will be made using the feedback received there. The operating guidance was received on Thursday therefore the key elements of that have been included on one slide within the presentation. Fortunately, the majority of the guidance was already included in CHFT's recovery plan. Overall, we are a well performing organisation that is part of a well performing system therefore the Trust entered the pandemic in a good position. Our pandemic response and recovery framework are consistent with our core values. There are backlogs across all of planned care and this creates a challenge. The framework shows how we will work for the next 12-24 months and it was noted that it is not a quick solution. Work will be done to ensure that it fits in parallel with the reconfiguration plans. The plans have been well received by colleagues so far.

The plan assumes that Covid prevalence will remain low, the vaccine programme will continue, we will look at health inequalities when prioritising and as a system there will be a commitment to capacity and demand. It is built on four foundations: principles, priorities, health inequalities and modelling. The principles and priorities were agreed previously at Board. Patients in category one and two will be prioritised along with those with a learning disability. There will also be waiting time equity for BAME (Black, Asian minority ethnic) and non BAME patients. A key part of the plan is to ensure that there is appropriate waiting time equity across the specialties also, therefore capacity will be given to those with the longest waiting lists. A large focus will be placed on the third foundation, health inequalities, this is being done initially by completing the eight urgent actions identified and work is being done on our response to that this week to submit to the ICS. There are four workstreams taking place to discuss; digital inclusion, lived experiences, health inequalities and equal access to opportunities within our workforce. The final foundation, modelling, has involved creating a clinical reference group that meet weekly. Within this group there is consultant representation which has given good insight into how we model. There will also be trajectories that look at a BAME and non-BAME approach.

The approach involves two overarching themes – health inequalities as discussed and clinical reference groups. All clinicians are being encouraged to get involved in creating the recovery framework. There are three cohorts: baseline, opportunities and supporting. The baseline group looks at understanding where we are currently in terms of the estate/workforce and modelling/trajectories are being done around that and the prioritisation principles will be built in. A key element of this involves learning from the last

twelve months for example the 12 hr breaches in ED have impacted the work going forward. It was noted that there are many opportunities, and these are being worked through in the second cohort. Thirdly, the “supporting” group are looking at making this a sustainable piece of recovery.

There are positive and negative internal interdependencies to consider. On the positive side the Trust can use its IPC (infection prevention and control) Team to assess improving the waiting rooms in outpatients to increase the number of patients we see. Work is also being done to look at reducing our level two and three critical care back down to the funded baseline of thirteen. However, there are challenges regarding non elective pathway management, length of stay, workforce availability, the estate and the specialities ownership of changing the capacity plan. It was highlighted that colleague engagement will be key when discussing capacity plans.

There are three key workstreams: IPC, workforce, and capacity planning. These workstreams will work alongside the continuation of BBTU (Business Better than Usual.) A task and finish group has been formed to look at how we undertake waiting list initiatives in an equitable way, a paper will be circulated regarding this.

ACTION: To circulate the waiting list initiatives paper **– HB, 05/05/21**

The framework regarding this was sent to WEB (Weekly Executive Board) last week and the recommendations given there have been implemented. Further work will be done with the Director of Workforce on this to ensure colleague wellbeing is included. Any waiting list initiative activity will be voluntary and, due to this, within the framework there are plans for additionality that include the independent sector in order to ensure we have solutions to treat patients.

The Trust will continue to offer free parking for staff who will be issued with new access cards. All barriers will be lowered, and patient charging will commence in line with guidance issued 23rd March 21. Staff will be able to access all car parks with the exception of Main entrance HRI & Acre Mill outpatients. There is ample staff parking at HRI, including the Acre Mills overflow car park, but the continued use of the above two patient car parks by staff, despite requests not to, is now significantly impacting on patient access and experience. This was agreed at WEB last week and work will now be done to ensure this is appropriately communicated to staff.

There are some non IPC dependent productivity plans. This includes realigning the theatre template and continuing to build on the virtual clinics. In order to manage demand, we will continue with the CAS (clinical assessment services) therefore we will ensure each speciality has a CAS. This will ensure patients are on the correct pathways. In outpatients, “straight to test pathways will be used and the buddy system will be relaunched in order to reduce follow up demand and move to patient initiated follow ups. Support for this has been received from the Quality Committee and the Chief Operating Officer confirmed that she will be issuing communications on this in due time. Work is being done to streamline the diagnostic pathways and reduce demand.

Theatres/endoscopy are looking to ensure theatres/rooms are only used for procedures where there are no alternatives.

Conversations have been held with system partners and a weekly planning call is now in place to work through the plans. The following key points were highlighted from the national guidance update:

- A refreshed people plan has been requested and focus is being placed on e-rostering and e-job planning. This requirement will be reviewed the Director of Workforce.
- The Trust has been asked to plan for an Autumn vaccine programme and to prepare for a focus on immunising children.
- The Ockenden review has been included therefore we need to ensure our plans are connected to that.
- There is an expectation that the plans are collaborated locally and with ICS involvement hence the weekly call with system partners has been put in place.
- It was made clear that the Trust should assume that our non-Covid, non-elective activity should be the same as 2019/20 and we should allocate 5% of the bed base to Covid.
- The activity expectations have been decided by using the 2019/20 baseline. Therefore, we should reach 70% of that in April and increase by 5%in May/June and then deliver 85% from July (system activity can be included in that.) There will be an opportunity to access additional funding if over 85% (by value) is reached, however in order to qualify you also have to evidence that your plans have appropriate health inequalities, focus and prioritisation.

The new performance and accountability framework will be circulated within the next week. The proposal is to have a dedicated section regarding recovery so it is easy to monitor progress from a framework perspective therefore they will all have an EQIA and a QIA process. It was agreed to circulate the presentation outside of the meeting along with the paper regarding waiting list initiative activity.

ACTION: To circulate the recovery framework presentation alongside the paper produced regarding waiting list initiative activity **– HB, 05/05/21**

The Chair noted that the outcome based indicators will be part of the recovery framework. The final version of the performance and accountability framework will be reviewed at next month's Finance & Performance Committee meeting along with the overall timeline.

ACTION: To review the performance and accountability framework and overall timeline at the next Committee meeting **– HB, 05/05/21**

It was understood that the numbers agreed now may change as the modelling changes throughout the year. It was questioned how we will approach remote working in future to which it was noted that there is a workgroup looking at this and the Chief Operating Officer will gain an update regarding progress. It was

also agreed that an executive summary for the recovery framework should be produced.

ACTION: To produce an executive summary for the recovery framework **– HB, 05/05/21**

The performance and accountability framework will go to Board on May 6, 2021.

The Committee **NOTED** the recovery framework.

054/21 **NPEX**

The Managing Director of Digital Health informed the Committee that the paper circulated prior to the meeting describes the commercial negotiations currently being held with our existing partners, Xlab. The partnership between them and THIS (the Health Informatics Service) began in 2009 and together they developed a product called NPEx. However, in February of this year, formal notice was received from Xlab to dissolve the partnership which under the contract, THIS are obliged to accept. As a result, this will have an impact on the income received from NPEX going forward.

A proposed payment of £2.3m has currently been negotiated and the detail of how this is comprised was discussed. It was noted that a proposed termination payment was required to offset previous income but also residual capital charges following previous capital investments. These assets would no longer add value to the Trust and would need writing off.

The Director of Finance added that THIS are trying to negotiate to improve the offer of £2.3m however they are not in a strong negotiating place due to how the initial contract was set up. The paper has been brought here due to the scale of the sums involved. All can be assured that the aim is to gain a better deal and multiple executive colleagues are involved in the negotiations. The current proposal would be sufficient to cover the cost pressures within THIS for next year which would create a good position. Anything additional will help improve income which would allow for the contribution to CHFT to be met and also improve the non-recurrent position. Recurrently, losing this contract does pose a challenge therefore work is being done to reduce the overheads over time.

Peter Wilkinson, Non-Executive Director questioned the recurrent impact. It was understood that THIS no longer have any part to play in supporting the NPEx product. Everything will be migrated from September 2021. The Chief Executive highlighted that THIS remains a profitable business and will gain one year's breathing space due to this funding. However, there is a challenge for the next Managing Director of Digital Health now this contract is gone. Thought needs to be given as to what will be expected over the next two-five years.

The Chair questioned whether the £2.3m would have been received naturally if the companies had not parted ways to which it was noted that this would not have been the case.

The Committee **NOTED** the NPEX paper. Overall, the partnership with Xlab has been a success story.

055/21 **HEALTH AND WELLBEING STRATEGY**

The Director of Workforce gave a presentation to the Committee in which the following key points were noted:

- A 24/7 helpline was introduced, and a triage system implemented to allow colleagues to speak with councillors when necessary.
- Listening events show that the trauma of Covid is beginning to impact colleagues now and they are nearing fatigue. All 6,000 colleagues will have had different experiences therefore all staff groups are thought of when implementing ideas.
- 4,150+ health and wellbeing risks assessments have been completed by around 3,500 colleagues. 251 responses were categorised as “very anxious” and received professional intervention. 925 were “more anxious than usual” and received a follow up phone call. 73 were “more anxious” and they were referred directly to Care First.
- There have been 92 Socrates referrals (this is the highest level of psychological assistance that the Trust provide.)
- There have been 35 lifesaving interventions with 5 colleagues currently on high alert, this feeds into the long term sickness absence.
- There have been 500 “friendly ear calls” and 300 places were booked onto the Halsa Wellbeing online sessions.
- There has been a 10% increase in the staff survey score for the statement “my organisation takes health and wellbeing seriously.”
- CHFT have continued to perform well in the sickness absence league tables during Covid and have even seen an improvement to pre-Covid. (Shielding and maternity leave colleagues have now been correctly removed from the sickness leave figure.)
- Going forward health and wellbeing will be a key principle of the recovery framework. The basics of hydration, nutrition, sleep, facilities and breaks will be emphasised, and compassionate communication will be key.
- The wellbeing hour has been recommunicated and this topic was discussed positively within a nursing task and finish group.
- Rest is being encouraged and there is a push to complete the “lite” version of the health and wellbeing risk assessments. Listening events will continue, good performance will be celebrated and the thank you campaign will also continue with packages being sent to all colleagues.

The Chair questioned how the shielding colleagues will be brought back into the workplace. It was understood that each colleague will be dealt with individually and no one will be rushed back. A balance will be gained between workforce demand and colleague wellbeing. Going forward, long term sickness will be improved through monitoring and support. There is heightened anxiety about returning to the workplace during a pandemic and every situation varies. It was noted that many have seen their recovery time impacted by Covid.

This Committee will continue to support the health and wellbeing plans created. It was agreed to circulate the presentation outside of the meeting.

ACTION: To circulate the Health and Wellbeing Strategy **– SD, 05/05/21**

GOVERNANCE

056/21 **FINANCE & PERFORMANCE COMMITTEE SELF ASSESMENT REPORT**
It was agreed to defer this item to the next Committee meeting.

057/21 **DRAFT MINUTES FROM SUB-COMMITTEES**
The following Minutes and summaries thereof were received by the Committee:

- CCG A&E Delivery Board held 9 February 2021
- THIS Executive Board held 24 February 2021
- Commercial Investment & Strategy Committee held 25 February 2021
- HPS Board held 8 March 2021
- Capital Planning Group held 16 March 2021

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

058/21 **REVIEW OF TERMS OF REFERENCE**
The Director of Finance asked the Committee to approve the tracked changes noted on the circulated document.

The Committee **APPROVED** the revised terms of reference subject to the Director of Finance and the Company Secretary meeting outside of the meeting to make some minor amendments.

059/21 **STAGE ONE PLANNING UPDATE**
The Deputy Director of Finance provided an update to the Committee. It was noted that the national planning deadlines have been deferred to June and a draft submission is required for May. A timetable was produced late last week which included guidance however the presentation shown at this Committee today was made without this guidance. The financial framework for the last six months of 2020/21 will continue into H1 (half one) of 2021/22. The funding envelopes are set at ICS level and they were produced late last Friday therefore time will be taken to understand these. As already agreed at Board there will be a staged approach to planning as follows:

- Stage 1: Setting the baseline budgets and creating a Covid reserve
- Stage 2: Agree developments
- Stage 3: Plan for elective recovery

Planning began in December and was based on the assumption that business would be as usual. Based on this CHFT would have a planned deficit of £24.38m in line with the long term plan and the financial improvement trajectory that the Trust has been previously set. Key assumptions were described and noted that at this stage the number of assumptions was much hogher than in previous years.

The presentation showed that CHFT take forward an underlying recurrent baseline of a £42.6m deficit. Adjustments are then made for inflation, known pressures and developments that have been formally approved throughout the year. This leads us to a business as usual deficit (excluding the Covid funding and Covid costs) of £21m. This is after receipt of the £24.3m worth of financial recovery funding. The key number is the £21m as this is the scale of CIP /efficiency needed to close the gap on the business as usual basis.

Following high level assessment of support and income to be received in H1 the block funding and Covid funding assumptions gives the Trust a reduced deficit of £15m.

The Chief Executive questioned whether the Covid costs are inclusive of waiting list initiatives. The current plan does not assume any additional income but equally does not assume any additional costs. The current plan above does not include development or activity recovery costs/the income related to it. The Chief Operating Officer questioned how it will work if the Trust need to use the waiting list initiatives to reach 85%. It was noted that in the first month anything over 70% that is below 85% would receive additional funding at 100%. Anything over 85% would receive funding at 120%. However, after July it would become a financial concern to be using the initiatives to reach this. It was noted that access to ERF was based on system performance not just Trust performance.

The Covid funding does not include vaccination costs and testing costs as they are given to the Trust through separate allocations; however this was also the case last financial year. At present developments have been tabled of £5.2m, if these were all to be funded it would increase the CIP gap to £27m. In that context we would look to have a rigorous and challenging process in place to review business cases and assess the affordability and the operational/management capacity to put the development in place. It is understood that £1bn of elective recovery funding has been earmarked nationally, this will be given based on performance and the thresholds previously discussed will be used to measure this. Evidence will also be required to show that the plan used was focused on health inequalities before funding will be approved. Previously the independent sector outsourcing was commissioned nationally however from April this will be down to local commissioning and it will need to be afforded within the funding locally. The internal elective recovery plans have not yet been costed therefore it has been agreed to commence them at risk and on the assumption that the funding available will be used to cover those costs.

In summary the plan is driven by many assumptions, the recurrent CIP challenge that it describes is a £21m gap prior to funding any developments or recovery. In year that reduces to £15m of efficiency requirement prior to funding any developments/recovery due to the Covid funding regime covering H1.

From a capital perspective, £4.5m was approved at the Dragons Den style capital planning day. The capital envelopes are allocated at ICS level and the capital regime will be different to last year. The total affordability based on the ICS capital envelope allows the Trust to fund further items and we have also seen movement as we have brought forward multiple items into this financial

year to enable full spending of this year's allocation. This allows CHFT to pick up some of this year's pressures in the next financial year. The key difference of this ICS funding regime is that there is no longer a national emergency capital fund, this has been previously used to bid for items that the Trust could not afford locally. There is an expectation that each organisation manage at an ICS level therefore the Learning Centre, the car park and the cladding have been included within our ask of the ICS funding. There are multiple items that specific national funding has been received for through public dividend capital. This creates a total capital plan of £18.7m. At that level there does remain a further flexibility of £3m that could be gained from the critical infrastructure risk which has notionally been badged against CHFT through the ICS funding.

This financial year we have seen sizeable cash balances compared to usual. This has been due to being paid one month in advance for the clinical income however this process will not continue, and in-month payments will resume. Subsequently, this will lower our cash holdings next year, but we will exit this year with a relatively high cash balance, and this will allow the Trust to pay any year end capital creditors promptly. In-year, CHFT's historic debt was written off however this increases the public dividend capital payable charges owed, this pressure has been included in the revenue position. The Trust will still have a higher underlying cash balance than we have seen in previous years as in 2019/20 the Trust benefited from the bonus financial recovery funding and that remains within the position.

The Committee were asked to approve the following:

- The creation of a Covid reserve at £8m from the £11m Covid funding.
- To note the intention to come back to that financial plan for the whole financial year as we move into H2 as there will be further guidance produced.
- To consider the phasing of the CIP challenge, the £15m is based on little CIP requirement in H1 however the guidance received late last week suggests that there will be an efficiency requirement of 0.28% built into our funding for the first half. Therefore, it may be wise to assume a baseline level of CIP across the year before we develop more strategic plans in H2.
- To note the next stage, to review the developments, and progress the recovery plans at risk while we work up the impact of the elective recovery scheme funding.

The Chair questioned how urgently approval was needed to which it was understood that this is not the final plan therefore approval is needed to allow individual divisional budgets to be created that we can hold budget holders accountable too. It also allows for measuring and stability. The Director of Finance added that this financial year is very much a "place based challenge" and therefore in time more conversations will be held to understand the commitments further. The Trust have also been asked to redo the financial profile for the next twenty years regarding the impact of the car park and the HRI business case and this will be a challenge for us as there are high levels of uncertainty.

The Committee **APPROVED** the baseline budget and associated plans. It was agreed that the draft plan due to be submitted to the ICS 6 May will be reviewed at the next Committee meeting. The final plan will be submitted in June.

ACTION: To review the draft financial plan being submitted to the ICS 6 May at the next Committee meeting **– KA/GB, 05/05/21**

060/21 **FUTURE FOCUSED FINANCE (FFF) ACCREDITATION**

The Deputy Director of Finance informed the Committee that the list of expectations for Level 2 accreditation have been reviewed and RAG rated in terms of evidence available. There are five areas involved and a lead has been appointed for each one. Further promotion is taking place across the finance department and colleagues have attended assessor events to gain an insight into how the accreditation is awarded. Work will continue to progress, and the aim is to submit the application in the Summer.

061/21 **REVIEW WORKPLAN - 2021/22**

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

It was highlighted that procurement is mentioned in the TORs however there is not a procurement review scheduled in the workplan. It was agreed to review and amend the workplan accordingly outside of the meeting.

ACTION: To include a procurement review within the 2021/22 workplan **– RH/RL, 05/05/21**

062/21 **MATTERS TO CASCADE TO BOARD**

The following points will be cascaded to Board:

- Learning from OP improvement work
- Financial plan for 20/21 was still changing but a plan deemed successful by regulators and the ICS would be delivered
- Improvement across majority of IPR domains
- Health and wellbeing offer was noted and supported
- THIS presented the proposed termination arrangements with NPEx and the committee noted the actions taken and proposed deal
- Recovery plans were supported
- First phase of high level budgets were approved and noted at this stage a £15m efficiency challenge

063/21 **REVIEW OF MEETING**

The meeting was not reviewed in detail although the Chair noted that it had been a large and varied agenda.

064/21 **ANY OTHER BUSINESS**

There was no further business to discuss.

DATE AND TIME OF NEXT MEETING:

Wednesday 5 May 2021, 11:00– 14:00, via Microsoft Teams

Calderdale and Huddersfield NHS Foundation Trust

APP A

Minutes of the Finance & Performance Committee held on Wednesday 05 May 2021, 11.00am – 13.00pm Via Microsoft Teams

PRESENT

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

IN ATTENDANCE

Andrea McCourt	Company Secretary
Kirsty Archer	Deputy Director of Finance
Peter Keogh	Assistant Director of Performance
Rhianna Lomas	PA to Director of Finance (Minutes)
Stephen Baines	Governor Representative
Stuart Baron	Associate Director of Finance

ITEM

065/21 **WELCOME AND INTRODUCTIONS**
The Chair welcomed attendees to the meeting.

066/21 **APOLOGIES FOR ABSENCE**
There were no apologies to note.

067/21 **DECLARATIONS OF INTEREST**
Declarations of interest were noted for Stuart Baron as a Director of CHS.

068/21 **MINUTES OF THE MEETING HELD 29 MARCH 2021**
The Minutes of the Public meeting held 29 March 2021 were **APPROVED** as an accurate record.

069/21 **ACTION LOG AND MATTERS ARISING**
The Action Log was reviewed as follows:

125/20: Outcome Based Indicators: The Chair noted that outcome based indicators will be included within the Performance and Accountability Framework (PMAF.) However, an item will be scheduled to discuss this in further depth. **Action remains open.**

050/21 – Outpatient Improvement Work, Booking Trend Levels: The data regarding pre-Covid booking trend levels was circulated outside of the meeting via email to the Committee members. **Action closed.**

052/21 – IPR February 2021, SHMI Definitions: The Chief Executive shared the definitions within the meeting chat on Microsoft Teams. **Action closed.**

036/21: 12 Hr Trolley Waits - Patient Characteristics: It was understood that two of the patients involved had learning disabilities. Both instances have been individually reviewed and this confirmed that both patients had received good care within the department and there was no concern regarding an impact to their pathways. **Action closed.**

053/21: Review Final Performance & Accountability Framework/Timeline: The Committee received the PMAF and noted that it had previously been circulated to the Non-Executive Directors for comment.

The Chief Operating Officer highlighted the following key points:

- The document was submitted to Board and Divisional Teams for review. It has also been discussed and approved at Weekly Executive Board.
- This is a refreshed version of the 2015 PMAF. It reflects feedback from the AQUA review and comments from the good governance piece of work. It depicts a change in the landscape due to the recovery framework and Business Better than Usual (BBTU) work being done. It is clear that CHFT is a well performing organisation.
- The framework strengthens the clarity between accountability and responsibility. It also explains how the Committee meetings work together.
- An amendment has been included regarding the Performance Review Meeting (PRM) membership. The five Executive Board Directors will attend all meetings with the Director of Transformation and Partnerships and Managing Director for Digital Health joining where required by either themselves or the Divisions.
- The framework links to the Trusts four pillars and the Board priorities including a focus on health inequalities.
- The document highlights the potential to escalate either positive feedback or challenges regarding performance management to the Board Sub-Committees.
- The IPR amendments are highlighted within the paper. It was agreed to review this in detail next month.

ACTION: To review the IPR amendments at the next Committee meeting **– RH/HB, 01/06/21**

- A section regarding recovery will be included within the IPR and work has been done to triangulate the IPR narrative summary that will be submitted to Board.
- The PMAF acts as a single framework for all performance and aims to balance quality, risk, and finance. There is a particular focus on collective learning.

The Director of Transformation and Partnerships questioned whether intelligence from the National Oversight System had been received. It was understood that specific metrics were not yet available and will potentially not be seen for the first six months whilst focus is placed on the backlog and recovery. However, the Chief Operating Officer agreed to raise this topic at the next national consultation.

The Director of Finance informed the Committee that there is a Financial Oversight and Assurance Group for the North/Yorkshire region and he is the West Yorkshire representative for this. It is complex to create standard oversight metrics as every location operates differently for example ICPs are used in the Humber. There is the opportunity to feed into this from a CHFT perspective however there are too many unknowns at this stage.

It was highlighted that the updated IPR format will be circulated before the April IPR is finalised.

The Chair noted the quality of the document and it was subsequently **APPROVED** by the Committee. Final approval will be given at Board. The Assistant Director of Performance was thanked for his work coordinating and updating the IPR.

053/21: Executive Summary, Recovery Framework: The Executive Summary for the Recovery Framework was produced and circulated as requested at the last Committee meeting. This will be submitted to Board also. **Action closed.**

The Chair noted that a Recovery Coordination and Oversight Group is mentioned within the summary and questioned the attendance of the group and how it will work. It was explained that terms of reference (TORs) for the group are now in place and WEB will approve the decisions made within the group. It has been formed in order to ensure that all of the recovery elements have an owner and the actions are being delivered by the teams. The group will meet once a week and one meeting has been held so far. The attendance is a balance of Corporate and Divisional colleagues. The Chief Operating Officer, the Director of Finance, the Director of Workforce and Helen Gaukroger (Assistant Director of Finance, Income and Contracting) attend alongside Divisional representatives. The Chair requested that Board be informed and that the TORs be circulated.

ACTION: To circulate the TORs for the Recovery Coordination and Oversight Group **– HB, 01/06/21**

The Chief Executive had recently attended a Kirklees place meeting that the ICS observes and a West Yorkshire ICS meeting. Discussions were focused on the West Yorkshire report regarding elective recovery as, when compared with the rest of the country, it shows the area as being slightly behind. Therefore, all were made aware that there will be scrutiny placed on West Yorkshire and due to this the plan may change. The chief Operating Officer added that all were recently asked to produce a report in 24 hours, and this has been judged on the last four weeks instead of this week. Due to this we are confident that our plans are not significantly behind other trusts, however there is a concern regarding elective inpatients. CHFT have requested more information in order to learn from the Trusts that are conducting more activity. The Get it Right First Time (GIRFT) Team visited yesterday to discuss standardisation. It was understood that there will be further expectations regarding this being produced next week and that will be helpful. The Chief

Operating Officer remains realistic and recognises that between draft 1 and draft 2 the numbers will be increased however CHFT will submit additionality in phase 2.

The Director of Finance highlighted that significant investments will be discussed at the Executive Board therefore there is no need to amend the SFIs. It was noted that the recovery framework will be reviewed continuously rather than at a fixed date in time. The Company Secretary informed all that the Oversight Committee attended by three Non-Executive Directors has concluded and all actions were closed.

The Committee **NOTED** and **APPROVED** the executive summary.

059/21: Review Draft Financial Plan & Risks for 2021/22: An Executive Summary and a detailed presentation were circulated to the Committee along with a report regarding the risks. **Action closed.**

The Assistant Director of Finance used the presentation to highlight the following key points:

- Initial assumptions were made that there would be a £15m efficiency requirement in year without funding £5m developments. It was also assumed that recovery costs would be covered by external funding, due to this they were excluded.
- The funding envelope that has now been confirmed at ICS level aligns with the initial assumptions. We now have further clarity regarding how the recovery will be funded through the elective recovery fund. However, the financial regime for half two (H2) remains unknown.
- Covid funding stands at £10.86m which CHFT did assume. As expected CNST inflation will create deflation for the Trust, and this has been deducted from our funding and cannot contribute to CIP.
- The financial targets are split across the ICS and each organisation will plan for a breakeven position in H1 with the exception of the Leeds where they will breakeven at Place.
- Initially £8m was earmarked as a Covid reserve, since then, these have been reviewed and reduced the assumption to £4.5m. The £3.5m gained will be held as a separate reserve for recovery.
- £2.8m funding has been allocated for developments (pending business cases.) This is an improvement on the initial assumption of £5m.
- Based on H2 assumptions the efficiency target for the full year would be £17m. This is due to assuming that CHFT will need to return to the £24.4m deficit trajectory in order to gain funding to hit break even. We assume that there will be a reduction in the national CIP requirement, and this will potentially bring a £4m benefit into the position.
- It was highlighted that the year is a game of two halves. Due to the funding regime in H1 being more generous, the Trust drive an efficiency target of £3m in H1 however this is then £14m in H2. This makes H2 harder to achieve and this challenge is recognised nationally.
- The elective recovery fund is only gained if the Trust exceeds the thresholds. We are estimated to achieve the target in every month except September.

- The Committee were asked to note the difference between day case and elective as the elective will be more challenging. The elective recovery funding looks at the combined total however it is valued on the case mix.
- The likely scale of funding CHFT could access has been valued at £2m however the plans at present do not rely on it. Instead recovery will be supported through the £3.5m reserve. If the £2m is gained it will also support recovery.
- The funding is at risk as it is from ICS level and requires all organisations to meet the requirements. The funding is also capped at £1bn and will not be increased.
- The independent sector described at a maximum cost of £2.2m is based on contractual discussions so far. The activity included only relies on half of this spend.

The Deputy Director of Finance concluded her presentation by noting that the efficiency requirement for H1 of £3m feels manageable as it is a transactional level of savings and data from 2020/21 shows that it is achievable. However, H2 will be challenging. The recommendations to the Committee were to approve the H1 financial pan with an efficiency requirement of £3m and to note the H2 requirements. The Director of Finance added that all busines cases have been reviewed by himself and the Chief Operating Officer. CHFT will await more guidance regarding H2. The CCGs are forecasting to deliver, and they have submitted annual plans rather than half year plans.

The Chair noted the table on page 125 that shows a relatively low elective performance and questioned what is needed in order to hit 90-100%. It was understood that work is currently being done with the teams to understand this further. The plan was labelled by the Committee as prudent however all agreed that it is easier to improve rather than aim too high and not achieve it. The Chief Operating Officer will take learning from York Teaching Hospitals NHS FT as they are doing well with elective recovery. The Chief Executive highlighted that the plans are based on Covid prevalence remaining low and therefore all should remain cautious of another potential wave occurring.

The Committee **APPROVED** the H1 financial plan and noted the H2 requirement. The H2 plan will be reviewed once available.

ACTION: To review the H2 financial plan **– KA, Once available.**

The Committee then reviewed the risks for 2021/22. It was noted that the income and expenditure position is a lower risk in H1 and higher in H2. The further two risks cover capital and cash. The risk regarding cash is low as CHFT have a high balance to take forward and there is security due to the block payments that will arrive mid-month.

The Chair noted that the risk score of 8 for H1 and 20 for H2 seemed reasonable and this was reflected within the presentation given earlier. The cash position was also highlighted as positive. The capital risk score was questioned and linked to any year end issues in 20/21. Due to this the Chair questioned whether the risk score be higher. The Director of Finance noted this and

explained that it could potentially affect the contingency. However, it was agreed not to amend the risk score and instead monitor the situation.

It was highlighted that not achieving the H2 plan would result in the annual plan not being achieved. It was agreed to change the narrative in order to reflect this.

ACTION: To amend the H2 risk narrative to ensure that the consequences of not achieving the plan are clear **– KA, 01/06/21**

The Committee **APPROVED** the 2021/22 risks subsequent to the H2 risk narrative being amended.

FINANCE & PERFORMANCE

070/21 INTEGRATED PERFORMANCE REVIEW – MARCH 2021

The Chief Operating Officer reported that the Trust's performance for March 2021 was 72.5%. The following key points were highlighted:

- Overall, the position is positive and CHFT is near to pre-Covid percentages. There have been no red domains throughout the pandemic and the Chief Operating Officer was proud of this.
- Complaints response times remain a challenge and work is being done to close the outstanding actions. Ellen Armistead, Executive Director of Nursing, is assessing the situation to ensure improvement is seen.
- Stroke has seen a slight improvement and a piece of improvement work is currently being done. This will be reviewed at the May PRM. Due to this the stroke item on the action log may be brought forward.
- SHMI remains a concern.
- Cancer screening has performed poorly throughout 2021 and creates a concern. Work is being done with Mid-Yorkshire to review this as some of the issues relate to joint pathways.
- The backlogs regarding elective care due to Covid remain a concern.
- Diagnostics are improving particularly around endoscopy.
- Regarding dementia screening, work is being done on personalised pathways. Dementia screening did not achieve target pre-Covid and the situation has deteriorated over last 12 months therefore a focus will be placed on this.
- Emergency Department (ED) attendances are increasing, the previous Monday was the busiest day since 2012 (just short of 600 attendances in 24 hours.) Most days, nearly 500 patients are seen. Tuesday's A&E delivery board will be dedicated to discussing attendance rates as GPs are feeling a similar pressure.
- Discharge remains a better position than last winter however it is still not where it should be in terms of the bed base.
- The emergency care standard was noted as an area of success due to it remaining consistent despite segregation still being in place due to Covid.
- The Cancer Team are doing well and will be attending the Council of Governors meeting to explain the work they do.

- The health inequalities and recovery data CHFT have was recognised as good as it allows for prioritisation and management of the situation.
- Workforce turnover, short term sickness and mandatory training are all positive.
- The IPR over the last 12 months recognises that the Trust's Covid response was good. The recovery plan was also a success as it was in line with the recovery framework. Overall CHFT is in a good position going forward.

Non-Executive Director, Peter Wilkinson, questioned whether there was a theme to the increased ED attendances. It was understood that this trend is being seen regionally and nationally. An increase in minors attending has been seen and due to a high volume of virtual/telephone GP appointments more scans are being done at A&E. There is also a frailty perspective to the increase as some patients take longer to send home due to a deterioration in their independence which adds a complexity. There has also been an increase in paediatric attendances.

The Chair noted that short and long term sickness remains high. It was understood that compared to other Northern Trusts we are in a favourable position however the Committee questioned if more could be done. The section has deteriorated from green to three months of red and the reasons should be articulated within the IPR.

POST MEETING NOTE: This has been addressed in separate discussions between the Chair and the Director of Workforce.

It was queried why dementia screening was still deteriorating. The Chief Operating Officer responded by stating that the problem stems from the first assessment. To be compliant with the rules it has to be undertaken by a medic which makes it harder to complete. It is also not clear on EPR that this needs to be done. The Trust is aware of the issue and the electronic discharge summaries need to be worked on. The Chief Operating Officer will review the situation with David Birkenhead (Medical Director) and Ellen Armistead (Executive Director of Nursing.)

The Committee noted that efficiency and finance have been green throughout the year. This success will help with the Use of Resources work.

The Director of Transformation and Partnerships questioned how the current bed base compares to our commitment of 800 beds in the reconfiguration plans. It was understood that from a non-elective perspective we have more estate than beds due to social distancing. We are trialling screens to see if that helps. Elective activity will increase. We now have further mixed speciality dedicated function wards and work is being done to calculate this in the modelling. The Chief Operating Officer believes CHFT will have a smaller surgical bed base and work is being done to assess the medical bed base. It was noted that the two site model makes it more complex therefore Medicine and Surgery are being assessed from a reconfiguration perspective also as there may be opportunities to consider.

The Committee **NOTED** the IPR for March 2021 and overall performance was seen as good.

071/21 **MONTH 12, FINANCE REPORT INCLUDING HIGH LEVEL RISKS**

The Director of Finance highlighted the key points reported at Month 12:

- The report shows the financial position up to the end of the financial year. It is still subject to audit however on a control total CHFT has delivered a surplus of £0.36m which is a favourable variance of £2.27m compared to plan. This was driven by additional funding.
- This is the second year a surplus position has been delivered.
- Finished the year within the agency spend trajectory.
- Underspent on capital but this was agreed, and funding has been deferred to future years.
- CIP in year delivered £5.84m, of which £3.7m is recurrent and this will reduce the 2021/22 challenge. Due to Covid CIP was not focused on.
- Treasury management continues with an improved position. This was largely supported by the change in the financial regime.
- In March CHFT paid 95% of invoices within 30 days.
- On an adjusted use of resources measure we scored 2.
- Overall, it was a successful year financially.

It was questioned whether the Trust would receive a bonus as was done last year. It was understood that we do not receive one on this financial regime. The Chair noted that for the year we have incurred costs of £33.5m due to Covid. The internal audit review that assessed these costs was positive.

The Committee questioned whether we should expect any audit challenges this year. Time has been spent with KPMG reviewing it and they have not raised any concerns as yet. Finance believe we have sufficient backup for all of the agreed provisions. The Director of Finance agreed to investigate the total capital and revenue split of the payable's variance.

The Committee **NOTED** the Month 12 finance report.

072/21 **TREASURY MANAGEMENT ANNUAL REPORT**

The Committee noted that the report had been submitted to Audit and Risk Committee. It was noted that the cash regime has a continued focus at Cash Committee. CHFT have a healthy cash position and better payment practice code. Focus has been placed on aged debt and further work will be done to improve it. The positive mention of the homeworking model within the report was noted and it was highlighted that Zoe Quarmby (Financial Controller) chairs the BBTU working from home group. We have received the treasury management draft internal audit, and this gives high assurance.

The Committee **NOTED** the treasury management report.

It was agreed that the annual report would be received at this Committee going forward rather than the Audit & Risk Committee.

073/21 **INVESTMENT & BORROWING STRATGEY**

The Trust conduct a minimal amount of investment due to the current low interest rates. An interest rate in excess of 3.5% would be needed PDC which is unlikely. There is no requirement for additional borrowing at this time.

The Committee **NOTED** the Investment and Borrowing Strategy.

GOVERNANCE

074/21 **FINANCE & PERFORMANCE COMMITTEE SELF ASSESSMENT REPORT**

The Chair highlighted the following key points:

- The size of the papers/presentations will be considered going forward.
- It was suggested that the Committee should be more forward looking. The updated IPR should aid this. Financial forecasts also allow the Committee to look to the future.
- The timing of providing and issuing papers is improving, and this must be maintained.
- The summary sheets detailing points for escalation from the sub committees is of value. It was agreed to put the sub-committee minutes in the reading room on Convene to reduce the pack size going forward.
- The Committee agreed to think further about the length of the meeting after some attendees expressed a desire to limit it to two hours. A balance must be gained between allowing time for discussion and shortening the meeting.
- Timings have now been added to the agenda and this will continue. The length of the papers must shorten in order to aid the timeliness.
- A Chair's Highlights Report will now be submitted to Board and this will allow Board members to note the key matters for escalation.

The Company Secretary noted that an action plan should be created from this in order to measure improvement going forward.

ACTION: To make an action plan using the Committee self-assessment feedback **– AMC/RH/RL**

The Committee **NOTED** the Self-Assessment Report.

075/21 **ANNUAL COMMITTEE REPORT**

The report was circulated to the Committee and will now be submitted to the Board for review.

The Committee **NOTED** the Annual Committee report.

076/21 **DRAFT MINUTES FROM SUB-COMMITTEES**

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

- A&E Delivery Board held 9 March 2021
- CHFT/PFI Committee held 17 March 2021
- CHFT/CHS Joint Liaison Committee held 31 March 2021

- THIS Executive Board held 31 March 2021
- Capital Planning Group held 15 April 2021
- Cash Committee held 19 April 2021

Going forward the minutes will be placed in the reading room on Convene.

The Chair noted that the Joint Liaison Committee was not quorate. The Director of Finance explained that this was the first instance and quoracy will be ensured for the next meeting.

It was understood that Project Echo is yet to be finalised. Various discussions are taking place and the Portsmouth deal was completed a few weeks ago which shows movement. CHFT met with the ICS and regional finance leads to discuss next steps, and they are expecting to see something soon as ministers are meeting in the middle of May. The situation will be escalated further if necessary.

The Chair noted an improvement in overdue debtors for March in the Cash Committee minutes.

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

077/21 **WORKPLAN - 2021/22**

The Company Secretary agreed to meet with the PA to the Director of Finance in order to finalise the workplan. It will be recirculated upon completion.

An action was given at the last Committee meeting regarding including a procurement review within the workplan. It was agreed to investigate whether this is on the Joint Liaison Committee workplan instead.

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

078/21 **MATTERS TO CASCADE TO BOARD**

The Chair will produce a summary report to be submitted to Board going forward.

079/21 **REVIEW OF MEETING**

The Chair noted that it had been a successful meeting. The Chief Operating Officer noted that the papers being well socialised beforehand allowed for headlines rather than detailed presenting which created time for discussion.

080/21 **ANY OTHER BUSINESS**

There was no further business to discuss.

DATE AND TIME OF NEXT MEETING:

Tuesday 1 June 2021, 10:00 – 12:00, Microsoft Teams

Calderdale and Huddersfield NHS Foundation Trust

QUALITY COMMITTEE

Monday, 19 April 2021

STANDING ITEMS

62/21 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
Jason Eddleston **(JE)**	Deputy Director of Workforce & Organisational Development
Karen Heaton **(KH)**	Non-Executive Director / Chair of Workforce Committee
Christine Mills **(CM)**	Public-elected Governor
Lindsay Rudge **(LR)**	Deputy Director of Nursing
Rachel White **(RW)**	Assistant Director for Patient Experience
Michelle Augustine **(MA)**	Governance Administrator **(Minutes)**

In attendance

Anna Basford **(AB)**	Director of Transformation and Partnerships **(item 69/21)**
Dr Abhijit Chakraborty **(AC)**	Consultant - Elderly Care Medicine **(item 69/21)**
Andrea Dauris **(AD)**	Associate Director of Quality and Patient Care
Dr Timothy Jackson **(TJ)**	Lead Medical Examiner & Consultant in Anaesthesia **(item 72/21)**
Dr Cornelle Parker **(CP)**	Deputy Medical Director
Nicola Hosty **(NH)**	Assistant Director of Human Resources **(67/21)**
Robert Ross **(RR)**	Head of Medical Engineering & Medical Equipment Management
Karen Spencer **(KS)**	Associate Director of Nursing – FSS Division **(item 75/21)**
Lucy Walker **(LW)**	Quality Manager, NHS Calderdale / NHS Greater Huddersfield / NHS North Kirklees CCGs

63/21 APOLOGIES

No apologies were received.

64/21 DECLARATIONS OF INTEREST

There were no declarations of interest.

65/21 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 22 March 2020 were approved as a correct record.

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

66/21 REVISED TERMS OF REFERENCE

A copy of the revised terms of reference were circulated at appendix B, following the revision to the governance structure, the blue highlighted text due to be removed, and the additions to the terms of reference, in yellow.

OUTCOME: The Committee agreed the revision of the terms of reference.

AD HOC REPORTS

67/21 HEALTH AND WELLBEING RECOVERY STRATEGY

Nicola Hosty (Assistant Director of Human Resources) was in attendance to present appendix C, summarising the development of the wellbeing package to support the diversity of colleagues; what has been done so far; how the health and wellbeing strategies impacted our absence. and what will be done next.

KH stated that this is a great piece of work to have in place and provides reassurance that this is being managed amongst the workforce. It was asked if any themes were emerging, not already identified, that need to be considered. NH commented on a complexity of discussions, which require more support, hence the enhancement of personalised and individualised care. CHFT bid for £150,000 worth of funding across Calderdale and Kirklees, for use of Socrates Psychological Services and Hälsa Wellbeing sessions, and is ensuring that this is equitably spent.

Congratulations were conveyed to the wellbeing team, and it was asked how this will be sustained going forward, given the time and resource it takes, as well as other competing priorities post-COVID. NH stated wellbeing ambassadors will play a part, as well as funding for eight colleagues to participate in a REACT train the trainer - identification of stress awareness session. The aim is for the 8 colleagues to train 130 wellbeing ambassadors, who will then host management sessions. The learning is constant throughout the next 12 months and beyond, and the aim is to grow the wellbeing community and support offer. It was also noted that around £1m has also been allocated to the creation of a mental health specialist hub in West Yorkshire and Harrogate.

The Chari asked what support is in place for managers who do not feel skilled enough to deal with complex cases. NH stated that Dave Corbet from Greengage Consulting, supports wellbeing conversations for surgeons and consultants; Socrates host supportive conversations with colleagues on traumatic incidents, and support is also available from our work psychologist community and also occupational health.

The Chair also stated that some colleagues still feel guilty about taking their allocated wellbeing hour and would be useful to have some case-studies and examples of how colleagues are using that time. NH noted that this will be made available via the Cupboard

NH was thanked for the report and the amount of work provided.

OUTCOME: The Committee noted the report.

68/21 VACCINATION PROGRAMME GOVERNANCE

Dr David Birkenhead (Medical Director) presented appendix D, which provided assurance on the governance arrangements in place for the Covid-19 vaccination programmes at the John Smith Stadium Vaccination Centre in Kirklees, for which the Trust is the accountable organisation, and the CHFT hospital hub vaccination programme for health and social care workers, delivered from HRI and CRH hospital sites.

Following a summarisation of the programme, the Chair asked if there were any plans in terms of extending the contract with the John Smith Stadium beyond 24 June 2021. DB reported that it may be challenging to continue on the site due to football match-days, however, there may be a possibility to extend into the Autumn if necessary.

OUTCOME: The Quality Committee noted the governance process, approved oversight of the vaccination programmes and approved the Operational Policy.

QUALITY PRIORITIES CLOSURES

69/21 FOCUSED AND QUALITY ACCOUNT PRIORITY CLOSURES

Updates were provided on the priorities which are to be closed for 2020/2021:

Focused Priorities

- *Nosocomial Spread* – Lindsay Rudge (Deputy Director of Nursing) provided an update on the reduction of nosocomial infections as detailed at appendix E, as well as '*reducing the number of hospital acquired infections including COVID-19*' being a quality account priority for 2021/2022.

- *Medical Devices* – Robert Ross (Head of Medical Engineering) was in attendance to provide an update at appendix F, on medical devices training, maintenance figures and an audit and engagement process which began in April 2021. Although medical devices will not continue as a focused quality priority, this will be monitored via the Trust Patient Safety and Quality Board (PSQB) and report into the Quality Committee.

  Non-compliance of medical device training for divisions was raised, and it was asked what the consequence of non-compliance was. RR stated that it is a legal requirement that training is provided for colleagues, and the consequence (worse-case scenario) is that a colleague can lose their registration if a device is used without appropriate training, which will have an impact on the organisation, due to the availability of staff. DBy commented that this has been a challenging area and provided assurance to the Quality Committee that a meeting was recently held with divisions to review and to raise awareness of the importance of colleagues being trained to use equipment. The challenges of staff moves during the COVID-19 period were recognised, and hopefully, will be in a better position to understand which colleagues have been trained and those who have not, including the flexible workforce. EA stated that Quality Governance Leads need to work supportively with divisions in assisting getting colleagues through the training, and that the Committee may require further updates and clear governance arrangements on training compliance levels. KH commented that periodic updates will be required, and also enquired about the timescales of the recommendations in the report. RR stated that the ward-by-ward audit of medical devices is due for completion within the next two months, depending on availability to access to areas. DBy mentioned that work has taken place with the Quality Governance Leads on getting this item onto the divisional PSQB meeting agendas, and RR commented that training reports are provided to all divisions on a monthly basis, and maintenance compliance levels are presented to the contract and performance meetings on a monthly basis. LR stated that this needs to remain a focus into the Trust PSQB and ultimately into the Quality Committee until in an improved position is realised.

- *End of Life Care* – Lindsay Rudge (Deputy Director of Nursing) provided an update on the progress made against the end of life care quality priority in 2020/2021, and plans for 2021/2022 to continue with the two priorities on end of life care, by supporting patients and their families on their individual characteristics and linking into health inequalities, and to also supporting relatives and carers with breaking bad news relating to end of life care, as detailed at appendix G.

- *Impact of Business Better than Usual* – Anna Basford (Director of Transformation and Partnerships) was in attendance to present appendix H, providing a progress report against the 12 learning themes which were identified in May/June 2020, as key learning from the COVID-19 pandemic. Areas were identified by colleagues, partner organisations and public feedback of how new ways of working implemented during the pandemic have brought benefit and should continue and be amplified moving forward. The governance process was approved at the Board of Directors and was agreed that regular updates would be provided to the Quality Committee, Workforce Committee and the Finance and Performance Committee. Although, this will not be a quality priority for 2021/2022, the Quality Committee can be assured that the actions and implementation of the themes will be received into the Transformation Programme Board. As work progresses, the Quality

Committee will continue to have an interest, particularly regarding the impact on EQIA and QIA of any of the actions taken forward. Across the 12 themes in the report, each theme lead has provided an update regarding progress and self-assessment. Four themes are RAG rated amber, and eight rated green. The amber ratings denote being slightly off-track but have a plan to be back on-track. What has been notable about business better than usual, is the enthusiasm of theme leads, despite the many operational challenges they have experienced over the recent months.

The Chair asked about the working from home workstream. AB noted that a business better than usual delivery group meeting took place and focused on the working from home theme. The possibility of undertaking a survey of colleagues was discussed and a draft document which set out key principles related to working from home was reviewed. The outcome of the discussion was to reflect that some styles of working are still emerging, and in contrast to a top-down approach where roles may be designated to a style of working, individuals need to reflect on the most productive style of working for them, given the needs for patient care and organisational objectives. Further reflection needs to be done and possibly consider learning from Leeds Council, who have also carried out some reflective work. This will return to the director's group for a broader discussion.

KH stated that is an issue which most organisations are dealing with, as this will become the future way of working. It is a journey and an experiment for most organisations and will be interesting to see how this shapes up in the future. Managers and leaders need to be confident to manage in a different way.

CM asked about any support being available for any colleagues who may be nervous about returning to work. JE stated that work is being done with individuals who are returning to work and may be nervous, and wraparound support is being provided to ensure that a return to work is successful.

- *Falls* – Dr Abhijit Chakraborty (Consultant in Elderly Care Medicine) was in attendance to present appendix I, noting the progress for reducing harm falls for 2020/2021 and the taking forward of this as a focused quality priority for 2021/2022. In the last financial year, CHFT achieved a 10% reduction in falls (2019 = 1963 falls, and 2020 = 1772 falls), with the total number of falls being reduced by 191. The aim is to continue the 10% reduction in the number of falls for 2021/2022, by implementing the Commissioning for Quality and Innovation (CQUIN) target for prevention of inpatient falls, embed learning from serious incidents, produce bite size learning, develop workshops and strengthen the influence of falls link nurses.

  The Chair asked that through achieving the 10% reduction in falls, despite challenges, whether the target for 2021/2022 should be set at a higher target. AC stated that it is not known if the projected picture is entirely accurate, due to differences in admissions during the COVID-19 period and staffing issues. It was stated that more time is needed to ensure that the 10% reduction can be sustained.

  The Chair noted that at a previous meeting, reference was made to a lack of falls alarms, and asked if this has now been addressed. AC stated that 250 falls alarms have been ordered and now received.

  DB asked what is happening in relation to the learning from the Falls Collaborative in terms of the design of the new hospital estate moving forward, and whether this could potentially minimise some risks, if there was a well-designed environment. AC stated that there are some factors which can be acted on, as well as some which cannot, for example, staffing. It was noted that good planning of the environment would minimise the risk of falls, for example, lighting and floor planning.

Quality Account Priorities

- *Learning lessons to improve patient experience* – Rachel White (Assistant Director for Patient Experience) presented appendix J outlining the closure of the quality account priority for 2020/2021, and the plan to continue the work into a digital solution through the existing CHFT app, as outlined in the next steps of the report.

- *Improving staff handovers to ensure psychological & emotional needs of patients are met* – Lindsay Rudge (Deputy Director of Nursing) stated that the update to the Quality Committee on 22 February 2021 which outlined the work undertaken, concluded this quality priority. The model had been tested and the plan is to roll this out over the course of this year and the remainder of next year.
  OUTCOME: It was agreed to accept the report in 22 February 2021 as the closure of this quality account priority.

- *Improving resources for distressed relatives / breaking bad news related to end of life care* – Lindsay Rudge (Deputy Director of Nursing) presented appendix L, highlighting the progress made through 2020/2021, and that this will continue as a focused quality priority into 2021/2022.

OUTCOME: The Quality Committee approved the closure of all the above quality priorities, and those which will be continuing as quality account or focused priorities.

SAFE

70/21 HIGH LEVEL RISK REGISTER

Doriann Bailey (Assistant Director for Patient Safety) presented appendix M, highlighting the updates on risks on the high-level risk register in March 2021.

There were 31 risks in March 2021, a reduction of two from the previous month. A monthly deep dive of a high-level or long-standing Trustwide risk takes place at the Risk Group, with medical devices being the last deep dive undertaken. Ten of the risks have a score of 20 and above; there were no new risks, and six risks with a reduced score.

All risks were updated, with the exception of risk 7778: *risk of staff becoming infected with COVID*, which was reviewed by infection prevention and control, however, required an update from an Occupational Health perspective.

All divisions are asked to review their risks and are expected to present these to the Risk Group.

OUTCOME: The Committee noted the report.

71/21 INFECTION PREVENTION AND CONTROL BOARD REPORT

Dr David Birkenhead (Medical Director) presented the quarterly report which covers the period of December 2020 to March 2021, as detailed at appendix N.

Whilst most of the performance indicators for infection control remain stable, including Escherichia coli (E.coli) and Methicillin-resistant staphylococcus aureus (MRSA), there has been a significant increase in the number of Clostridium difficile cases in the organisation, for reasons which are not yet apparent at this point in time. A major focus of work is ongoing into next year to get them back to where they were.

A lot of infection control focus in the past year has been on COVID-19, but despite those efforts and good compliance with Personal Protective Equipment (PPE) in general, there have been 15 outbreaks of COVID-19 and a number of healthcare onset COVID infections (HOCI) cases, which demonstrates the transmissibility of the infection. This has been a challenge for the infection prevention and control team and all colleagues within CHFT, however, CHFT are

now rarely seeing HOCIs and have had no COVID-19 outbreaks for a number of weeks, which has been helped by the high vaccination rates, a decrease in the community prevalence of COVID-19, and a general reduction in COVID-19 inpatients.

In relation to the performance targets, the Chair asked what can be done in order to increase the Aseptic Non-Touch Technique (ANTT) competency assessments for doctors, which is currently at 69.28%. DB stated that this has been followed up, and is not helped by the turnover of junior staff due to doctor rotation, however, this continues to be monitored and challenged via the infection, prevention and control (IPC) Gold meeting and IPC performance boards. There may be some data quality issues in terms of capturing ANTT training which takes place outside of the organisation for the new rotated staff, however, a number of streams are working on this and is hoped that compliance improves.

LR stated that it is important to acknowledge that the IPC team have been very busy, but have also been supported by colleagues, whether it be by taking a leadership role in PPE, supporting the testing workstream, through cleaning services and clinical colleagues supporting frontline leadership. Thanks were conveyed to all who have supported infection control.

OUTCOME: The Committee noted the report.

EFFECTIVE

72/21 MEDCIAL EXAMINER UPDATE

Dr Tim Jackson (Lead Medical Examiner) was in attendance to present the first update from the Medical Examiner (ME) service, as detailed at appendix O, which will be provided on a six-monthly basis moving forward.

The service commenced in December 2020 and is still in a development phase. The main role is to provide independent scrutiny of all deaths in the organisation, which do not require referral to the coroner, according to nationally agreed processes.

The current process at CHFT, activity and experience to date were outlined in the report, as well as the benefits of the service and the concerns and areas for improvement.

CP commended the ME team for the fantastic amount of effort in order to achieve this. It was also noted that there are some interesting opportunities and a potential for a 100% target for the ME service to achieve early and consistent contact with bereaved relatives to mitigate complaints, and to improve relationships with the coroner's office. TJ was confident with the metric for the consistency of family communications, as this is already reported to the national ME team on a quarterly basis. The relationship with the coroner's office is ongoing and is optimistic that this will be improved going forward.

One of the requests to the Committee was for areas of reporting in the future. The Chair asked what information is currently being reported at a regional and national level. TJ stated that most of the information relates to activity to support the financial stream; an extensive amount of data on the number of deaths scrutinised; data in terms of consistency with processes; reporting on the number of relatives spoken to and the outcomes of those conversations; the number of cases referred to the coroner as a consequence of the ME team involvement and other outcomes in terms of acceptance of the medical certificate of cause of death, or referral for various governance processes. It was stated that once enough data has been gathered for two consistent quarters, there will be an opportunity to provide a more detailed report with a summary of data going forward.

LR stated that the report brings to life the work that TJ and colleagues are undertaking and the benefits to the organisation, and the Chair thanked TJ for joining the Quality Committee, and the work done by colleagues in a short period of time.

OUTCOME: The Committee noted the report.

CARING

73/21 EXPERIENCE, PARTICIPATION AND EQUALITIES REPORT

Rachel White (Assistant Director for Patient Experience) swiftly summarised the items at appendix P, relating to the:

- Annual report on Patients, Carers and the Public: Experiences, Participation and Equalities, which will be submitted to the Board of Directors.
- Friends and Family Test (FFT) update for April 2021, highlighting the low response rates for maternity and community. It was asked if there are any further thoughts on this, that they are brought forward to the Patient Experience and Caring Group
- Reinstatement of the Patient Experience and Caring Group and celebrating success on the amazing work carried out. It was also noted that the Group will now be restarting.

OUTCOME: The Committee noted the report.

WELL-LED

74/21 GETTING IT RIGHT FIRST TIME

Dr Cornelle Parker (Deputy Medical Director) presented the report at appendix Q, which provided an update on the Trust's progress of the national GIRFT (Getting It Right First Time) programme.

GIRFT was suspended for the duration of the pandemic, both centrally in relation to NHS Improvement and also locally. Over the last year, there were only three virtual peer review visits, and 13 action plan review meetings, which are part of the governance process to assess progress against agreed actions following the peer review visits.

CHFT co-authored with University Hospitals Plymouth NHS Trust, the national guidance on the implementation of GIRFT, which will be going live shortly, and were also involved in the national consultant information programme. Sir Norman Williams attended the weekly Executive Board (WEB) meeting to discuss the individual consultant-level metrics, initially within surgery, to assess colleagues performance benchmarked against colleagues across the country.

CHFT also responded to COVID-19 documentation produced by GIRFT, whereby a number of metrics across high-performing organisations were reviewed and learning from those organisations were shared across the country. A benchmarking exercise against their suggestions is being competed, with several recommendations already underway at CHFT and due to be finalised.

Thanks were conveyed to Nicola Bailey, Asifa Ali and Mr Neeraj Bhasin who lead on the work on GIRFT and who helped provide this report.

OUTCOME: The Committee noted the report.

RESPONSIVE

75/21 QUALITY REPORT

Doriann Bailey (Assistant Director of Patient Safety) presented appendix R, providing an oversight of the quality agenda and the new quality account priorities and focused quality priorities for 2021/2022.

'*Recognition and timely treatment of sepsis'*; '*Reducing the number of Hospital Acquired Infections including Covid-19*', and '*Reducing waiting times for individuals attending the emergency department*' were chosen by the Council of Governors as quality account priorities for 2021/2022, and a paper will be taken to the Council of Governors this week. The focused

quality priorities were outlined in the report, and visibility and operationalisation of the quality priorities within divisions is needed, and work is ongoing on the profiling and expectation of leads to work with divisions to ensure that quality priorities are embedded as appropriate, in relevant divisions, with robust reporting into divisional PSQBs and into the Quality Committee moving forward. DBy conveyed thanks to all who inputted their work and requirements into the quality priorities.

Karen Spencer (Head of Midwifery) reported on the proposal for the local perinatal quality surveillance meeting at appendix 1 in the report, which is an essential and immediate action which arose from the Ockenden report. The proposal is to use the existing maternity safety champions meeting to hold the surveillance meeting on a monthly basis, and to invite commissioners from both Calderdale and Kirklees, and the representative from the local maternity system (LMS). A template produced by the LMS has been suggested to be used, along with the CHFT maternity dashboard.

OUTCOME: The Committee noted the report.

76/21 INTEGRATED PERFORMANCE REPORT

The integrated performance report at appendix S was accepted as read by the Committee.

POST MEETING REVIEW

77/21 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

The Quality Committee received:

- Updates on the closure of all quality priorities for 2020/2021 and the new quality account priorities and focused quality priorities for 2021/2022
- The Medical Examiner service report
- The vaccination programme governance report
- The Annual report on Patients, Carers and the Public: Experiences, Participation & Equalities

78/21 REVIEW OF MEETING

This item was not taken due to time constraints.

79/21 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE

80/21 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix T for information.

NEXT MEETING

Monday, 24 May 2021 at 3:00 – 5:30 pm on Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 19 APRIL 2021

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
OPEN ACTIONS / ACTIONS DUE THIS MONTH				
No actions due				
CLOSED ACTIONS				
30.12.20 (205/20)	**BAF Risk 3/19: seven-day services**	David Birkenhead / Cornelle Parker	DB stated that every effort will be made to complete the audit to provide the Quality Committee with a level of assurance in relation to compliance. **Action 30.12.20**: DB to follow this up with CP, DBy and RW regarding resources needed to complete the audit **Update:** Completion of audit to be confirmed **Update March 2021:** It was noted that this is still being worked through and aware of. The Quality Committee will close this action and progress with the BAF risk will be monitored via the workplan.	**CLOSED 19 April 2021**
26.10.20 (181/20) 19.04.21 (72/21)	**Medical examiner update**	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. **Update March 2021:** See item 72/21 The frequency of this report will be added to the workplan on a six-monthly basis.	**CLOSED 19 April 2021**

Calderdale and Huddersfield NHS Foundation Trust

QUALITY COMMITTEE

Monday, 24 May 2021

STANDING ITEMS

81/21 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
Jason Eddleston **(JE)**	Deputy Director of Workforce & Organisational Development
Karen Heaton **(KH)**	Non-Executive Director / Chair of Workforce Committee
Christine Mills **(CM)**	Public-elected Governor
Lindsay Rudge **(LR)**	Deputy Director of Nursing
Elisabeth Street **(ES)**	Clinical Director of Pharmacy
Rachel White **(RW)**	Assistant Director for Patient Experience
Michelle Augustine **(MA)**	Governance Administrator **(Minutes)**

In attendance

Nicola Bailey **(NB)**	Reconfiguration Transformation Manager **(item 85/21)**
Alison Edwards **(AE)**	Head of Safeguarding **(observing)**
Janette Cockroft **(JC)**	Lead Nurse for Reconfiguration of Services **(item 85/21)**
Andrea Dauris **(AD)**	Associate Director of Quality and Patient Care
Dr Mark Davies **(MD)**	Lead Clinician for Reconfiguration of Services **(item 85/21)**
Deborah Gibbon **(DG)**	Quality Governance Lead – FSS Division **(Observing)**
Dr Elizabeth Loney **(EL)**	Associate Medical Director **(items 88-89/21)**
Dr Rob Moisey **(RM)**	Lead Clinician for Reconfiguration of Services **(item 85/21)**
Karen Spencer **(KS)**	Associate Director of Nursing – FSS Division **(item 86/21)**
Lucy Walker **(LW)**	Quality Manager, NHS Calderdale / NHS Greater Huddersfield / NHS North Kirklees CCGs

82/21 APOLOGIES

Dr Cornelle Parker **(CP)**	Deputy Medical Director

83/21 DECLARATIONS OF INTEREST

There were no declarations of interest.

84/21 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday 19 April 2020 were approved as a correct record, with the exception that ‘Chari’ at paragraph four of item 67/21 is amended to ‘Chair’.

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

AD HOC REPORTS

85/21 CHFT IMPACT ASSESSMENT PROCESS FOR RECONFIGURATION

Nicola Bailey, Janette Cockroft and Drs Mark Davies and Rob Moisey were in attendance to present appendix C, a refresh of the quality impact assessment (QIA) and equality impact assessments (EqIA) of the clinical model developed to deliver the reconfiguration of hospital services.

NB provided some background to the work carried out, as detailed in the report, stating the clinical team's revision of the process using updated and strengthened documentation in relation to the QIA and EqIA associated with the reconfiguration programme.

MD reported that the impact assessments are a long-term project, and that over the last few months, the reconfiguration team have internally reviewed the impact assessments and strengthened the process by engaging with groups in Calderdale and Huddersfield, representative of those with protected characteristics, such as the Youth Forum, Calderdale Disability Partnership and Sharing Voices, and other groups in the community, as well as the Trust's Black, Asian and Minority Ethnic (BAME) group and Lesbian, Gay, Bisexual, Transgender, Query (LGBTQ+) groups. In addition to this, they will also be looking at work on those from deprived areas.

MD noted that the report provides details at this point in time and gives assurance of ongoing work. Following the strengthened engagement, which was carried out, no new quality impact assessments were identified which were not already known, however, some key negative impacts remain:

- Travel – people may need to travel further than they currently do, to access either acute care at Calderdale or planned care at Huddersfield. No evidence was found that any particular protected characteristic group would be impacted more because of travel, other than a relatively small group of sickle cell disease patients, who are generally within the afro-Caribbean community, of which there is a greater proportion of in Huddersfield. Their acute care would in future be delivered at Calderdale rather than Huddersfield, where it is now. There is some mitigation that in the new clinical model, there will be an opportunity for those patients to be cared for by haematologists, as well as other non-haematological specialist they need to be under. For example, ladies with sickle cell who are pregnant, will have the opportunity to be cared for in the same facility that looks after sickle cell disease and consultant obstetric care, which is not the case at the moment.

- Visibility – this may be a significant risk for patients in the new wards at Calderdale, where there will be increased side-room capacity. Work is ongoing with colleagues in the nursing and workforce team across the Trust, to develop a nursing workforce model to maintain visibility and any risk associated with patients potentially being isolated.

- Wayfinding – this may be a risk for both colleagues and patients with the building of a newer and bigger clinical facility at Calderdale. Digital signage and other support to improve wayfinding is being reviewed, as well as links with the visual impairment group at Calderdale, who are keen to be involved in this work.

MD stated that there have been additional comments from colleagues since the report was submitted, regarding reaching out to further community groups of patients with protected characteristics like the BAME and LGBTQ+ groups in the community, rather than only internal Trust colleagues. This is an ongoing piece of work, and any further comments or suggestions from the Committee were welcomed.

RW asked in relation to the impact assessments, that it would be useful to include the other patient experience data feeds that are informing the work of the programme, for example, observe and act.

DB queried about the impact of deprivations and whether they have been included in the assessments. It was asked whether people in deprived areas may have less access to their own transport; and whether certain groups who have a protected characteristic, may make them more likely to be a deprived group, for instance, people with mental illnesses. MD stated that they are in the process of reviewing travel times for groups of patients, including those from deprived areas, and that BAME and mental health groups can also be included. It will look at whether travel times are impacting and how to put the mitigations in place and ensure that travel support is included when addressing those issues. RM also stated that an independent travel assessment was carried out a few years ago looking at different groups

and distance to travel, and access to private and public transport, which identified no significant differences amongst the groups.

DS noted one of the mitigating actions for patients with sickle cell disease is digital technology being developed to increase accessibility to specialists. It was stated that digital poverty should not be overlooked, as many patients who need support may have limited access. MD stated that this element needs to be understood, and steps taken to address this as there may be a group of patients who are disadvantaged as a result of the digital offer.

In relation to the EqIA under religion, DS asked if support services and facilities had been addressed. RM stated that discussions with the chaplaincy about facilities took place, and that they have done previous work in terms of existing facilities and also had some good suggestions and views, not just dedicated to chaplaincy facilities, but also more generic spaces where families could have a time-out or discussions with colleagues or religious individuals.

In relation to the QIA under operational performance, DS asked about the positive impact statement - '*Reduce the transfer of inpatients between sites and reduce the need to transfer staff working across two sites'.* It was stated that there was no grading of the likelihood and consequence of the risk, and DS asked if there is still some work to be done as to why it has not been graded. MD stated that the statement is describing that all acute patients will be on one site, and there will be no need to transfer cross-site, however, the team agreed to review this. JE asked if a group risk and mitigation aspect could be included in the paper, and perhaps a grid as an appendix which captures issues on a page.

The reconfiguration team were thanked for the amount of work undertaken and encouraging to see that the strengthened approach has been used and no further risks need to be taken into account.

OUTCOME: The Committee reviewed and approved the report.

SAFE

86/21 MATERNITY REPORT

Karen Spencer presented appendix D, which provided an update from maternity services.

KS stated that in relation to the Ockenden report, the portal is now been open for the submission of evidence, with requirements that Trusts will have submitted evidence toward the immediate and essential actions, by 14 June 2021. There is no expectation that any Trust will be fully compliant with all aspects of Ockenden, however, there are some aspects that CHFT will be working towards and some across the local maternity service.

In relation to the perinatal mortality review, three stillbirths occurred in April 2021 at CHFT, and all stillbirths are reviewed using the perinatal mortality review tool. CHFT still report low levels of incidents of stillbirth, and the stillbirth reduction group is working well, and the organisation has seen a downward trend in the number of stillbirths for a number of years.

In relation to maternity incidents, all were no harm, and in April 2021, one incident was graded as orange and identified as a Serious Hazard of Transfusion (SHOT) incident, which is currently under investigation.

The maternity service had 13 vacancies, and as part of the local maternity system, the central recruitment of newly qualified midwives was trialled, with 16 applicants being received for those vacancies.

CHFT work closely with the local Maternity Voices Partnership (MVP), and our maternity ward manger was recently involved in the successful appointment of a new chairperson for the local MVP. Throughout COVID-19, the MVP worked with CHFT and Mid-Yorkshire Hospitals NHS

Trust on the COVID-19 maternity survey and the previous chair of the MVP is working closely with CHFT on the health inequalities workstream for maternity.

DS asked how CHFT would benefit from the bid for funding, and KS stated that the £95.6 million made available by NHS England/Improvement is to support the findings of the Ockenden report. One of the requirements of the report is for maternity services to have either undertaken or undertake a birth rate plus (national maternity staffing tool) assessment. CHFT had undertaken a review and had a report from November 2020, which stated the number of midwives required. As the better births agenda is rolled out and the move toward 100% of continuity of carer, which CHFT have been mandated to do by March 2023, the future number of midwives needed to deliver continuity of carer, which is labour-intensive from a midwife perspective, is much lower than traditional models of care. CHFT had a deficit of 20 whole time equivalent midwives to deliver the continuity of carer, therefore requested 20 additional midwives. The other element of Ockenden was dedicated time for a Consultant for fetal medicine. The final element was the requirement for a twice-a-day consultant ward round on the labour ward. There is a twice-a-day consultant ward round at 8.30 am and 6:00 pm, however, the gold standard would be to have a ward round on the night shift. In order to do that, the hours of consultant cover on the labour ward would need to be extended, therefore additional funding has been requested. The maternity service will be notified by 28 May 2021 whether the bid has been successful and how much will be allocated.

EA stated that progress is needed on where the service position on birth rate plus and continuity of carer should be.

LR reported that Karen Poole (LMS Programme Lead) presented to the West Yorkshire Association of Acute Trusts (WYAAT) Chief Nurse group around what commissioning intentions are, and what the total budget of funding for maternity services would look like across the WYAAT footprint and the local maternity system, therefore, they may be other regional reviews of what the commissioning intention would look like to support these models.

KH asked how feedback from the perinatal quality surveillance meeting would be fed back. EA stated that it would need to be included in this monthly maternity update to the Quality Committee, which would then be reported every other month to the Board of Directors. KS also stated that there is a clear route of escalation through the local maternity system from the perinatal quality surveillance meetings.

In relation to the maternity incentive scheme and the submission of the 10 safety actions by 15 July 2021, DS asked if there were any actions which are likely to be non-compliant or partially compliant. KS hoped that there are no actions that the service will not be compliant with, however, the most concerning is the radiology requirement around uterine artery doppler monitoring between 20 and 24 weeks' pregnant for a small cohort of women. Our ultrasonography colleagues were trained pre-COVID and had completed their assessments, however, they now need to be reassessed, and working with colleagues from Leeds to carry this out. Assurance has been provided from the ultrasonography lead that colleagues will have the training in place by 15 July 2021.

DS referred to the portal and asked what the evidence submitted looks like so far. KS stated that a lot of the evidence is inconsistent and repetitive around the seven actions. Some evidence requested relate to audits from December 2020, which were not known about until last week, therefore will be non-compliant on those elements. There are other iterations of the same evidence which have been requested in different actions. Overall, the service should be able to provide evidence for all that can be provided for.

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

87/21 TRUST PATIENT SAFETY AND QUALITY BOARD (PSQB) REPORT

Doriann Bailey presented appendix E, which detailed the work undertaken, reports received and actions of the Trust PSQB during quarters 3 and 4 of 2020 / 2021.

The key points noted were lack of representation at the Trust PSQB meetings from several groups, including the Falls Collaborative, the Pressure Ulcer Collaborative, the Resuscitation Committee, and a junior doctor representative. It was noted that the Falls and Pressure Ulcer Collaboratives now report into the Clinical Outcomes Board, following a review of the governance reporting structure. Changes to the membership of the Trust PSQB were also noted.

The sub-group reports received into the Trust PSQB were summarised, which included reports from the Medical Devices and Procurement Group, Falls Collaborative, Resuscitation Committee, Pressure Ulcer Collaborative, Thrombosis Committee and the Hospital Transfusion Committee.

DS asked what could be done regarding appropriate representation at the meetings. DBy stated that, in relation to the Resuscitation Committee, one of the challenges at the time was that there was only one member of staff in the resuscitation team, due to vacancies and sickness, which contributed to the lack of representation. Initially, there was no representation from the falls and pressure ulcer collaboratives, however, meetings with the leads from those areas have been held, contributing to an improvement in the attendance and the development of reporting, by taking these areas through as quality priorities. There were also challenges through the COVID-19 period with clinical pressures, however, emphasis was made to colleagues to ensure that assurances in relation to falls, pressure ulcers and other areas are provided, as there are concerns within the Trust.

DS asked if anything is in place to reduce the risk of non-attendance. DBy stated that at the time of the report, there was one member of staff in the resuscitation team, and LR stated that there has been a period of reduced staff in the team which meant they were unable to be represented at the Trust PSQB; and that the chair of the Resuscitation Committee was also vacant. DB is reviewing the chair of the Resuscitation Committee and will be replacing the resuscitation team back to its normal ratio. The risk with the basic life support training is being reviewed by LR and Janet Youd (Head of Nursing – Corporate) to strengthen that offer and ensure a plan is in place to bring the trajectory back on line.

EA stated that there may always be a general issue with junior doctor representation across all meetings, as junior doctors rotate. The best way to take this forward would be to review all Committees where medical representation is an issue, and map this across to the terms of reference and have an individual plan. If there is continuous poor attendance, then attendance and terms of reference need to be reviewed. DB stated that this is a capacity issue for junior doctors, as there are not enough junior doctors with ongoing vacancies across the organisation. It was suggested that the terms of reference are reviewed and to have alternate attendance from physician associates. DBy agreed that the purpose of the junior doctors' attendance at Committees will be reviewed and to look at how best to ensure that cover is provided moving forward.

The Quality Committee ratified the terms of reference of the Trust PSQB, which were circulated due to the change of the name of Group from Patient Safety Group to the Trust Patient Safety and Quality Board (PSQB); the addition of divisional representation to the membership; and the amendment of the sub-groups following the revision of governance structure.

The Chair asked the Committee whether the report covered the key elements from the sub-groups of the Trust PSQB, and RW stated that given that this report covers quality, it would be good to demonstrate the key relationship with the divisions and the relationship with patient experience and caring agenda. AD stated that there is an opportunity to provide assurance

regarding achievements, for example, the sepsis aims which they wish to achieve are listed, however, there is no update on its progress and whether they have achieved them.

CM stated that it would be helpful to have the full titles of meetings in the reports, rather than acronyms.

OUTCOME: The Committee noted the report and ratified the terms of reference.

88/21 CLINICAL ETHICS PANEL REPORT

Dr Elizabeth Loney was in attendance to present appendix F, the first update from the Clinical Ethics Panel, which launched in April 2020.

The paper described the purpose and role of the Panel, as well as various items which have been reviewed by the Panel. A copy of the terms of reference were also submitted for ratification.

The Chair thanked EL for the report and commented on the range of items that the Panel have covered and asked how the existence of the Panel is being publicised. EL stated that the Panel has been made known via the CHFT Trust news, as well as via the diverse membership of the Panel. Any suggestions on ways to further advertise the Panel's presence was welcomed. DB commented on advertising the dates of the meeting on the intranet and inviting people to submit queries to the Panel.

DS asked if the Panel is linked with any other ethics forums, and EL stated that there is no formal ethics network, however, the Panel have been able to use resources and documentation from other ethical groups, for example, Leeds, to inform a provisional Ethical Framework.

OUTCOME: The Committee noted the report and ratified the terms of reference of the Panel.

EFFECTIVE

89/21 CLINICAL EFFECTIVENESS AND AUDIT GROUP (CEAG) REPORT

Dr Elizabeth Loney presented appendix G, the first paper reporting directly into the Quality Committee, following the review of the governance reporting structure.

Matters discussed at the CEAG in relation to national guidance and clinical audit were detailed in the report, including the NICE (National Institute for Health and Care Excellence) compliance backlog which is now beginning to improve; significant changes to terminology in the updated policy for the implementation of national guidance and other high-level reports, regarding compliance with NICE and other guidelines; results and recommendations from the internal clinical audit review; details of the first successful clinical audit competition held in November 2020; implementation of the national patient out-out service; the planned reinstatement of the Consent Group to review delegated consent audit, and the production of new clinical audit summary reports.

A snapshot position of compliance with NICE guidance was also detailed in the report, as well as the definitions of NICE compliance as part of the policy. EL stated that the majority of partially compliant NICE guidance were returning to the CEAG with no progress being made, therefore the Policy was amended to distinguish between partially compliant guidelines which have been agreed and will not be working toward full compliance, and partially compliant guidelines which will be working toward full compliance. The new compliance flowchart as detailed in the report was described, which now provides a robust process that assurance that partially compliant guidelines have been agreed by divisions.

DS commented on the progress update on NICE compliance and was pleased that a clear process has now been outlined. DS also asked how long it would take to get through the

backlog of guidelines, and EL stated that it may take up to six months to get the newly published guidelines through the new process, followed by the previous guidance, however, this will continue to be monitored by the CEAG, and reported to the Quality Committee on a quarterly basis.

DBy updated that the Trust will not be participating in the national diabetes audit due to the care being undertaken in primary care, and also commented on the clarity provided in relation to the compliance and non-compliance of NICE guidance.

A copy of the terms of reference from the CEAG were also submitted for ratification.

OUTCOME: The Committee noted the report and ratified the terms of reference.

RESPONSIVE

90/21 INTEGRATED PERFORMANCE REPORT

Ellen Armistead presented appendix H, noting an improvement in overall performance (72.5%) for March 2021, much of which relates to the cancer targets, which is good for patients in need of treatment. Whilst there is some improvement in the SHMI data, a lot more work continues. In terms of some of the access targets, the emergency department (ED) four-hour standard is proving challenging, which is the case nationally, with record numbers of attendance in the ED. The other access target of some concern is 52-week waits. There are a high number of waiters, and this issue was raised at the Recovery Board, with further analysis ongoing around establishing the position with 52-week waits. There are still some challenges in relation to complaints response times, however, a lot of work is ongoing and should start to see an improvement. Systems and processes are being looked at to make the process for responding to a complaint more meaningful for patients and families.

DS noted no improvement in the dementia patient screening, which was either flatlining or deteriorating. EA reported that the new dementia nurse lead is now in post, with one of the workstreams which she will be leading on is dementia screening. Some of it is possibly the way in which it is being recorded, however, this is being looked into. LR stated that this has been reviewed and dementia performance has been picked up on weekly performance reviews with divisional colleagues.
Action: Lauren Green (Dementia Nurse Lead) to be invited to the Quality Committee.

DS also noted the challenges with increased numbers of patients coming through the ED and issues with the delayed transfer of care. EA stated that there needs to be more systems conversations in relation to the delayed transfers of care, as well as non-complex discharges. Throughout COVID-19, there were a set of 'must-do' actions which are now being reviewed, and one needs to be around patient flow, well-organised discharge and having plans in place over the weekend. There are still some improvements to be made internally about fundamental organisation of care. LR suggested that it would be useful for the presentation on the Safer Programme to come into the Committee.
Action: Hannah Wood to be invited to the next Quality Committee to present the Safer Programme.

WELL-LED

91/21 QUALITY COMMITTEE SUB-GROUP TERMS OF REFERENCE

Copies of the Quality Committee's current sub-group terms of reference were submitted for ratification:

- Clinical Ethics Panel
  see item 88/21 – these terms of reference have now been ratified

- Clinical Effectiveness and Audit Group
  see item 89/21- these terms of reference have now been ratified

- Medicines Management Committee
  these terms of reference are still under review by the Medicines Management Committee and yet to be submitted to the Group.

- Medical Gases and Non-invasive Ventilation Group
  DS queried the quoracy of the group, as outlined in the terms of reference at appendix I, stating that the expectancy that core members attend 50% of the meetings is too low, and that attendance should be at least 75% as other Quality Committee sub-group terms of reference.
  Action: Terms of reference to be returned to the Medical Gases and Non-invasive Ventilation Group for amendment and resubmitted to the Quality Committee for ratification

POST MEETING REVIEW

92/21 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

DS reported that as Chairs of Board Committees, there is now a Chair's highlight report proforma which is now being used to provide different information under, which will be shared with the Committee.

In terms of escalation to the Board of Directors, the Quality Committee received:

- The impact assessment process for reconfiguration and an update
- The first report from the Clinical Ethics Panel
- The first report from the Clinical Effectiveness and Audit Group
- Ratified terms of reference for the Trust Patient Safety and Quality Board (PSQB), the Clinical Ethics Panel, the Clinical Effectiveness and Audit Group.
- In terms of the IPR, have noted the 52-week waits as an area of concern, and also the emergency care standard which is not being achieved
- The maternity report update and the opening of the Portal for the submission of evidence for the seven immediate and urgent actions required of the Ockenden report

93/21 REVIEW OF MEETING

The meeting has run smoothly and taken place within the scheduled time.

94/21 ANY OTHER BUSINESS

Positive feedback

Christine Mills wished to convey thanks to the doctors and nurses on ward 1 at HRI, for the absolutely exceptional care received, following admittance to the ward in the early hours of the morning.

Rachel White also reported on a public thank you from Healthwatch in regard to how responsive the Patient Advice and Complaints Service (PACS) team had been on some issues.

ITEMS TO RECEIVE AND NOTE

95/21 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at Appendix J for information, which has now been revised to show the new reporting of sub-groups into the Quality Committee.

NEXT MEETING

Monday, 21 June 2021 at 3:00 – 5:00 pm on Microsoft Teams

QUALITY COMMITTEE ACTION LOG FOLLOWING MEETING ON MONDAY, 24 MAY 2021

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
OPEN ACTIONS / ACTIONS DUE THIS MONTH				
No actions due this month				
UPCOMING ACTIONS				
24.05.21 (90/21)	**IPR – Safer Programme**	Hannah Wood	DS also noted the challenges with increased numbers of patients coming through the ED and issues with the delayed transfer of care. EA stated that there needs to be more systems conversations in relation to the delayed transfers of care, as well as non-complex discharges. Throughout COVID-19, there were a set of 'must-do' actions which are now being reviewed, and one needs to be around patient flow, well-organised discharge and having plans in place over the weekend. There are still some improvements to be made internally about fundamental organisation of care. LR suggested that it would be useful for the presentation on the Safer Programme to come into the Committee. **Action**: Hannah Wood to be invited to the next Quality Committee to present the Safer Programme. **Update**: SAFER has had a launch meeting but not held its first board yet. A comprehensive update of the workstreams will be provided for the July meeting.	**Due July 2021**
24.05.21 (91/21)	**Quality Committee Sub-group terms of reference**	Michelle Augustine / Chair of Medical Gases and NIV Group	Medical Gases and Non-invasive Ventilation Group DS queried the quoracy of the group, as outlined in the terms of reference at appendix I, stating that the expectancy that core members attend 50% of the meetings is too low, and that attendance should be at least 75% as other Quality Committee sub-group terms of reference. **Action**: Terms of reference to be returned to the Medical Gases and Non-invasive Ventilation Group for amendment and resubmitted to the Quality Committee for ratification	**Due July 2021**
24.05.21 (90/21)	**IPR - Dementia Screening**	Lauren Green	DS noted no improvement in the dementia patient screening, which was either flatlining or deteriorating. EA reported that the new dementia nurse lead is now in post, with one of the workstreams which she will be leading on is dementia screening. Some of it is possibly the way in which it is being recorded, however, this is being looked into. **Action**: Lauren Green (Dementia Nurse Lead) to be invited to the Quality Committee.	**Due July 2021**
CLOSED ACTIONS				
No actions were closed in May				

Appendix A

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

Minutes of the WORKFORCE COMMITTEE – DEEP DIVE

Held on Monday 10 May 2021, 2.00pm – 4.00pm
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	(AM)	Company Secretary
Helen Senior	(HS)	Staff Side Chair
Denise Sterling	(DS)	Non-Executive Director

IN ATTENDANCE:

Alexis Brown	(AB)	HR Business Partner (for agenda item 35/21)
Nikki Hosty	(NH)	Assistant Director of HR (for agenda item 39/21)
Rachel Pierce	(RP	Recruitment Manager (for agenda item 35/21)

30/21 **WELCOME AND INTRODUCTIONS**

The Chair welcomed members to the meeting.

31/21 **APOLOGIES FOR ABSENCE**

Ellen Armistead, Deputy Chief Executive/Director of Nursing
Helen Barker, Chief Operating Officer
Gary Boothby, Director of Finance
Jude Goddard, Governor

32/21 **DECLARATION OF INTERESTS**

There were no declarations of interest.

33/21 **MINUTES OF MEETING HELD ON 8 MARCH 2021**

The minutes of the Workforce Committee Review of Quality & Performance Report – Workforce and Workforce Committee – Divisional Presentations of Staff Survey Actions Plans meetings held on 8 March 2021 were approved as a correct record.

34/21 **ACTION LOG – MARCH 2021**
The action log, updated on 5 May 2021, was received.

35/21 **MATTERS ARISING**

Return to Work (RTW) Interview Compliance

AB confirmed that the February data reported at the March Committee meeting was 77% which was above the planned trajectory, however the position as at 21 March had dropped to 66%. Examination of the data revealed a significant lag in reporting. The March position in ESR currently reports 77.8% compliance providing some assurance that RTW interviews are being completed in line with trajectory but not recorded in a timely manner. Since the last Committee meeting the HR team gave focus to providing divisional managers with regular

compliance data and reminders. However, compliance rates fell during the Easter annual leave period when the HR team were unable to provide that same level of focus. AB highlighted a refreshed action plan which will support directorate teams to have more oversight and accountability for their workforce metrics.

Actions include:

- Refocus on consistent divisional reporting so that HR team annual leave does not impact (this will be until the actions below are embedded)
- Review with directorate management team of ESR hierarchies (ensure that absence management doesn't just sit with clinical manager)
- Upskilling of wider team with attendance management and RTW
- Fresh eyes over RTW guidance documents, to ensure all aspects covered and clear – e.g. we miss compliance when annual leave is taken after a period of sickness.
- Manager Self Service – Need to work towards supporting managers to utilise the tools they have available to them to report their own data live.
- Refocus on accountability – Escalation framework to be created where repeated poor compliance is consistent in an area. Leading to more formal conversations once actions above to provide the right tools/system actions to upskill and transfer the responsibility back have been accomplished.

JE was pleased to note the response actions and confirmed April data would be added as a post meeting note in the minutes of the meeting. JE advised that to support the refocus of accountability, where compliance is off target service leads would be requested to attend Committee meetings to describe their actions to achieve 90% target. KH and DS acknowledged the investment by HR and supported the actions outlined.

Post meeting note: RTW compliance rate: 85.13% as at 19 May 2021.

Action: Service leads to attend Committee meetings determined by compliance rates

OUTCOME: The Committee **RECEIVED, NOTED** and **SUPPORTED** the actions.

Comparison of Contractual Notice Periods

RP presented a paper which provided a comparison of contractual notice periods required by CHFT and the notice required in other Trusts in West Yorkshire and Harrogate for Agenda for Change employed colleagues. The paper outlined both similarities and differences. The Committee was asked to note the position and to consider its view on harmonising notice periods in accordance with the arrangements in West Yorkshire and Harrogate NHS Trusts/NHS Foundation Trusts, for new starters.

KH gave examples of potential significant implications and AM asked if there was any collaboration with WYAAT. HS expressed concern in terms of colleague motivation when working their notice period. JE confirmed that more work was needed and should a point of recommendations be reached these would be put to Executive Board to secure agreement. The Committee would be kept appraised of conversations. AM advised the Governors would be interested in this matter and would share the paper with them noting any changes are at the decision of the Executive Board.

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

Analysis on ED& I Metrics

RP presented a paper that set out the current position regarding Equality and Diversity profiles of applicants who applied to agenda for change vacancies at CHFT between 1 April 2020 and 31 March 2021. The data showed a lower percentage of applications and appointments across a wide range of protected characteristic categories.

JE referenced the NHS People Plan which requires organisations to radically alter recruitment processes to eliminate barriers to recruitment. The Trust has secured investment to establish a widening participation team whose primary focus will be to create employment opportunities for individuals, it will provide support on essential pre-employment skills leading to more successful appointments.

SD referenced the Trust's work on health inequalities and having the examined the recruitment data considered an action plan should be developed. This should include attendance of Divisions at Workforce Committee to present their priorities and actions.

DS enquired what interview feedback is given to candidates. RP confirmed as part of the recruitment process verbal feedback is given following interview. Due to the large volume of applications feedback to non-shortlisted candidates is only given if requested.

KH commended the inclusive recruitment process and to further explore and better understand the Trust's ED&I metrics would arrange an off-line discussion with SD and NH. KH also felt it would be useful to examine the data in the context of local population information.

Actions:
Develop recruitment ED&I action plan (RP/NH)
Provide ED&I recruitment data in the context of local population (RP)

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

Pay Anomalies

JE confirmed that the Trust has a number of payment arrangements in place outside of the national pay arrangements. Work is almost finalised in understanding the position of each arrangement and a detailed paper would be brought to the next meeting. JE confirmed to KH that CHFT is not the only Trust with pay anomalies.

Action: Present report to June 2021 Committee meeting (JE)

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

36/21 **QUALITY AND PERFORMANCE REPORT (WORKFORCE) – APRIL 2021**
MB presented the report.

Summary
Performance on workforce metrics continues to be amber and the Workforce domain increased to 71.2% in March 2021. This is the fifth month in 22 'where the domain score is 'Amber'. 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 Data Security Awareness EST compliance. Medical appraisals are currently postponed due to the current Covid-19 pandemic.

Workforce – March 2021
The Staff in Post increased by 35.83 FTE, which, is also due, in part, to 40.86 FTE leavers in March 2021. FTE in the Establishment figure decreased by 2.61, along with student nurses leaving.

Turnover increased to 7.51% for the rolling 12 month period April 2020 to March 2021. This is a slight increase on the figure of 7.48% for February 2021.

Sickness absence – March 2021
Sickness absence reporting has been amended to be for the previous month compared to 2 months behind previously.

The in-month sickness absence decreased to 3.83% in March 2021. The rolling 12 month rate decreased marginally for the eighteenth consecutive time in 28 months, to 4.52%. Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 36.78% of sickness absence in March 2021, increasing from 33.47% in February 2021.

The RTW completion rate decreased to 66.26% in March 2021.

Essential Safety Training – March 2021
Performance has decreased in 6 of the core suite of essential safety training. With all 10 above the 90% target and 4 achieving the 95% 'stretch' target. Data security awareness target has been amended to fall in line with national guidelines and is now 95%. Overall compliance increased to 94.90%, and following last month's decrease is an increase for the first month. However, it is now the second month below the stretch target since September.

Workforce Spend – March 2021
Agency spend increased to £0.46M, whilst bank spend decreased by £0.69M.

Recruitment – March 2021
1 of the 5 recruitment metrics reported (Vacancy approval to advert placement) deteriorated in March 2021. The time for Unconditional offer to Acceptance in March 2021 decreased and was 1.5 days. AfC has met all targets and is green along side the Trust as a whole.

JE endorsed the rolling 12 month absence rate. Discounting Covid absence, the continued focus is demonstrated in a strong position against our workforce metrics.

In terms of recruitment KH asked about the quality of applicants. JE acknowledged the difficulties in recruiting to specialist knowledge posts but confirmed we attract excellent colleagues from other Trusts and have good responses to more generic posts. DS enquired about the turnover rates in the AHP group of colleagues. In this regard the Committee felt it would benefit from a deep dive and hearing from the Community Healthcare Division and agreed to invite Michael Folan, Director of Operations and Debbie Wolfe, Head of Therapies. HS reiterated that she regularly sees over 70 candidates applying for professional posts, often only 4 applicants meet the criteria following shortlisting and felt the difficulties in recruiting to healthcare scientists is similar to therapies.

ACTIONS:
Deep dive into AHP recruitment and vacancy position (AK)
Community Health Care Division to attend future Committee Meeting (Michael Folan)

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

37/21 **EDUCATION COMMITTEE**

JE presented a paper which sets out an approach to establishing an effective Education Committee. Following a discussion between the Director of Workforce and OD, Director of Nursing and Medical Director it has been agreed to relaunch the Committee, with reporting arrangements into the Quality Committee and Workforce Committee. A core group of people will work together over the next 6 months in the Committee 'design phase' in order to position the Committee and to create the foundations for success. The core group's first meeting is scheduled to meet on 13 May. An update would be presented to the November Workforce Committee. JE noted that DS sought to see links established to other forums for example research, strategic alliances and partnership working.

Action: Update to be provided to November Committee meeting (JE)

OUTCOME: The Committee **NOTED** and **SUPPORTED** the proposed way forward.

38/21 **IMPROVING PEOPLE PRACTICES – DISCIPLINARY POLICY AND PROCEDURE ASSESSMENT**

JE presented a paper that provides an assessment of the Trust's Disciplinary Policy and Procedure in comparison with Imperial College Healthcare NHS Trust's Disciplinary Policy. Organisations received a request from NHS Improvement/England requesting that we take the opportunity to consider the Imperial College Healthcare NHS Trust's Disciplinary Policy and review our own arrangements. An assessment of the Disciplinary Policy and Procedure's between the Trust and Imperial College Healthcare NHS Trust has been completed and this identified a total of 31 differences. Each difference was fully assessed, and a decision reached to either adopt the Imperial College Healthcare NHS Trust's position to enhance current practice or retain the Trust's current position.

JE referred to a letter received 1 April 2021 from NHSE/I which requires the Trust to provide an update to its Board of Directors on the action taken in relation to the disciplinary policy and to also to make the policy available on its public website. To demonstrate how one culture of care is now reflected in our employment policies, SD recommended incorporating this piece of work together with other refreshed employment policies is presented to Board. DS supported this way forward and AM confirmed September 2021 Board would receive the presentation. JE will confirm our approach to NHSE/I.

KH asked if this review has affected other case work. JE confirmed there is a robust case management framework in place which is deployed into all types of case work.

JE responded to AM's query regarding the recommendation about strengthening reporting. Strengthening the workforce domain within the IPR will support this recommendation and consideration will be given to inclusion in the next Annual Report.

OUTCOME: The Committee **NOTED** the assessment and recommendations to improve the Trust's current Disciplinary Policy and Procedure.

39/21 **GENDER PAY GAP REPORTING**

NH shared the Trust's data on the gender pay gap for the year ending 31 March 2020, and preliminary data and analysis for the year ending 31 March 2021. The Trust is required to publish its March 2020 data through the Government online reporting service, and on its own website, by the deadline of 5 October 2021. Work to close the gender pay gap will form part of our approach to equality, diversity and inclusion which is an identified theme in our people strategy. The Committee noted the improved position in the last 12 months.

	hourly rate of pay	
	March 2020	March 2021
Mean:	30.2%	30.9%
Median:	19.2%	20.1%

KH sought clarification on the bonus payments. JE confirmed the largest bonus payments are Clinical Excellence Awards. DB highlighted that awards are issued in relation to eligibility. JE reported applications from eligible female consultants has increased but not resulting in successful awards. JE confirmed support had been given to female applicants over the last 2-3 years on the design of their applications.

KH sought clarity on how ethnicity and disability pay is reported. MB confirmed pay is an element reported in the WRES AND WDES.

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

40/21 **BOARD ASSURANCE FRAMEWORK (BAF)**

AM presented the four workforce risks on the BAF. Each risk is to be updated by the end of June 2021 having been last updated prior to presentation at the Board in January 2021.

The Committee assessed whether there are any new strategic risks relating to the strategic objective of Workforce fit for the future to be added to the BAF. The Committee agreed there was a potential significant absence risk pertaining to colleague mental health. NH advised the position is being closely monitored.

The Committee agreed that going forward a deep dive into each risk will be scheduled into the Workforce Committee Work Plan. One risk per Workforce Committee meeting will be presented by the risk owner.

AM confirmed the one year plan had been presented alongside the BAF to enable assessment of any risk that may affect the one year plan.

Actions:
BAF risks to be updated by 30 June 2021 (SD/DB/EA).
Risk Deep Dive to be added to the Workplan (TR)

OUTCOME: The Committee **REVIEWED** the BAF and agreed a deep dive for each risk.

41/21 **FIRST SUBMISSION WORKFORCE PLAN AND SYSTEM NARRATIVE**

MB presented information submitted as part of the Calderdale and Kirklees Place 2021/22 Priorities and Operational Planning – narrative submission and the first submission Workforce Plan with supporting narrative setting out future assumptions, actions and risks.

Calderdale and Kirklees Place 2021/22 Priorities and Operational Planning – narrative submission is split into 12 themes. The first theme is specifically workforce related and is titled 'Supporting the health and wellbeing of staff and taking action on recruitment and retention'. Within this theme there are 4 objectives which require action by all organisations in the West Yorkshire and Harrogate health system over the next 6 months:-

- A1 Looking after our people and helping them to recover
- A2 Belonging in the NHS and addressing inequalities
- A3 Embed new ways of working and delivering care
- A4 Grow for the future

The first submission workforce plan sets out the planned fte position for all staff groups for the first 6 months of the 2021/2022 service year as at 30 June 2021 and 30 September 2021.

Final submission date is 25 May 2021.

OUTCOME: The Committee **NOTED** the presentation and the submission dates.

42/21 **WELLBEING GUARDIAN APPOINTMENT**

JE confirmed that Richard Hopkin, Non-Executive Director had been appointed as the Trust's Wellbeing Guardian.

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

Appendix A

43/21 **WORKFORCE COMMITTEE WORKPLAN**

The workplan was received and reviewed.

Education Committee and BAF will be updated in the workplan.

JE added that the Quarterly pulse surveys once confirmed will be added to the workplan.

44/21 **ANY OTHER BUSINESS**

Committee Self Assessment/Annual Report

The self assessment template would be re-sent as a reminder, deadline for response Monday 17 May. A draft Committee Annual Report (2020/2021) will be shared at the June Committee meeting.

Business Better than Usual

KH wanted the Committee to discuss ways of working going forward. SD suggested that the Director of Transformation and Partnerships should be invited to next meeting.

Action: Director of Transformation and Partnerships to be invited to next meeting (SD)

45/21 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**
Disciplinary Policy & Procedure
Gender pay gap reporting
Quality and Performance Report – including RTW
BAF

46/21 **EVALUATION OF MEETING**

SD declared the meeting well chaired with good input from colleagues.

47/21 **DATE AND TIME OF NEXT MEETING:**

7 June 2021:
Hot House – Management Skills Required in a Post Covid World, 1.30pm – 3.30pm

Review Quality & Performance Report (Workforce), 3.45pm – 4.45pm

Calderdale and Huddersfield NHS Charity

Minutes of the Charitable Funds Committee meeting held on Monday 24 May 2021, 9.00am – 10.30am via Microsoft Teams

PRESENT

Philip Lewer (PL)	Chair
Gary Boothby (GB)	Director of Finance
David Birkenhead (DB)	Medical Director
Ellen Armistead (EA)	Director of Nursing/Deputy Chief Executive
Peter Wilkinson (PW)	Non-Executive Director
Richard Hopkin (RH)	Non-Executive Director
Sheila Taylor (ST)	Council of Governors' Representative
Adele Roach (AR)	BAME Representative

IN ATTENDANCE

Emma Kovaleski (EK)	Fundraising Manager/Ops Sub Committee Rep
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Lyn Walsh (LW)	Finance Manager
Zoe Quarmby (ZQ)	ADF Financial Control

1. DECLARATION OF INDEPENDENCE

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

2. APOLOGIES FOR ABSENCE

No apologies were received – EA to leave early and ZQ to arrive late.

3. MINUTES OF MEETING HELD ON 23 FEBRUARY 2021

The minutes of the meeting held on 23 February 2021 were approved as an accurate record.

4. ACTION LOG AND MATTERS ARISING

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

5. RISK REGISTER - REVIEW

EK presented the Risk Register and its contents were NOTED. This is a live document which is reviewed at each meeting and then updated if necessary.
Congratulations were given to EK for securing the Diploma in Fundraising last year.
RH questioned whether we should include a risk around donor vetting and it was agreed that EK would check with other NHS Charities' Risk Registers and review with GB/CH.
RH also recommended that we include the scoring methodology for these ratings in future.

ACTION: EK to contact other NHS charities and compare Risk Registers re donor vetting. **EK** to add the scoring methodology. **24.05.21 – 1**.

6. ACCOUNTS 20/21 OVERVIEW

CH presented the Accounts and highlighted significant items of income and expenditure, including the Investment Gain.

GB mentioned that at a later date (H2) we may call upon the Charity to fund some staff posts.

The Accounts were NOTED. Once the full pack (Report & Accounts) is available, it will be presented for scrutiny and approval by the Committee at a later date but before the External Audit in July 21.

ACTION: EK to complete Report & Accounts 20/21 and circulate to Committee for approval. **24.05.21 – 2**.

7. FUNDRAISING STRATEGY 2021 – 2023

EK presented this paper, highlighting that the bulk of the strategy was around the staffing structure.

GB agreed that it is good practice that we have a strategy and a clear way forward. The proposal shows a continued growth in income (excluding CHS and legacies which are outwith our control); for a further £50k's worth of staffing, we would generate a further £130k's worth of income. The posts would be for an initial fixed term for two years to minimise the risk to the Charity and enable a decision on whether the new staffing structure was working. The Committee was in favour of these two new appointments.

It was agreed that the non pay budget would be calculated once the posts were filled.

It was agreed that EK will discuss with Anna Basford about the Communications post and GB would oversee this.

It was also agreed that EK would discuss with GB and bring a paper to the next meeting around a possible patron/ambassador for the Charity.

ACTION: EK to take forward the recruitment of the new posts. **24.05.21 – 3**.
ACTION: EK to agree with GB a non pay budget for 21/22. **24.05.21 – 4.**
ACTION: EK to agree next steps with Anna Basford re Comms post. **24.05.21– 5.**
ACTION: EK to bring paper to next meeting re patron for the Charity. **24.05.21 -6**.

8. SUPPORTING RECONFIGURATION

PW summarised the discussions between himself, EK and the reconfiguration team around how reconfiguration can support the Charity and vice versa. There are possible opportunities to enhance the patient experience such as landscaping, interior décor, digital experience, also marketing boards, artwork, etc. to promote the Charity and also the presence of external contractors which could result in further opportunities.

PL suggested that PW include an item around the Charity on the next agenda for the Reconfiguration group which PW chairs.

ACTION: PW to include on next agenda for Reconfiguration group**. 24.05.21 – 7.**

9. EVENTS UPDATE, BIG TEA and IMAGINATION APPEAL
EK gave a verbal update around future events, including showing a video about the Imagination Appeal. These were NOTED.

10. GUIDE TO ACCESSING FUNDS – REVIEW AND SIGN OFF
EK presented this guide for review. Subject to some small amendments/additions (re examples of allowable/non allowable expenditure, wording re approving General Purpose bids, formatting etc.), GB will sign off on behalf of the Committee.
ACTION: EK/CH to amend and arrange for GB to sign off. **24.05.21 – 8.**

11. NHS CT STAGE 3 PROPOSAL
EK presented an overview of the bids which have been drawn up so far by N Hosty as part of the application for a maximum of £143k available to the Charity. The Committee was happy to approve all five. The next step is for EK, after discussion with RH and N Hosty, to bring the full application to the next Committee meeting in August for approval.

ACTION: EK to present paper showing the full application for discussion and approval. **24.05.21 – 9.**

12. GENERAL PURPOSE FUNDING BIDS
GB presented an overview of the bids which are up for approval, in particular the renovation of the canteen facilities at HRI which is of material value.
The Committee was happy to approve the majority of these bids. A conversation between DB and GB will take place outside of the meeting re two of the bids.

ACTION: GB and DB to review bids received. **24.05.21 – 10**

13. MINUTES OF STAFF LOTTERY COMMITTEE MEETING 23 MARCH 2021
The paper is for information only and its contents were NOTED.

14. ANY OTHER BUSINESS
GB mentioned the Transition CNS post for Young People connected to the Roald Dahl programme. It was agreed that the Charity would fund this post for twelve months.

DATE AND TIME OF NEXT MEETING:
Monday, 23 August 2021, 9 – 10.30am, via Microsoft Teams