








Public Board of Directors 3 March 2022 - Items for Board Assurance

Organiser Amber Fox

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1. Calderdale and Huddersfield Solutions
Managing Directors Report – February
2022



Calderdale & Huddersfield Solutions Limited (CHS)

MANAGING DIRECTOR'S SHAREHOLDERS REPORT

February 2022

1.0 Company Update

Verbal Update

2.0 Service updates

2.1. Estates

2.1.1 Capital Development / Backlog

Construction works have commenced on the new Learning Centre at HRI, this is on the sub-basement corridor. Works are being phased to allow a decant of the office space, there is a delay to the programme due to finding asbestos containing materials and some additional fire compartmentation which became apparent as part of the refurbishment.



The demolition of the old Learning Centre and Nurses Residence is almost complete as per the photograph above. The car park re-opened the first week February. The former site and additional 30 parking spaces will remain in IHP's (Integrated Health Projects, our Procure 22 contracts) possession until the demolition and groundworks for the new emergency department are complete and any surplus spoil will be used to level the site. It is anticipated the site will be handed back to CHS in April/May allowing us to complete the wellbeing area to be funded via Trust charitable funds.

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. Lawyers have been appointed and we are still hoping to complete the sale this financial year. The transaction is with Assura who are working with the GP Partners and CCG to develop a new GP practice on the site, after securing the Glen Acre House Car Park site last year.

2.1.3 LED Scheme

The LED scheme continues to progress at HRI albeit with challenges around timescales and delivery. The HRI programme is currently around 90% complete and is already saving both energy and money. The delays are access to areas due to operational activity. Such as bed head lights and ICU.

2.1.4 Fire Safety

Fire safety remains an area of focus at HRI. Architects are in the process of surveying both HRI & Community Estate and drafting Fire Plans outlining recommended fire compartmentation lines. Following receipt of the drawings a site survey will be instructed and required works specified and tendered. A feasibility study for fire lifts has been completed and we are awaiting the findings. We are upgrading the fire panels at HRI and the cause and effect. The new panels will be at an accessible height for all users complying with EN54 standard.

2.1.5 Portland Stone

The latest 6 monthly inspection was carried out in January and we are awaiting the survey results.

2.1.6 Oxygen

The oxygen infrastructure became critical during the CV-19 peak. In particular, the 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

A new air handling unit has been ordered for HRI Pharmacy and is due for install this financial year.

2.1.8 ED Development

The GMP (Gross Maximum Price) for the new ED was approved by the Trust in December and the main build contractual works commenced on 7th February 22. The demolition of Saville Court has been completed last week. The programme indicates a completion date of July 2023. (Saville Court demolition pictured below)



2.1.9 Learning & Development Centre CRH

Expressions of Interests were received by 2 modular contractors. Moderation presentations are taking place on the 15th February 22. The build is to be complete by Q1 2023, so we have very challenging timescales.



2.1.10 Child Development Centre CRH (Clock House, Elland)

The architectural and MEP (mechanical, electrical, plumbing) design has now been approved and is out for tender. The scheme is due on site in May 22, we anticipate a 12-15 week programme.

2.2. Medical Engineering & Decontamination Service

2.2.1 Active Temperature Monitoring

Go live on the 17th January 2022, no major issues so far. We have identified additional areas for monitoring as new areas had opened and installed new medicines refrigerators without informing Medical Engineering.

2.2.2 Decontamination contract

Procurement leading on negotiations with BBraun, but plan to expect around 10 - 12% identified cost pressure.

2.2.3 Working with Divisions on TIF/ERF allocated projects

Medical Engineering have been working very closely with Divisions to identify suitable medical devices that are available within timeframe to deliver in FY21/22.

2.2.4 Patient Monitor replacement program

ICU roll out delayed due to scheduling with GE now planned to complete within month at both sites, A&E still delayed due to training compliance in department, NICU/Paeds proceeding on schedule. This will aid cost savings to be achieved by divisions by reducing consumable cost as they will not need to swap them between monitoring systems due to incompatibility.

2.2.5 Development of Acute Respiratory Care Unit (ARCU)

ARCU works delayed due to building works and current bed base, will roll over into FY 22/23, this will include central station install.

2.2.6 Medical Engineering CRH new location

Medical Engineering will be moving into the new permanent location next month upon completion of the building works due to start 21st February 22.

2.2.7 Training Compliance

CHS training compliance for Medical Devices for CHS remains above 95% and setting the standard for the Trust to follow. However, Trust compliance has begun to decrease over the last 3 months, but there are plans for the worst performing areas to present their action plans to the CHFT H&S committee, in the hope that this will push compliance to increase with time.

Division	December	January
Surgical	60%	58%
Medicine	59%	56%
FSS	77%	75%
Community	73%	72%
Corporate	65%	64%
CHS	96%	96%
Trust	72%	70%

2.2.8 Replacement of pressure mattresses

The second to last delivery of new pressure mattresses was received on Monday 14th Feb the last delivery is planned for the 21st February 22, this will complete the order. The new mattresses have been well received and are now preferred to our remaining older stock.

2.2.9 Recruitment/Appointments/Retirements

Retirements/Resignations

- Deputy Head of Medical Engineering CRH – Michael Coughlan end date 31/03/22.
- Senior Medical Engineer – Martin Campbell end date 31/03/22.
- Medical Device Training Support – Michael Turner, resigned.

Recruitment/Appointments

- Deputy Head of Medical Engineering CRH - Mr Zain Naeem, start date 28/03/22.
- Medical Device Training Support - Miss Ruth Elizabeth Brabiner, start date 01/03/22.
- Apprentice Business Administrator – Mohammed Bdar Shahbaz, start date 14/02/22.
- Senior Medical Engineer – Interviews planned for 18/02/22, start date 01/04/22.
- Medical Engineer – Yet to be advertised start date 01/04/22.

2.2.10 KPI compliance

CHS Risk 7438 & CHFT Risk 7474 Rating 20 relating to Medical Device Maintenance, we are making efforts to achieve the targets by the April deadline.

2.2.11 Student Placements/volunteer

We have a volunteer now working with us prior to continuing studies on his master's degree, Mustafa Mansour has been with us since last month along with the placement students from Bradford University Renee Lujilibana and Safa Hussain, they have proved invaluable in the support they have been able to provide during the recent months. They are also potential future employees, on completion of their studies.

2.3. Facilities

2.3.1 Increased Shuttle Capacity

A paper was submitted to Infection Prevention Control (IPC) tactical to recommend that the shuttle bus revert to pre covid passenger numbers (currently transferring 7 x per journey rather than 15). The recommendation was approved dependent on certain conditions which must be agreed to, such as open windows, touchpoint cleaning and twice weekly LFT

2.3.2 Laundry Tender

The Linen tender process has been further delayed with a recommendation from our legal team and procurement team that it goes out to retender to start from scratch, given that a similar tender process was challenged by the 2 x providers.

Reasons –

- Initially one provider put an unusually low offer in and as such our legal team thought there would be a challenge because of this
- challenge to wording in spec given that the same wording was used in a similar tender and has been challenged
- The cheaper provider has since increased the figures within the bid because of increased costs for the workforce and utilities, whilst the 2nd company has agreed to keep the same prices. This means that the two companies are close in price when the reason to award was based on the difference in cost and now there is hardly any difference, legal recommends we start again

2.3.3 Retail catering

CHS took over the retail contract as of 1 November 2021 and so far, this is going well. There is a new Retail manager in post and all vacancies are filled except for 1 Barista post.

The restaurant now provides home cooked food which has been a great success with lots of excellent feedback.

We initially put a qualified chef in to support but the existing chef who worked there before is now working solo and getting great feedback which has boosted her confidence. There are still things to pick up and lots to do to improve things further but so far we are really pleased with how it's going

2.3.4 Enhanced shuttle service

The additional 7 vehicles have been approved by the Traffic commissioner which means that the Broad Street Plaza – CRH, Park and Ride service can go ahead as planned and start as from 1 April 2022. Rotas are in place and numbers of staff required identified.

2.3.5 Staffing

Staffing remains challenging because of long-term sickness, inability to recruit, and covid related conditions such as self-isolation or returned shielders, who are unable to carry out full duties. Whilst Domestic services remain the worst affected service, there has been a slight improvement in numbers returning to work and job applicants

2.3.6 National Cleaning Standards

Programme on plan to start in April which give us time to tweak things if required, before the “go live” date in May. There is one session of housekeeper training to complete before the nursing training takes place.

The HRI team have the weekly signing sheets to update to new functional risk categories and communications out to staff about if/how this will affect their working schedules.

2.3.7 BICS (British Institute of Cleaning Science)

Training has been slow during the past couple of months due to reduced staffing levels. An extension of 6 months has been requested with a plan of training at least 1 x member of staff per day

2.3.8 - Eco Bot

A business case was submitted to Capital Management Group (CMG) for the purchase of an autonomous cleaning robot, to carry out floor cleaning at HRI. The business case was approved and the robot arrived in January.

“He” can perceive the environment, avoid obstacles and prevent collisions. He is also eco-friendly and able to recycle water

He can operate over a 24hr period and requires no human intervention once he has been set up. When the battery runs low, he automatically returns to his docking station to recharge, after which he is able to return to his last point to finish off the floor.

CHS are planning a naming competition with a voucher for the best name.

2.3.9 - Project Search

We currently have 2 x students with CHS, who are from the project search programme and working in portering and cleaning. This is the 2nd year of supporting the scheme and has proved successful so far.

The Calderdale Project SEARCH programme is a nine-month long school/college-to-work internship for students with disabilities. The internship provides real-life work experience combined with training in employability and independent living skills to help youths with disabilities make successful transition from school/College to productive adult life. A

Supported Employment Specialist will be on site to conduct job analysis and provide ongoing training and support to employees with disabilities

2.4. Procurement

2.4.1 Materials Management

January has been challenging for the team due to continued supply issues on basic items from NHS Supply Chain. A number of high usage items have been unavailable, dry patient wipes being the most difficult. We have managed to purchase direct from several companies with the help of the Buying Team. Daily PPE provision is still at a high volume in line with clinical demand. We now have a new PPE dedicated bank staff member in the team, and he is learning the areas we cover. Following successful recruitment, we now have 3 new members in the Materials Management team (2 for CRH and 1 for HRI). This has filled gaps in the team following staff moving on secondment to work on the Scan4Safety project, and the retirement of a long serving team member at HRI. The new staff are currently being trained to carry out their role by more experienced team members.

NHSSC (NHS Supply Chain) / WYAAT (West Yorkshire Association Acute Trusts):

- Multiple daily national stock outs or supply disruptions of products are still impacting materials management negatively. When processing a weekly top up order for a ward, there can sometimes be as many as 10 items suspended. The Mat Man staff then have to go into the system, find alternatives, and manually place orders.
- Further WYAAT work plan projects have been identified and include minimally invasive consumables, a sustainability switch to waste cardboard containers and interest from the wider ICS (Integrated Care System) to collaborate with the Clinical Subgroup. All potential projects have been sent to the Towers (category towers) for scoping.

Scan4Safety:

- Tentative go live date in January was pushed back due to problems with the interfaces between SupplyX, Bluespier and NEP (North East Patches) There were also concerns that clinical staff were not engaging enough. These issues are expected to be resolved by the last week in February, then full system testing can take place. When this point is reached, a new go live date will be set.
- A further training session on the hand help devices took place, with staff from both Elective Surgery Unit (ESU) and main theatre in attendance. This session was very successful, with staff finding the devices very easy to use.
- The live version of SupplyX is up and running, and the team have started to set up stock rooms and products in anticipation of the go live.

2.4.2 Category Management

The team are continuing to work with stakeholders to ensure continuity of business as usual procurements and contracts. Dedicated resource has been allocated to procure major projects. Tender documents are being drafted and will be issued over the course on the next coming months to ensure programme delivery.

- Major Projects Programme
 - Pharmacy Robot
 - CRH Children's Development Unit
 - Management Consultancy Partner
 - Tele dermatology
 - Laundry
 - CRH Carpark
 - Trust-wide Courier Services

- **Reconfiguration**

The team continue to upload contracts into the Atamis Contract Management tool, there are 299 contracts recorded. Atamis is being rolled out to other areas of the Trust, Estates will be the first department to work with Procurement to have access to the Atamis system to be able to process and manage their own lower value procurements so that they are compliant with SFI's Public Contract Regulations and that we are open, fair and transparent in our Estates procurements. Estates contracts are being collated and contract records being created with the Estates Contract Managers so that we can start to implement contract management and supplier relationship management into BAU ensuring we get best value and full service delivery from the contracts we have in place but also giving us time to be able to re-procure efficiently and compliantly.

2.4.3 Operational Procurement

The team continue working as part of the catering project. The team are providing support post go live to stakeholders and continue to deal with queries and support the project team as necessary.

The team have been supporting on the reconfiguration project and will be involved in the procurement workstream to deliver the procurement activity for the Reconfiguration programme.

We have recently taken on the Technology Digital Procurement Project to help streamline the procurement process and ensure that the Trust/CHS is compliant when procuring technology products and services. We have trialed two new portals provided by NOECPC and the CCS Technology Purchasing Platform which allows us to receive product and pricing information in real time, reducing the need to request quotes on multiquote which can take 2-3 days for responses. It also ensures compliance as these are contracted items and we have seen savings of approximately 10-15% by using this method so far.

There have been some stock shortages through NHS Supply Chain which has meant the team have had to source products through the non-stock route direct with suppliers. Dry patient wipes have been a recent example of this, which led to a red border email. The team managed to set up multiple other supply routes to ensure the organisation never ran out of stock.

We have completed the necessary orders to allow the Trust to employ 10 new overseas nurses, this included such things as exam fees and visa costs.

As agreed with finance colleagues we have recently implemented a 3-day SLA for the team to turn round finance requests, this includes the changing of budget holders and hierarchies. Since 4th January 2022 we have dealt with 247 requests and had 0 breaches.

The Scan4Safety project continues, Catalogue data for wave 1 suppliers has been loaded into the IMS system, we are in the process of finishing a review of this data to ensure any price changes taken place 1st January 2022 are reflected in the data. We are currently working on the interface between the IMS System, SupplyX, and the ERP system, NEP Oracle Cloud, which will allow requisitions to be automatically generated as products are issued by the department. There are currently some errors with the interface which NEP are in the process of correcting.

The new Assistant Buyer joined us on 17th January 2022 having previously worked within Materials Management and the new Data Officer (Scan4Safety) started with us on 1st February 2022. We currently have vacant Buyer position which is out to advert with a closing date of

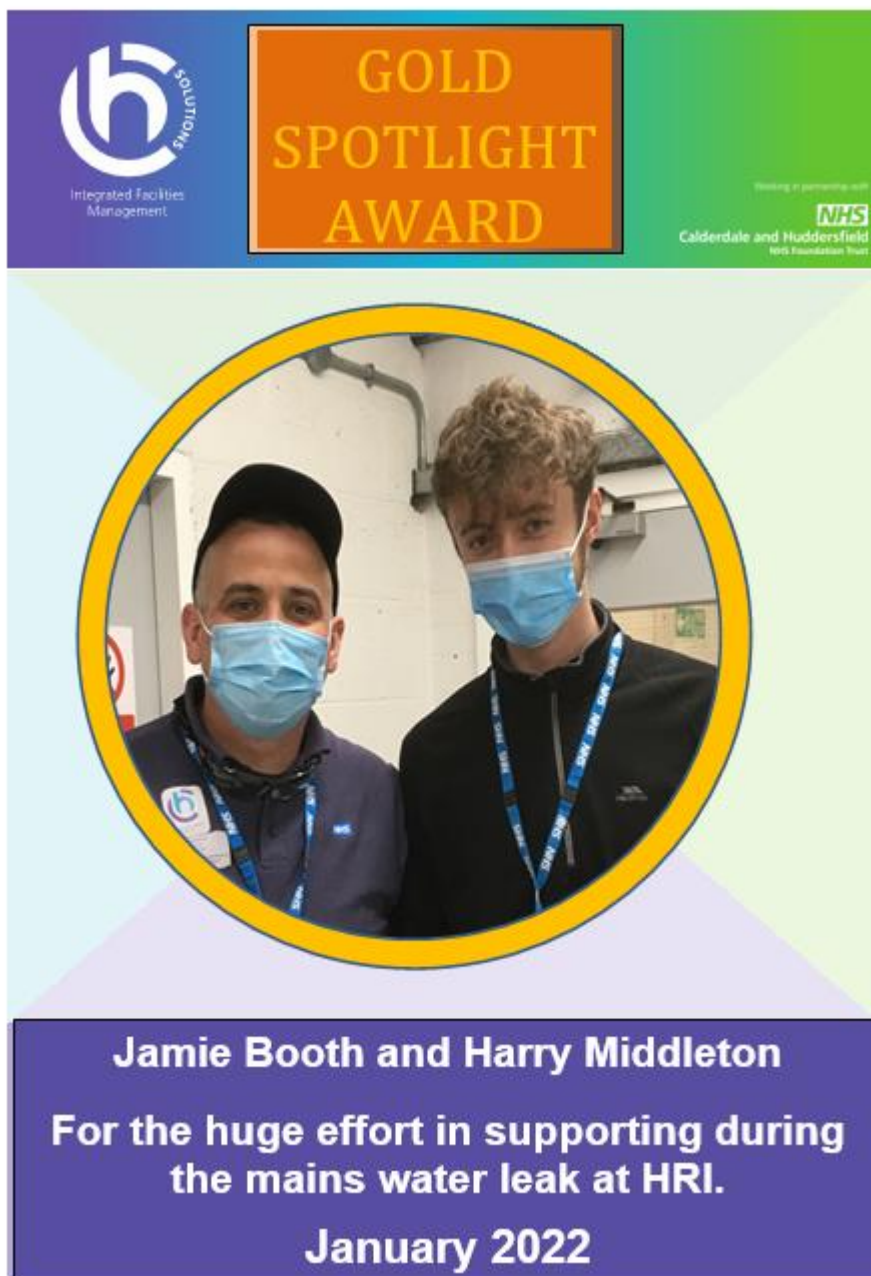
28th February 2022. It has been a very challenging time for the team as we have had multiple sickness absences however the team are working hard to continue providing essential services to CHS and the Trust.

3.0 CHS

3.1. Spotlight Awards

December No Award

January:



The image is a celebratory banner for a Gold Spotlight Award. At the top, there is a header bar with three sections: a purple section on the left with the 'b SOLUTIONS' logo and 'Integrated Facilities Management' text; a central orange box with 'GOLD SPOTLIGHT AWARD' in yellow text; and a green section on the right with 'Working in partnership with' and the NHS logo, along with 'Calderdale and Huddersfield NHS Foundation Trust'. Below the header is a large circular photograph of two men, Jamie Booth and Harry Middleton, wearing blue surgical masks and lanyards. The background of the banner is a light green and blue geometric pattern. At the bottom, a dark blue box contains the names 'Jamie Booth and Harry Middleton' and the text 'For the huge effort in supporting during the mains water leak at HRI. January 2022'.

Harry and Jamie were awarded the Gold Spotlight Certificate in January for the huge effort they made in supporting with the mains water leak at HRI and ensuring there was no loss of water to A&E and surrounding areas. Jamie and Harry worked tirelessly to liaise with utilities contractors, authorising engineers and estates officers to block off the North Drive and retain safe access for pedestrians and vehicles, whilst also retaining ambulance access.

3.2. Finance

Month 10 - January 2022

The month 10 position reports a £0.03m surplus against a plan of £0.07m with a £0.04m adverse variance. This position results from the over recovery of income (£1.89m) due to an increase in the goods and services being transacted through the company offset by an under spend on pay (£0.01m) (favourable to plan) and overspend on non-pay (£1.92m) (adverse to plan). Total income is above plan by £1.89m which reflects the increase in income invoiced for goods and services requested by CHFT. Pay is underspent £0.01m due to vacancies in Senior positions offset by variations requiring additional staffing in domestic and portering services. Non pay is overspent by £1.92m due to an increase in goods and services being transacted through the company.

Year To Date

The month 10 YTD position reports a £0.61m surplus against a plan of £0.67m with a £0.06m adverse variance. This position results from the over recovery of income £16.66m (favourable to plan) due to an increase in the goods and services being transacted through the company offset by an overspend on non-pay £16.76m (adverse to plan). Pay shows a variance of £0.05m (favourable to plan) due to additional staffing resources required to deliver services in response to COVID 19, this is offset by vacancies in Senior positions and through funded variations agreed with CHFT. Non pay is overspent by £16.76m due to an increase in goods and services being transacted through the company. Total income is above plan by £16.66m which reflects the increase in income invoiced for goods and services requested by CHFT.

Forecast 2021/22

The year end forecast shows a £0.08m adverse variance to plan.

Capital 2021/22

The month 10 position reports a £1.21 underspend to plan in main due to the deferment of the Learning centre development. The yearend position is forecast to be underspent by £0.360m

CIP 2021/22 Estates and Facilities

The target for CHS is £795k. At this stage schemes of £513k have been identified as recurrent relating to energy and waste and are at gateway 2 (GW2) Managers and Heads of Service are currently working on cost improvement plans (CIP) plans to deliver the target in conjunction with CHFT.

CIP 2021/22 Procurement

The target for CHS is £750k. At this stage schemes of £438k have been identified as recurrent relating to NHS supply chain and maintenance contracts and are at GW2. A plan has now been worked up with forecast savings of £550k for the end of the year. The team continue to deliver cost avoidance schemes of £452k.

3.3. Workforce

3.3.1 Attendance

CHS Sickness rate for January is 8.22%, comprising LTS 4.02% and STS 4.20%. This is a large rise from December's total of 5.3%. The increase is due to the significant spike in short term sickness which has risen from 1.4% to 4.2%. 116 colleagues were absent during January compared with 84 in December.

44% of absence is attributable to chest and respiratory illness. Work is underway to determine if the increase (which is replicated in the Trust) is purely an increase in absence or whether this is exacerbated by a change of reporting from December.

3.3.2 Appraisal and Essential Skills Training

Mandatory training (EST) KPI's are green with all modules achieving the target of 90-95%.

Appraisal is at 96.4%. Of the 392 colleagues eligible for an appraisal, 378 have had a review within the current financial year. Staff on long term sickness, maternity, and new starters within their first 6 months of employment are excluded from these figures.

3.3.3 Staff Survey

The 2021 staff survey closed on 26 November 2021 with a response rate of 47.0%. Last year's response rate was 50%. Results are embargoed until the end of February, however hot spot areas that need special attention have been identified in order that actions plans can be developed with managers and heads of service.

3.3.4 National Living Wage (NLW)

Changes to the above will take effect on 1 April 2022, with the NLW increasing from £8.91 per hour to £9.50 per hour. This will mean an increase in salary for our 65 Grade A colleagues.

3.3.5 Disclosure and Barring Service update (DBS)

Following a nationally reported issue at a hospital in Kent, Mortuary access and DBS checking processes are being reviewed nationally. Work is ongoing within the Trust and CHS to assess DBS practice and validate compliance. This involves both interrogation of the ESR system and manual checks where gaps are identified. Following this piece of work changes may be required to ensure on-going compliance.

3.3.6 E Rostering - Estates Department

Following on from the Administration review that has taken place over the last few months, the Estates department has participated in trialling the above with the aim of streamlining processes including the management of rotas, annual leave, timesheets and the recording of sickness, freeing up administration time, avoiding duplication of tasks and ensuring a more robust audit process. This has proved successful and subject to obtaining costs for licencing of the system this will be implemented with effect from 1 April 2022. Should the system continue to deliver the benefits we expect and colleagues use it to its full potential, consideration will be given to trialling in other service areas who work non standard shift patterns.

4.0 KPIs

CHS provide 60 KPIs to CHFT of which just **3 did not** achieve Green Target.

- **Medical Engineering** - Medium Risk PPMS – **AMBER – 66.09%** against target of >70%.
- **Medical Engineering** - Low Risk PPMS – **AMBER – 57.49%** against a target of >60%
- **Procurement** - NHS Supply Chain - Demand and service levels by delivery type – Lines requested vs lines supplied = service level % - **AMBER – 94.63%** against a target of .95%

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)
- Reduced oxygen flow rate & pressure drop Ward 11, HRI (16)
- **REMOVED FROM HIGH LEVEL RISK REGISTER** 7318 – Portland Stone Façade at HRI – reduced score to 10 from 15, reasoning:

Paper approved at CHFT Transformation Programme Board which recommended management of the risk through 6 monthly inspections and associated remedial works where required as per the existing strategy. The paper described operational impact on clinical areas and other ongoing capital projects and issues regarding logistics. It was approved to review operational impact on an annual basis and reconsider this conclusion. The Board accepted the existing strategy for managing the risk was appropriate upon receipt of reporting evidence from the latest inspection. Most recent inspection only highlighted 1 panel requiring immediate attention and these works have been completed.

6.0 Recommendation

Shareholders are asked to note the contents of the report.

APPENDIX 1

Risk ref + score	Strategic Objective	Risk	Executive Lead						
				Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
CHS Risk 6903 (CHFT 7444 (12))	Keeping the base safe	Resus – Collective risk to maintain compliance / upgrade	Managing Director (SS) Head of Estates (TD)	=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) Head of Estates (TD)	=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) Head of Estates (TD)	=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 8133	Keeping the base safe	There is a risk of: A reduced oxygen flow rate and pressure drop due to the oxygen infrastructure to ward 11. Caused by: Ward 11 only has one oxygen outlet per 2 beds, meaning a decision must be made on which bed can receive high flow oxygen. Resulting in: One bed or several beds having no oxygen supply	Managing Director (SS) Senior Estates Officer (DS)		=16	=16	=16	=16	=16
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) Head of Estates (TD)	=15	=15	=15	=15	=15	=15

The Risk Register has been noted by CHS Board

2. Board Sub-Committee Minutes in the Review Room

- Finance and Performance Committee – 06.01.22 & 31.01.22
- Quality Committee – 05.01.22
- Audit and Risk Committee – 25.01.22

**Minutes of the Finance & Performance Committee held on
Thursday 06 January 2022, 10.00am – 12.00pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Gary Boothby	Executive Director of Finance
Jo Fawcus	Chief Operating Officer
Anna Basford	Director for Transformation and Partnerships
Philip Lewer	Trust Chair

IN ATTENDANCE

Kirsty Archer	Deputy Director of Finance
Peter Keogh	Assistant Director of Performance
Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Robert Markless	Public Elected Governor
Brian Moore	Public Elected Governor
Stuart Baron	Associate Director of Finance - CHS
Jim Rea	Managing Director of THIS
Ben Assifuah	Observer

ITEM**001/22****WELCOME AND INTRODUCTIONS**

The Chair welcomed attendees to the meeting. Welcome to Ben Assifuah who was attending as an observer.

002/22**APOLOGIES FOR ABSENCE**

Apologies were received from Peter Wilkinson and Ellen Armistead.

003/22**DECLARATIONS OF INTEREST**

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

004/22**MINUTES OF THE MEETING HELD 29 NOVEMBER 2021**

The Minutes of the meeting held 29 November 2021 were APPROVED as an accurate record once the spelling of Brendan Brown was corrected.

005/22**MATTERS ARISING**

All matters covered under Action Log.

006/22**ACTION LOG**

The Action Log was reviewed as follows:

149/20 – Stroke Deep Dive: An update is to be provided at the February or March meetings. PK and JF to lead.

131/21 – Neck of Femur Performance: Update scheduled for the next meeting 31st January 2022.

179/21 - Colleague Availability Deep Dive: RH has spoken to Suzanne Dunkley and an update is planned for the January or February meeting. A decision needs to be made as to how often the deep dive will be brought to this meeting as workforce detail is covered within the IPR. To be agreed outside of meeting and added to workplan.
ACTION: RH / SD / RLS

180/21 – IPR: A review of the performance accountability framework is taking place as part of WEB. The review is to be brought to the next meeting following presentation at WEB.
ACTION: - PK

185/21 – STOP Metrics: These will now be reviewed through the newly re-started Oversight Committee. The new Chief Executive is also reviewing how and what information is reported.

FINANCE & PERFORMANCE**007/22****MONTH 8, FINANCE REPORT (INCLUDING HIGH LEVEL RISKS & EFFICIENCY PERFORMANCE)**

The Executive Director of Finance highlighted the key points reported at Month 8. The report focussed on Month 8 rather than the full year. Month 8 is slightly behind plan in month due to not delivering the £6.7m of efficiencies that are required for H2. £3.9m of opportunities were identified against the £6.7m but currently only £3.3m is forecast to be delivered.

Still forecasting that the plan will be delivered this year. Other opportunities have been explored. Bids have been submitted for external funding for Elective Recovery Funding to allow the Trust to continue delivering care as we are currently. For example, funding is required to support the enhanced pay scheme, without which the elective activity would have to stop. A further £700,000 opportunity where funding is being received where the spend was already in our forecast, and discussions have been completed with Bradford around vascular funding. The Trust is closer to agreement with Mid Yorkshire on funding for the non-surgical oncology work where services have been provided by CHFT.

Confidence now that the year-end position can be delivered but it is not being done through spend reduction and is made up of non-recurrent income challenges rather than recurrent savings which provides a challenge for the next Financial year.

Capital and Cash – Capital is currently behind plan by around £2.4m. The most material area where this is a gap or slippage is in relation to the wireless network. We now have confidence that we will deliver the business as usual capital plan by year end and the normal year end process has commenced or marking schemes and chasing up schemes to make sure they deliver and the capital is not lost.

After this report was written, the Trust was notified that the HRI full business case has been successful. A formal letter is expected soon. Linked to that business case and

the CRH outline business case, there is a requirement for a letter of support from Commissioners and the ICS. There is a gap overall in terms of funding for the whole reconfiguration or around £21m. This is made up of £15m in relation to the Calderdale Multi-Storey car park, and £6m in other pressures that have arisen around the CRH and HRI developments. NHSE/I required assurance from the ICS that they would underwrite the £21m. This assurance has been given. This will impact the year end report and forecast. By year end an overspend pressure will be shown against this program. This is following an agreement to use the capital slippage within the ICS.

The Committee **RECEIVED** and **NOTED** the Month 8 finance report and **APPROVED** the high-level risks.

008/22

2022/23 FINANCIAL PLANNING UPDATE

The Deputy Director of Finance gave a presentation following the National 22/23 Priorities and Operational Planning Guidance which was released on the 24th December 2021. The guidance is split into different sections. Priorities and Operational Planning Guidance and then separately draft Financial Planning Guidance which is split into revenue and capital. More technical guidance and detail is expected later, and the position will evolve as this arrives.

Within the covering letter that came with the guidance the deadline for submissions is given as April with a draft submission in March. A lot of the Financial regimen now sits with the Integrated Care Board (ICB) who are the statutory body. There is now a draft internal plan in place. There is lots of detailed work to be done most notably around elective recovery plans. The intention is that the plan would come to Finance and Performance on the 4th April for April submission, but the Trust Board meeting isn't until May. Nearer the time discussion needs to take place around whether the draft plan is approved at Board in March and then this committee have the final approval.

There are ten national priorities and Financial Improvement Trajectories (FIT) are being replaced by System Convergence Adjustment, which aims to bring all funding for organisations within the ICS back to what they call a targeted level. This is at system level not trust level.

Elective Recovery funding will be allocated to ICB's on a fair shares basis who will share with the individual organisations. More detail is required around how this will work.

There will be no further support for loss of income e.g. car parking, so there will be an expectation that the trust can revert back to pre-pandemic levels of other income outside of clinical income. The level of support received this year for loss of funding was around the £1m.

New for this year is that the Trust will have to sign contracts with the CCG's for the year. CCG's will not exist after the first part of the year and will be absorbed into the ICB and contracts will transfer across. The contracts are expected to work on a Aligned Payment Incentive (API) approach which CHFT has been operating under previously. Overall allocations have been uplifted by 3.8%, this is made up of an inflationary growth uplift offset by an efficiency requirement. Efficiency expectation of 1.1%.

Covid funding for the ICB is to be reduced by 57%.

If deliver more than planned elective activity opportunity to receive more income at 70% of tariff.

However, if underdeliver against activity plans 50% of tariff will be deducted from the contract value.

More detail required around Independent Sector work.

Very high-level piece of work shows an opening financial challenge of £39m for CHFT.

Capital and Cash –Capital guidance has also been received. There are fewer changes to this guidance. A review was undertaken by Kings Fund on capital funding and the

system envelopes methodology has been informed by this review. The King's Fund has suggested a multi-year capital envelope to allow trusts to plan ahead. IFRS will be implemented from the 1st April 2022 which is a change to the way leases are accounted for. Cash balance of £36m to start the new year. Accruals will start to impact on this. Should have some cash security due to Aligned Payment Incentive contracts but must deliver the efficiencies required in order to maintain the cash position.

009/22

EFFECTIVE USE OF RESOURCES GROUP

The ERG process has been in place since November 2021 and progress has been limited on 2021/22 opportunities. Work is now commencing on opportunities for 2022/23.

The Executive Director of Finance provided two papers in the pack.

The first paper covers the position as per the last meeting in 2021 and the second one looks at the approach to be taken in 2022/23.

As of 22.12.21 only £1.8m of savings have been actioned against the agreed in year target of £6.7m. Winter pressures and Omicron are creating reluctance to reduce expenditure further.

The 2nd presentation proposes an approach to the 22/23 efficiency challenge and effectively proposes a return to a portfolio approach that has been successful in past years when it was used by the Turnaround Executive.

A workshop is to be held in January and a small working group are meeting on 7th January 2022 to agree the workshop approach and attendees. Running alongside this, data is being gathered from a variety of sources to identify variation and potential opportunities. Intention is to look at a longer term approach.

The Committee **RECEIVED** and **NOTED** the report from the Effective and Efficient Use of Resources Group.

010/22

BAF RISKS

BAF Risks are the risks that Finance and Performance are the oversight committee for and are generally not fast moving, long term risks. The risks have been reviewed by lead directors GB and JF and will be fed into the Audit and Risk committee. This will be the year end position for the Board meeting in March. Changes are shown in red on the papers. There has not been much change in Finance related risks other than a reference to the Effective Resources Group. Performance risks have been reviewed in detail and now reflect Omicron.

ACTION: Risk 14/19 referring to capital needs the narrative updating and the score to be reduced from 16 to 12 in view of the recent confirmation of funding for HRI and the multi storey car park at CRH. Agree to leave risk on the register with the expectation that the score will rise again.

The Committee **RECEIVED** and **NOTED** the BAF risks report.

010/22

INTEGRATED PERFORMANCE REVIEW – NOVEMBER 2021

The Assistant Director of Performance reported the Trust's overall performance score for November 2021 was 62%, following on from an October position of 64%. The key change on the report is that Finance is now red.

Safe domain remains Green.

Caring domain remains amber with two of the five FFT being Green, Inpatients and Community, but performance in Complaints is still a challenge. Dementia screening has fallen in month following three months of improvement and is still short of target at 35%

Effective domain remains green. Stroke and fracture neck of femur indicators are both struggling to reach target. Both will be going back to WEB with actions to improve those areas.

Responsive domain is still Amber. Pressures around ED. Cancer managed to maintain, but ongoing recovery indicators around waits are still a pressure.

Workforce domain remains Amber with short term non-Covid sickness at its highest level in over 12 months. This was before the current Omicron wave hit so the numbers are expected to change for the next report. Return to work interviews are at their lowest level since January.

Finance domain is now red following a deterioration in several indicators in month.

Drop in performance over the last three months for the Organisation as a whole. STOP metrics covered under action log.

Currently experiencing operational difficulties around urgent care.

The Committee **NOTED** and **RECEIVED** the Integrated Performance report for November 2021.

010/22

RECOVERY UPDATE

The Assistant Director of Performance presented a recovery update as follows:

As we came into the Christmas period no real changes. P2's and 104 week waiting list are the current priority.

P2's – This is where the focus is for the next few months. Slightly above trajectory but moving in the right direction.

P3's – There is a slight increase as expected, these may be affected by Covid pressures over the coming weeks.

Appointment Slot Issues (ASI's) over 22 weeks, have reduced.

Elective update – Endoscopy, should be seeing 99% within six weeks and there are a couple of areas where this is not occurring. The target was to achieve this by November which was almost there, but there are a couple of areas in Neurophysiology, particularly ECHO, where the trajectory and plan has had to be extended until February and March. ECHO is still heavily reliant on bank staff. The substantive team are doing extra weekend shifts but still struggling to keep up. The outsourcing company that was being used have removed their full-time member of staff for the whole of January and

they have not yet provided a replacement. Therefore, the trajectory may need to change again.

Trying to reduce the number of 52 week waits by the end of March and there is some reduction to date.

Currently have 39,000 patients who are waiting on average over 20 weeks.

104 weeks – The main specialities with significant numbers on this list are, ENT, Maxillofacial and Trauma and Orthopaedics.

The trajectories were created before Christmas and before the current wave of Covid. The teams are working hard to try and maintain these.

The Committee **NOTED** and **RECEIVED** the Recovery update for November 2021.

13/22

DRAFT MINUTES FROM SUB-COMMITTEES

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

- Commercial Investment and Strategy Committee 25th November 2021 (2 part meeting)
- Capital Management Group – 14th December 2021
- THIS Executive Board – 22nd December 2021
- CHFT / SPC Quarterly Meeting – 16th December 2021
- Urgent and Emergency Care Board – 12th October 2021

The Commercial Investment and Strategy Committee is now replaced with the monthly Business Case Approvals Group which has tighter governance and post project reviews.

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

14/22

WORKPLAN - 2021/22

Workplan for 2021/22 was noted with no amendments.
A workplan for 2022/23 is required.

15/22

MATTERS TO CASCADE TO BOARD

Key points to be covered to Chair's Highlights Report to Board.

16/22

REVIEW OF MEETING

No specific review carried out.

17/22

DATE AND TIME OF NEXT MEETING:

Monday 31st January, 11:00 – 13:00, Microsoft Teams

**Minutes of the Finance & Performance Committee held on
Thursday 31 January 2022, 11.00am – 13.00pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Gary Boothby	Executive Director of Finance
Anna Basford	Director for Transformation and Partnerships
Philip Lewer	Trust Chair
Peter Keogh	Assistant Director of Performance

IN ATTENDANCE

Kirsty Archer	Deputy Director of Finance
Andrea McCourt	Company Secretary
Rochelle Scargill	PA to Director of Finance (Minutes)
Robert Markless	Public Elected Governor
Brian Moore	Public Elected Governor
Stuart Baron	Associate Director of Finance - CHS
Isaac Dziya	Public Elected Governor
Suzanne Dunkley	Director of Workforce and Organisational Development (For Colleague Deep Dive section only)

ITEM**017/22 WELCOME AND INTRODUCTIONS**

The Chair welcomed attendees to the meeting.

018/22 APOLOGIES FOR ABSENCE

Apologies were received from Jim Rea, Jo Fawcus, Peter Wilkinson

019/22 DECLARATIONS OF INTEREST

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

020/22 MINUTES OF THE MEETING HELD 6 JANUARY 2022

The Minutes of the meeting held 06 January 2022 were APPROVED as an accurate record.

021/22 MATTERS ARISING

All matters covered under Action Log.

022/22 ACTION LOG

The Action Log was reviewed as follows:

149/20 – Stroke Deep Dive: An update is to be provided at the 28th February meeting PK and JF to lead.

131/21 – Neck of Femur Performance: Update scheduled for the next meeting 28th February 2022.

FINANCE & PERFORMANCE**023/22 MONTH 9, FINANCE REPORT (INCLUDING HIGH LEVEL RISKS & EFFICIENCY PERFORMANCE)**

The Executive Director of Finance highlighted the key points reported at Month 9. Year to date the Trust is reporting a £2.09m deficit, a £0.15m favourable variance from plan. As discussed at the last meeting the risk rating has been reduced to 12 from 16. Whilst the Trust has submitted a balanced plan for the year and has delivered a break-even position in the first half of the year (H1), the financial position remains challenging. H2 includes a significant efficiency requirement of £6.7m, with only £3.9m identified of which £3.3m is currently forecast to deliver. This is mitigated non recurrently as previously discussed.

There is not expected to be any further progress on CIP as the focus is now on 2022/23. In total the full year effect of this year's CIP into 2022/23 is only around £1.6m. which provides a challenge for next year.

Also, as predicted at the last meeting, there is now a forecasted overspend on capital. This has been agreed with both the ICS and the NHSEI.

An update was given on the ICS following a meeting on Friday 28th January which was too late to be added to this report. The ICS is now forecasting a £25m surplus this year which is expected to improve. Within the ICS, CHFT is the only provider that had a challenge to deliver the breakeven position this year. A short presentation was given which illustrates this with several local Trusts now forecasting a surplus position even on a prudent basis. In reality there is an expectation that the total ICS surplus may be nearer £43m. The ICS is a very healthy position while CHFT is still looking for ICS support to secure the year end forecast.

Why is CHFT an outlier when it comes to hitting the breakeven position? KA has prepared a piece of work which analyses CHFT compared with other acute providers in the region comparing 2019/20 to this year. Our expenditure growth is one of the lowest in WYAAT, but our income has grown significantly lower than across the rest of WYAAT by an average of £10m. This is very high-level analysis due to the challenges of comparing the last 2 years due to the ever changing finance regime. Therefore, the significant difference is the income and possibly how the top up funding is distributed. Discussions are taking place with the ICS to see if the funding can be distributed differently.

In month 9 the spend on pay enhancements was £750k and is expected to be a similar figure in January due to high levels of absence. A proposal has been discussed at the directors' meeting that looks to step away from the pay enhancement system and revert to the system that was in place in July 2021. Qualified nurses were always receiving an enhancement due to the number of vacancies at qualified nursing levels. This would again be the case with an enhancement of 20%. The proposal will go to the Weekly Executive Board this week with an expectation to withdraw by the 1st of April subject to no further waves of Covid. A further piece of work being discussed by the group is to have an off the

shelf model ready to put in place when pre-identified trigger points are reached. This will prevent the need to develop something at pace in future.

The Council of Governors are receiving finance training on the 24th March.

There has been an increase in aged debt of £900k month on month. Christmas appears to have a bearing on payments in December and this year has followed a similar trend to previous years. The increase in debt is felt to be in low risk areas as it sits with the local NHS organisations. At the cash committee meeting on the 25th January, the account managers were aware of the position and already working on resolving the aged debt.

CHFT successfully met the better payment practice code of paying 95% of suppliers within 30 days in month which NHSI are continuing to scrutinise.

The Committee **RECEIVED** and **NOTED** the Month 9 finance report and **APPROVED** the high-level risks.

024/22 EFFECTIVE USE OF RESOURCES GROUP

GB included a presentation in the pack which covers the proposed approach to annual planning and efficiency savings in 2022 and beyond. It has been agreed that the Trust will set itself a £30m efficiency target for 22/23.

There are still a lot of unknowns as the full planning guidance has not yet been issued, but it is deemed important that we have a target in place, so we can begin to develop the architecture around that. There will be a return to a matrix methodology. Having spoken to divisional teams several areas have been identified as portfolios, which the executive team will take accountability for. Working with the clinical teams, opportunities within these portfolios will be identified, and a plan put in place to deliver those. A lot of work has been done on the matrix to ensure that the accountability and ownership sits with the right colleagues. Transformation needs to be clinically driven.

A timeout has been planned for March to involve over a hundred CHFT colleagues where the hope is to develop these schemes in more detail.

This work needs to be aligned with the longer-term plans and the ten-year strategy and consider the significant opportunities that come through the broader transformation plans around reconfiguration, digital optimisation and sustainability. The intention is to move the business better than usual learning into the effective use of resources program for clarity.

The Committee **RECEIVED** and **NOTED** the report from the Effective Use of Resources Group.

025/22 CAPITAL PROFILE

The Associate Director of Finance presented a paper covering the allocation of capital. This is the first time that the NHS has been given three years capital budget at once which allows for longer term planning. The purpose of the paper is to give a high-level overview of the 5-year capital plan and available resource, based on a scoping exercise completed by the Capital Management Group. Currently there is demand for capital resource in excess of available resource which will require prioritisation.

Section 3 shows the external funding available of £228m. This includes the reconfiguration, the multi-storey car park at CRH and the external cladding at HRI.

An exercise was carried out with the Clinical teams and the divisional finance leads where they were asked to identify capital projects if there were no restrictions around money. This resulted in the 'wish list' which came to a total of £154m.

The table shows what the potential capital spend looks like. The divisionally led plan would have to work within the lower resource available which would be £12m per annum over the next few years. Prioritisation of projects will be required.

The cladding project at HRI has been deferred until after reconfiguration. The current Portland stone cladding had shown some movement but a remedial measure has been found to secure it to the building. The new overcladding solution cannot be added until the Trust has the capacity to close three wards at once for a period of 2 years so the plan now is for this to happen 2026/27. It was confirmed that there was no fire safety risk attached to this.

There are number of pre-commitments against the £12m available resource which are shown in section 5 of the paper. In addition to the prior commitment there are funding timing differences to manage over the period. The ICS have provided the Capital Departmental Expenditure Limits (CDEL) for the Multi-Storey Car Park (MSCP) at £15m and the cost pressure on the Reconfiguration (£6.2m) however the funding available for this is capped at £5m in any one year. The Trust have been asked to manage this timing difference through use of its own internal resource. This timing difference is currently forecast as a £4.1m additional resource in 2022/23 offset by a £4.1m reduction in 2023/24. This phasing will therefore create c.£16m capital available in 2022/23 and £7.8m in 2023/24.

Prioritisation of capital needs will continue to be managed through the capital planning days which are planned for the 9th and 10th February. The intention is then to have a secondary planning day in September 2022 to bring forward the priorities for 2023/24. There would then be a third day in January / February 2023 for residual spending in 2023/24. This is outlined in section 6 of the paper.

Support from the ICS is good news but there are caveats attached to the timing of the funding. The paper is a recommendation as to how CHFT deals with those timings.

ACTION: GB/SB Outcomes from the capital planning day to be presented at this committee once they have received board approval.

The Committee **NOTED** the demand on the capital plan, the available resource, the prioritisation approach and the funding timing difference with the ICS resource.

026/22 INTEGRATED PERFORMANCE REVIEW – DECEMBER 2021

The Assistant Director of Performance reported the Trust's overall performance score for December 2021 was 66.4%, which is an improvement from a November position of 62% and the most improved position we have had since August 2021. The key change on the report is that Finance is now amber from red last month.

There are improvements in some of the key indicators around complaints, friends and family tests and cancer.

Safe domain remains green, although there were some increases around pressure ulcers and falls with serious harm. These will continue to be monitored closely.

Caring domain remains amber, complaints improved to amber in terms of our response times, though an increase in complaints is expected around patients being able to be accompanied to appointments and waiting lists which are still an issue.

Effective domain remains green. Fractured neck of femur continues to be an issue and a paper is due at the next Committee meeting. Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality indicator (SHMI) have both deteriorated in month. There has been a refresh of the last three months within both. HSMR is still below 100 but is heading in the wrong direction at 95. SHMI is currently 105. The expected number of deaths has been lowered. These are being looked at in more detail, including a planned external review.

Responsive domain is still amber. Waiting time issues and recovery make this one of the more challenging areas. Three out of four stroke indicators deteriorated in month. There remains underperformance in the main planned access indicators, most notably Diagnostics, and ED. Deterioration was also noted within ECHO and neurophysiology. With ECHO the issues have been around Covid sickness and the private provider for ECHO has not delivered activity as expected. There were originally 800 hours commissioned per month in reality, we were only getting 200 hours. The provider was also unable to provide the service for a month. A different process has now been put into place and we are currently training 6 people internally. ED had a particularly difficult December. Despite all of these challenges, compared to local trusts in West Yorkshire, CHFT is still the best performing with ED, Cancer and diagnostics and we are well ahead of the overall England average position.

Workforce remains amber, sickness in general is at its highest rate in over twelve months and return to work interviews are at their lowest level since December.

Finance domain is now amber.

ACTION: PK To provide CHFT comparisons against the national benchmark on the top 4 or 5 indicators.

The Committee **NOTED** and **RECEIVED** the Integrated Performance report for December 2021.

027/22 RECOVERY UPDATE

The Assistant Director of Performance presented a recovery update as follows:

P2's – A slight increase during December. This was due to Christmas and is not demonstrating a worrying increase. More P2's have been seen in the last few weeks so the numbers are getting back on track.

P3's – As expected these are away from the trajectory. This is expected until the first quarter of 2022/23 which will be two years on from the start of the Pandemic and there will be a reduction in the 104 week waits.

P4's – This shows that all available slots are being filled. If P2 and P3's are not available the slots are being filled with P4's.

Total Pathways - The guidance requested that the September levels were maintained, however there has actually been a reduction to less than 37,000.

Elective update – Endoscopy has reached the predicted target for the end of November. Neurophysiology and ECHO have increased.

Pre-pandemic our average wait times were just below 10 weeks. Now we are just over 20 weeks. With 36,000 patients currently waiting, it will take a considerable amount of time to reach pre-pandemic levels.

52 week waits – we are on track.

104 week waits – There has been a bit of an increase but each patient is being closely managed so there is confidence that the target for the end of March will be reached.

The Committee **NOTED** and **RECEIVED** the Recovery update for December 2021.

028/22 COLLEAGUE DEEP DIVE

The Director of Workforce and Organisational Development (WOD) gave a verbal update. We currently have the lowest rate of sickness seen for some time at 7.6%. The Trust has been working on average with an 8-9% absence rate, although it reached 10-11% at times. This means we have approximately 500 colleagues who are currently absent due to Covid, isolation or non-Covid absence. This does not include annual leave or study leave. WOD are also reporting on availability as well as absence. There is an availability strategy which is setting out some triggers as to when services may have to be stood down. This point has never been reached due to colleagues stepping up when needed.

In teams where colleagues are working from home their divisional absence tends to be lower. In terms of age, 61-65 year olds and 26-30 year olds have the highest absence. WOD are trialling new methods including a first-time attendance management service, where instead of calling their managers on the first day of sickness, colleagues will call into a centre who will ask a few questions and have a rigorous first day approach. Still continuing with the top 50 individuals or top 50 teams that don't seem to be getting on top of their absences.

WOD are also helping managers with the paperwork relating to absences where required. In line with the staff survey action plan there will be a more concentrated effort to ensure colleagues are receiving regular breaks and their wellbeing hours. So as part of the must do, WOD will be more formally monitoring if people are regular taking annual leave and having breaks (including the wellbeing hour) and will look at rosters to make sure there is sufficient downtime.

Return to work interviews have always been an issue so the WOD department are going to look at a couple of other trusts to see if there are ideas that can be adapted for CHFT.

029/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- Capital Management Group – 13th January 2022
- THIS Executive Board – 22nd December 2021

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

030/22 WORKPLAN - 2021/22

Workplan for 2021/22 was noted with no amendments.

A workplan for 2022/23 is required.

031/22 MATTERS TO CASCADE TO BOARD

Key points to be covered in Chair's Highlights Report to Board.

032/22 REVIEW OF MEETING

No specific review carried out.

DATE AND TIME OF NEXT MEETING:

Monday 28th February 2022, 12:00 – 14:00, MS Teams

DRAFT

QUALITY COMMITTEE
Wednesday, 5 January 2022**STANDING ITEMS****01/22 WELCOME AND INTRODUCTIONS**Present

Denise Sterling (DS)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Gina Choy (GC)	Public Elected Governor
Lisa Cook (LC)	Head of Risk and Compliance
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Jo Fawcus (JF)	Chief Operational Officer
Karen Heaton (KH)	Non-Executive Director / Chair of Workforce Committee
Jo Kitchen (JK)	Staff Elected Governor
Elisabeth Street (ES)	Clinical Director of Pharmacy
Lucy Walker (LW)	Quality Manager, NHS Calderdale / Greater Huddersfield / North Kirklees CCGs
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Anita Hill (AH)	Medication Safety Officer (item 07/22)
Nimra Rizwan (NR)	Student Nurse on Placement (observing)

02/22 APOLOGIES

Dr David Birkenhead (DB)	Medical Director
Enzani Nyatoro (EN)	Interim Associate Director of Quality and Safety
Dr Cornelle Parker (CP)	Deputy Medical Director
Lindsay Rudge (LR)	Deputy Director of Nursing

03/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

04/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday 6 December 2021 were approved as a correct record. The action log can be found at the end of these minutes.

05/22 MATTERS ARISING

Getting It Right First Time (GIRFT) Update

ACTION: To be deferred to the next meeting

SAFE**06/22 Q3 INFECTION PREVENTION AND CONTROL REPORT**

A copy of the quarter 3 report was available at appendix D.

Due to the report being submitted late, the Chair proposed that the Committee read the paper and direct any questions to Dr David Birkenhead and herself for clarification.

07/22 Q3 MEDICAL GASES GROUP REPORT

Anita Hill presented the quarter 3 medical gases group report at appendix E, updating the Quality Committee on the current medical gas position, progress with previous recommendations to improve compliance with required standards, and to highlight any new areas of concerns or risks and actions being taken to resolve and mitigate.

With regard to the Nitrous Oxide medical gas pipeline testing, and the Service Level Agreement (SLA) with Bradford, the Chair asked if there were any concerns or risks. **ES** stated that the Huddersfield Pharmacy Specials (HPS) team have offered to negotiate with Bradford or another NHS provider to carry out the testing until the SLAs are finalised.

In relation to the development of a new Acute Respiratory Unit, **KH** asked for any progress with the business case. **ES** stated that it was signed off by the Commercial Investment and Strategy Committee in November 2021 but can gather further detail from Julian Chadha (General Manager, Service Planning) if required.

Regarding the safety questions as part of the Healthcare Safety Investigation Branch report, **KH** asked what action is being taken to reduce the risk of the inability to notice alarms of continuous positive airway pressure (CPAP) / bilevel positive airway pressure (BiPAP) patients in a side room. **AH** stated that risk was escalated for any mitigations, in addition to what is currently being done, however, a follow-up meeting with the matron has not yet taken place. It is known that regular checks are made on patients, and cohorting plans are put in place, dependent on the type of patient and how they are positioned in the rooms. The risk is being managed with the staffing resources available.

ES enquired as to whether the recommendations from the Healthcare Safety Investigation Branch reports will be followed up in the same way as the patient safety alerts. **LC** confirmed that they will form part of the Central Alert System (CAS) Policy.

OUTCOME: **AH** was thanked for the comprehensive report, and no further questions were raised by the Quality Committee.

08/22 HIGH LEVEL RISK REGISTER

Lisa Cook presented the high level risk register for December 2021 at appendix F.

It was noted that the high level risk register was reviewed at the Risk Group in December 2021. The Group are reviewing the terms of reference to focus more on mitigating actions and measurable outcomes linked to risks, to reflect more accurately on the scores of risks.

There were no new risks onto the high level risk register since the last report to the Quality Committee in October 2021; one risk was removed; one risk had an increased score and one risk had a reduced score.

- Removed - Risk 7557: Meeting Royal College of Paediatrics and Child Health (RCPCH) guidelines in the emergency department. This risk was reduced to a 12.
- Increased - Risk 7615: Not meeting the four hour emergency care standard.
- Reduced - Risk 7930: Ophthalmology delayed treatment for glaucoma resulting in an increased risk of sight loss (COVID-19 risk)

The Chair mentioned that a number of risks had not been updated since July 2021 and asked why this was. **LC** stated that this was also raised at the Risk Group, and the risk management team have contacted relevant individuals about their risks, and now have a workplan for those which require a review. This is linked to a bigger piece of ongoing work with clinical leads and divisions around measurable outcomes, to ensure that mitigations are working and improving. The narrative of some risks suggest an improving position; however, this is not always

reflected in the risk score. The Chair also suggested that if a risk has been reviewed but not changed, that this should be reflected with a statement.

A copy of the full risk register was available at appendix F2.

OUTCOME: LC was thanked for the report and there were no further questions from the Quality Committee.

CARING

09/22 CLINICAL OUTCOMES GROUP REPORT

A copy of the draft minutes from the December 2021 Clinical Outcomes Group was available at appendix G.

The Chair asked that any queries are forwarded to Dr David Birkenhead for clarification.

The Chair queried about the item linked to the section on the Falls Collaborative, and whether any contact has been made with peer Trusts who may have a Falls Team, to ascertain whether their outcomes or performance with falls is better than that of CHFT. It was stated that it would be useful to explore the pros and cons of different ways of working, and it was suggested that this is linked into the next scheduled update from the Falls Collaborative into the Quality Committee in March 2022.

10/22 CHILDREN'S EXPERIENCE

Ellen Armistead provided a verbal update on the CQC-commissioned inpatient children's experience report. The survey, published in November 2021, had around a 22% response rate from parents and families of inpatient children.

CHFT received early notification of the survey scores, which range from 'much better', 'better', 'somewhat better', 'much worse', 'worse', 'somewhat worse', or 'the same', and CHFT were informed of a result of 'worse' than other trusts. When the information was reviewed, it became apparent that the Trust scored poorly in relation to access to play areas, play specialists and food, however, the reasons for this were COVID-related, in that CHFT have strict rules and a stringent approach to infection prevention control in playrooms and to catering.

With regard to one of the areas where CHFT scored 'better', 'somewhat better' or 'much better', this will be taken back into the division for an improvement plan to be developed on the experience of inpatient children and their parents. This update will be submitted into the Quality Committee on a quarterly basis.

GC asked if there was a timeline for when the improvement plan will be put forward. **EA** reported that the division have been asked to have their plan submitted by the end of January 2022 and will be on the March 2022 Quality Committee agenda.

OUTCOME: EA was thanked for the verbal update.

RESPONSIVE

11/22 QUALITY REPORT

Ellen Armistead presented the Quality Report at appendix H, providing key points from the detailed report on Care Quality Commission, dementia screening, experience, participation and equalities, legal services, incidents, medicine safety, maternity services, and bi-monthly updates from the quality account priorities and the focused quality priorities.

KH mentioned dementia screening and the importance of improving compliance. It was requested that the dementia team is invited back to the Quality Committee to provide an update.

In terms of the legal services' backlog in relation to inquests, the Chair asked if there were any peer trust comparison figures. **EA** stated that the backlog was a national issue.

With regard to the maternity report, and the work being done on the number of midwives required for the continuity of carer model, the Chair asked what the CHFT gap was in terms of recruiting. **EA** stated that a discussion has taken place with the Local Maternity System, who are all in the same position with huge gaps, if continuity of carer is implemented in the way expected. If the funding was made available, the likelihood of recruiting the number of midwives expected is slim. **EA** also stated that there is a shift in opinion to starting to look at the equivalent of the trainee nurse associate in maternity services, to try to boost the workforce, and that chief nurses across the West Yorkshire Association of Acute Trusts, are in agreement to strongly support the antenatal and the postnatal continuity of carer model in order to achieve the required target. It was also noted that once the labour element of continuity of carer is added, that challenges arise. **EA** reported that the Head of Midwifery and the division are in the process of compiling an action plan which will define in more detail the gaps and what the risk mitigations may be.

In relation to quality priorities, **EA** stated that the key performance indicators will be simplified for the divisions to enable them to focus on their improvement plans.

OUTCOME: **EA** was thanked for the update.

12/22 INTEGRATED PERFORMANCE REPORT

Jo Fawcus presented the integrated performance report at appendix I, highlighting key points.

Trust performance for November 2021 was 62% which was a further deterioration from the October position, with the key change being in the finance domain which is now red. The safe domain remains green. The caring domain remains amber with two of the five Friends and Family Test areas green (Inpatients and Community) but maintaining performance in complaints is still a challenge. Dementia screening has fallen in month, following three months of improvement and at 35%, is still some way short of target. The effective domain remains green, although the Summary Hospital-level Mortality Indicator (SHMI) remains above 100 and fractured neck of femur access is around 57% in month and year to date. The responsive domain is the most volatile during this period of operational challenge and is still amber with no real change in performance in month. Stroke indicators alongside the underperformance in the main planned access indicators and emergency department are the main challenges. Workforce remains amber with short-term non-COVID sickness at its highest rate in over 12 months. Return to Work Interviews are at lowest rate since January 2021. Finance domain is now red following deterioration in a number of indicators in month.

JF reported that the Emergency Care Standard in November 2021 was 76.8%, which was a slight improvement on the October 2021 position. Currently, the number of patients through the emergency department decreased in December 2021, however, challenges are now being seen as in January 2021 across access to primary care, due to 24% of GP practices in the Calderdale and Kirklees region closed, or providing services from other practices, owing to Omicron and staffing shortages. The main problem in December 2021 was around flow and capacity and access to beds, which will always remain.

With regard to the urgent care footprint, good experiences for patients are being maintained with a focus on ambulance handovers, given the staffing challenges across the system. The urgent care team have done exceptionally well across the Christmas and New Year period in maintaining handover standards for patients.

At the time of the report, finance was reporting a £1.6 million deficit year to date. With the increase in COVID patients, this will present another challenge around finance, and divisions are working on cost improvement plans through to the end of this financial year and next year.

JE reported on workforce and the single biggest challenge of sickness absence, with a significant increase beyond the 4% target. Sickness is monitored daily and the impact on ability to deliver safe staffing and services. Cases continue to be managed on an individual basis, with return to work interviews at their lowest rate due to pressures. The approach has been amended to ensure that activities are filled, and support is being provided for colleagues with any longer-term underlying issues they may require, to ensure they can attend work regularly.

JF reported that since Christmas Eve, there has been a dramatic increase in the number of COVID patients in the hospitals. There were 22 on Christmas Eve, and now at 107 today, with four in the intensive care unit (ICU). As Omicron spreads through to the older population, it is not known if this, or the return to school, will have an impact. Recovery programmes around electives are being maintained, however, it is not known how long this will be sustained if the surge and staffing deficits continue to rise.

In terms of bed management, the Chair asked how many additional beds have been opened. **JF** reported that over the weekend, there was a rise in the number of admissions, however, discharges traditionally decrease at weekends and bank holidays. The decision was made to open up the cardiac angiography area at Calderdale, which provided 11 extra beds, however, there were also 11 blocked beds on the Calderdale site due to COVID contact. The HRI site was more of a challenge, due to three wards being shut due to Norovirus. The discharge lounge at HRI was opened as a bedded area, and the birth centre, which is attached to the discharge lounge, was also opened as a bedded area for inpatients, placing further strain on staffing. A decision was also made to use the ambulatory area at Calderdale as an inpatient area and relocate the entire ambulatory same-day emergency care service across to the HRI site. Unfortunately, this needed to take place, due to the need of some patients' access to treatment for a 24-hour period. Those escalation areas have tried to be closed over the last few days; however, it has been difficult, and will be attempted for the coming weekend.

In relation to staffing, **GC** stated that whilst there is a finite number of staff, it was asked how the areas which are being opened will be staffed, and what impact it will have on colleagues who are already at full capacity. **JF** stated that at some point, consideration will need to be given on what elective work is stopped, and how staff are utilised, for example, what activities can clinical nurse specialists stop to support wards. **EA** stated that additional areas are not opened lightly, and that very stringent staffing oversight and scrutiny takes place. It was stated that the message around discharging needs to be pushed, as well as working with system partners to get delayed transfers of care lists reduced.

The Chair asked about the successful pilot of the High Intensity User (HIU) service as part of the 'you said, we did' section of the report, and queried whether the service will continue, and how likely it would be funded. **EA** stated that there is a new full time role to coordinate services for this group of patients.

OUTCOME: **EA** and **JF** were thanked for the updates and the Quality Committee noted the report.

POST MEETING REVIEW

13/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- the comprehensive Medical Gases report and good progress made on the medical gases agenda

- an update on the Children's experience and the development of an improvement plan which will be monitored through the Quality Committee.
- an update on the integrated performance report and that the finance domain is now in the red, and the work being done with the escalating COVID position
- an update on the Quality Report and the improving position of patient safety alerts, and the closing of a long-outstanding alert
- Work which is being done to support divisions on reporting of their quality priorities

14/22 REVIEW OF MEETING

- Good management of the meeting where the order of the agenda frequently changed

15/22 ANY OTHER BUSINESS

There was no other business.

ITEMS TO RECEIVE AND NOTE**16/22 QUALITY COMMITTEE ANNUAL WORK PLAN**

The workplan was available at Appendix J for information.

NEXT MEETING

Monday, 21 February 2022 3:00 – 4:30 pm Microsoft Teams

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
CURRENT ACTIONS				
08.11.21 (203/21)	GIRFT	Dr Cornelle Parker	It was noted that the outcomes of the process for CHFT were missing from the report, for example, the quality improvements, the efficiency improvements that have been a result of the investments and the work carried out. CP stated that a selection of the quality improvement benefits gained from those action plans can be provided. Action: That an update is provided in January 2022 on the outcomes of the process. Update Jan 2022: To be deferred to the next meeting.	See agenda item 21/22
11.10.21 (221/21)	Trust PSQB Report - Central Alert System (CAS) process	Head of Risk and Compliance / Assistant Director of Quality and Safety	The process around the Central Alert System (CAS) alerts is currently being reviewed by the Risk management team. An update on progress was asked to be provided at the next meeting. Action: That an update on the CAS process is provided at the next meeting. Update Jan 2022: LC reported that the draft Policy is still being revised, and input from the permanent Assistant Director of Quality and Safety (start date to be confirmed) would be required. A formal update on the alert process will be submitted to the next meeting.	See agenda item 22/22
CLOSED ACTION				
11.10.21 (221/21)	Trust PSQB Report - Community	TBC	In terms of the community responses, it was stated that it would be useful for the Quality Committee to have an update and context on the new urgent responsive model that Community are rolling out and implementing. Action: For the new Community model to be an agenda item at a future meeting. Update Jan 2022: Item now added to the Quality Committee workplan and item to followed up as to when will be brought to the meeting.	CLOSED January 2022



Draft Minutes of the Audit and Risk Committee Meeting held on Tuesday 25 January 2022 commencing at 10:00 am via Microsoft Teams

PRESENT

Andy Nelson (AN) Chair, Non-Executive Director
 Denise Sterling (DS) Non-Executive Director

IN ATTENDANCE

Andrea McCourt Company Secretary
 Gary Boothby Director of Finance
 Helen Higgs Head of Internal Audit, Audit Yorkshire
 Shaun Fleming Local Counter Fraud Specialist, Audit Yorkshire
 Jim Rea Managing Director, Digital Health
 Isaac Dziya Public Elected Governor
 Clare Partridge External Audit Partner, KPMG
 Ric Lee Engagement Director, KPMG
 Leanne Sobratee Internal Audit Manager, Audit Yorkshire
 Amber Fox Corporate Governance Manager (**minutes**)
 Liam Stout Staff Elected Governor
 Lindsay Rudge Deputy Chief Nurse (**for item 05/22**)
 Kim Smith Assistant Director of Quality and Safety
 Lisa Cook Head of Risk and Compliance (**for item 05/22**)
 Richard Hill Head of Health and Safety (**for item 07/22**)
 Nicola Seanor Associate Non-Executive Director (**observer**)
 Saj Rahman Risk Manager (**for item 05/22**)

01/22 APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the Audit and Risk Committee meeting and introductions were made.

Apologies were received from Richard Hopkin, Philip Lewer and Kirsty Archer.

02/22 DECLARATIONS OF INTEREST

The Chair reminded Committee members to declare any items of interest at any point in the agenda.

03/22 MINUTES OF THE MEETING HELD ON 12 OCTOBER 2021

The minutes of the meeting held on 12 October 2021 were approved as a correct record.

OUTCOME: The Committee **APPROVED** the minutes of the previous meeting held on 12 October 2021.

04/22 ACTION LOG AND MATTERS ARISING

The action log was reviewed and updated accordingly. Only one action remains ongoing regarding the internal audit follow up report and the Director of Finance will keep the Committee updated on progress.

OUTCOME: The Committee **NOTED** the updates to the Action Log.

05/22 RISK MANAGEMENT STRATEGY AND POLICY

The Deputy Chief Nurse introduced the Assistant Director of Quality and Safety, Head of Risk and Compliance and Risk Manager who were in attendance.

Kim Smith, the Assistant Director of Quality and Safety explained with the new Risk team in place they are looking at some of the systems and process underpinning this policy and therefore there may be future changes. She introduced the refreshed and updated version of the Risk Management Strategy and Policy. A summary of the updates is included on the front sheet and the changes include:

- More user friendly to easily embed across the organisation
- Linked to patient safety and the quality agenda
- Section 7 (page 8) – the outcomes of risk assessment is more explicit to provide some additional guidance
- Section 11 includes some additional proposals working as an organisation across the West Yorkshire and Harrogate Integrated Care System to address risk management issues and identify patient safety needs
- Section 12 describes the risk management systems and how they could be embedded across the organisation, the perception of this is complicated; therefore, more clarity and guidance is given to provide more assistance
- Additional guidance on roles and responsibilities included

The Head of Health and Safety corrected his role in the policy under roles and responsibilities which should change from 'Health and Safety Advisor' to 'Head of Health and Safety'.

The Chair:

- Noted the Document Summary table should state the author of the policy and chair of the Risk Group is the 'Assistant Director of Quality and Safety'
- highlighted a correction on page 14 'The Assistant Director of Quality and Safety will support and **be working with the..**'.
- asked if the key risk management roles can be referenced in the paragraph describing the responsibilities of the Assistant Director of Quality and Safety
- suggested a change to the wording on page 21 from 'an effective communication is' to 'effective communications are'.

The Company Secretary confirmed the timescale for these changes to be made, noting the updated Risk Management Strategy and Policy will be recommended from this Committee for approval at the Board of Directors on 3 March 2022. She asked that final comments are sent to the Head of Risk and Compliance by mid-February to meet the deadline for Board papers, with the final changes highlighted in red in the version for the Board.

Action: Committee members to share any final changes to the Risk Management Strategy and Policy with the Assistant Director of Quality and Safety by mid-February; the final version will be approved by the Chair of this Committee.

Action: Assistant Director of Quality and Safety to submit the final Risk Management Strategy and Policy with changes highlighted in red to the Chair and Company Secretary by Friday 18 February who will take it for Board approval.

The Chair asked that a member of the Risk team attends the Audit and Risk Committee meetings on a future basis.

Action: Deputy Chief Nurse to nominate a member of the Risk team to attend future Audit and Risk Committee meetings.

The Chair explained the risk management deep dive was deferred from this meeting due to operational pressures and will be rescheduled later in the year. The suggestion was that this is rescheduled to either the April or June 2022 Committee meeting.

OUTCOME: The Committee **APPROVED** the updated Risk Management Strategy and Policy subject to the changes noted above and any final comments being sent to the Assistant Director of Quality and Safety.

06/22 REVIEW OF BOARD ASSURANCE FRAMEWORK

The Company Secretary presented the third and final update of the Board Assurance Framework for this financial year. An update on the estates risk 9/19 is outstanding and is being sought.

There was one new risk proposed to the Committee for addition to the Board Assurance Framework (BAF), risk 01/22 regarding vaccination as a condition of deployment (VCOD) and the potential for workforce reduction due to the requirement for mandatory vaccination for frontline staff. With this additional risk there are 23 risks on the BAF.

The Company Secretary explained the reduction in risk score for the health inequalities risk (07/20), which had been rated at 16 since it was added to the BAF in 2020 and for the first time is being reduced to a risk score of 12, reflecting progress made, details of which were shared at the Board meeting on 13 January 2022. The Company Secretary explained the capital funding risk (14/19) has also reduced to a rating of 12 following receipt of additional funding.

The Committee noted the Health and Safety risk update, BAF reference 16/19 which it has oversight of. The Chair challenged whether any further actions are required relating to the health and safety risk to meet the target score.

The Chair challenged how well the BAF risks map to the actions, stating some are stronger than others. The Chair suggested working with the Company Secretary on the actions on the Board Assurance Framework before the BAF is presented to the March Board meeting.

Action: Chair and Company Secretary to meet to discuss actions on the Board Assurance Framework.

OUTCOME: The Committee **APPROVED** the addition of the new risk to the Board Assurance Framework (VCOD) and **APPROVED** the updated Board Assurance Framework as at 18 January 2022, noting the movement in risk scores and areas of risk exposure.

07/22 REVIEW OF SUB-COMMITTEE TERMS OF REFERENCE

Health and Safety Committee Terms of Reference

Richard Hill, the Head of Health and Safety presented the updated Health and Safety Committee terms of reference for approval. The key updates were:

- Huddersfield Pharmacy Specials (HPS) and the Health Informatics Service (THIS) have been added into the Committee
- The membership has been reviewed and an updated membership list provided
- Additional sub-committees have been included such as the HPS Health and Safety meeting and the COSHH (Control of Substances Hazardous to Health) Task and Finish Group

The Director of Finance asked if the Medical Gases Group feeds into this forum. The Head of Health and Safety responded that the Medical Gases Group does not feed into the Health and Safety Committee as it is clinical and only non-clinical risks feed into the Committee. The Director of Finance suggested a discussion with the Head of Health and Safety due to the risk having both clinical and non-clinical aspects, i.e. clinical risks (ensuring the correct pipes are used) and non-clinical risks (the pipes supply and estates risk). The Director of Finance confirmed the risks have recently been discussed and updated.

Action: Director of Finance and Head of Health and Safety to discuss the reporting of the Medical Gases Group.

The Chair asked about attendance levels at the Health and Safety Committee. The Head of Health and Safety confirmed there is good attendance following the refresh, providing a wider voice for the Committee across the estate.

OUTCOME: The Committee **APPROVED** the updated Health and Safety Committee Terms of Reference subject to a discussion taking place regarding the reporting of the Medical Gases Group.

08/22 EXECUTIVE DIRECTOR OF FINANCE'S BUSINESS

1. Review of Losses and Special Payments

The Director of Finance presented a report summarising the losses and special payments for quarter 3 2021/22. The key points to note were:

- Compared to the average quarterly value of losses and special payments in 2020/21 there is a 106% increase at Q3 2021/22, this increase is driven by the write off of bad debt in Quarter 2 this year relating to overseas visitors
- IT losses described on page 2 of the report relate to a laptop stolen from staff property, and a further laptop and phone reported stolen. The Committee were assured that these were encrypted so there was no loss of patient sensitive data

OUTCOME: The Committee **NOTED** the review of losses and special payments report.

2. Review of Waiving of Standard Orders

The Director of Finance presented the quarter report showing a total of seven waivers during this quarter period, totalling £204,181.

The Director of Finance informed the Committee the report includes a single source for a locum doctor which is unusual and was raised as a purchase order for agency staff, rather than via the usual route. The procurement team picked this up as per the policy; however, agency staff would not usually require a waiving of standing orders.

The Director of Finance highlighted a payment to Cadesic Ltd of £49,500 which relates to extremely specialist expertise for which market is limited. This was a company recommended to the Trust by KPMG.

DS asked if agency staffing is a one off for this report and unlikely to be seen in future reports. The Director of Finance clarified this is a one off in terms of this report; however, this is not a one off in terms of the expenditure. There are a significant number of agency doctors with significant sums for agency spend. The Agency Review Group has recently been re-established and membership includes the Interim Chief Nurse, Medical Director, Director of Finance, Director of Workforce and Organisational Development and the Chief

Operating Officer. The purpose of this group is to review high cost agency colleagues and agency colleagues who have been with the Trust the longest.

The Director of Finance added that agency spend was roughly £23m a few years ago which has been reduced over recent years; however, the same level of control has not been the same over the last two years. The review of expenditure will be monitored at the Agency Review Group.

OUTCOME: The Committee **NOTED** the waiving of standing orders report for the quarter.

09/22 REVIEW TEMPORARY ADDENDUM FOR STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION

The Director of Finance proposed the withdrawal of the temporary addendum for the standing financial instructions and scheme of delegation that had been put in place at the onset of the Covid-19 pandemic. He explained the proposal is to move to business as usual and revert to the original standing financial instructions and scheme of delegation authorisation.

This would remove the authority through Gold (formerly Incident Management Team) as the number of requests for this expenditure has decreased.

OUTCOME: The Committee **APPROVED** the removal of the Covid-19 Emergency Temporary Addendum to the Standing Financial Instructions and Scheme of Delegation with immediate effect and the reversion to normal governance procedures.

10/22 INTERNAL AUDIT

1. Internal Audit Follow Up Report

The Internal Audit Manager presented the follow up report which sets out the Trust-wide position on the implementation of Internal Audit recommendations due during Q3 2021/22.

A total of 109 recommendations were completed which equates to 66% of the total number of recommendations which had been open during the period. A total of 44 recommendations remain overdue comprising of 26 recommendations which are overdue where a revised date has not been agreed and 18 where a revised target date has been agreed. Twelve recommendations are currently open which have not yet passed their due date.

A benchmarking exercise on recommendation tracking has recently been completed and was included at Appendix 1.

The Internal Audit Manager reported there are still challenges around three audits: Consultant Study Leave, Consultant Job Plans and Delegated Consent. The Chair confirmed he spoke with the Medical Director in relation to these audits who provided a response.

DS stated the target date of some of the overdue recommendations was October 2019, for example, the study leave process for consultants, and asked what more can be done to get some of these completed.

The Assistant Director of Quality and Safety stated she would like to have a review of all the recommendations within the remit of the Quality Directorate and agreed to provide an update to the meeting following this review.

Action: Assistant Director of Quality and Safety to review the internal audit follow up report recommendations and provide an update to the next Committee, particularly in relation to the Quality directorate and the complaints process.

The Director of Finance reported they are starting to look at the study leave and job planning process which links in with efficiency. He added that the Internal Audit Manager attended the Executive Board this month and the Chief Executive is sighted on this and has agreed to meet with the Director of Finance to understand where progress can be made. He added these are genuine challenges that need to be resolved. The Chair asked to be part of this conversation with the Chief Executive.

Action: Director of Finance, Chief Executive and Chair to meet to discuss the overdue recommendations and how to resolve them

In relation to overdue recommendations for THIS, the Managing Director for Digital Health stated that all had been closed except the one relating to ISO Standards.

The Director of Finance highlighted the benchmarking report shows the Trust in a reasonable position compared with others. The Chair noted the Trust is in a better position compared to 2021, though there is still more to do. The Internal Audit Manager confirmed benchmarking will take place again this year.

2. Internal Audit Progress Report

The Internal Audit Manager presented a report which details the progress made by Internal Audit in completing the Internal Audit Plan for 2021/22. There are:

- 3 'high assurance' reports
- 5 'significant assurance' reports
- 1 'limited assurance' report

The remaining seven reports are included in the review room papers for information.

The limited assurance report relates to clinical waste. The Trust reverted to a business as usual approach to waste management in February 2021 but has found that there has been reluctance from some staff to adopt the business as usual processes and as such a limited assurance opinion has been provided.

The Internal Audit Manager stated that completion of the 2021/22 plan is behind where they anticipated at this stage in the financial year. In recent weeks there have been difficulties in progressing audits as a result of operational pressures from the Omicron Covid-19 variant. Furthermore, it is also noted that some audits are taking longer to complete than would ordinarily be expected and this is something that is being experienced across all clients.

All 'must do' audits have been identified and completion of these will be prioritised in the coming weeks and months. The Internal Audit Manager confirmed they are still on track to deliver the plan; however, it will be challenging.

The Chair confirmed that the Committee are comfortable with the proposed changes to the plan.

The Chair highlighted an error in the key performance indicators which shows the target for the percentage of management responses received within 15 working days as being achieved. **Action: Internal Audit Manager to correct the KPIs in the report.**

The Chair asked what the confidence level is with completing the must do audits and if the Trust are forecast to achieve the whole plan. The Internal Audit Manager confirmed the 'must dos' include the Board Assurance Framework where a meeting is taking place with the Company Secretary next week, the Financial Transactions audit is underway and the Data Protection Toolkit has an audit scheduled in March 2022. She re-assured the Committee that dates are in the diary for all the must-do audits and there are no concerns.

The Internal Audit Manager further explained that they are trying to deliver all of the plan and the concerns are on the ward based audits e.g., pressure ulcers. She explained a meeting took place with the Director of Nursing last week who preferred not to undertake these audits if it meant going on the wards. Virtual audits are being considered in the first instance to undertake these audits in a different way.

The Director of Finance re-assured the Committee the Internal Audit Manager and the Finance team jointly agree any changes made to the plan. He highlighted the challenges with Trust capacity to meet with Audit Yorkshire due to the Covid-19 pandemic which is affecting the ability to undertake these audits, rather than capacity of Audit Yorkshire. He explained this is happening with other clients and is not unique to the Trust. The Internal Audit Manager and the Head of Internal Audit offered their support.

The Chair provided assurance as Chair of the Green Planning Committee that Nigel Murphy, Waste Management Officer, is aware of the clinical waste recommendations and is on top of these actions. He highlighted there was no management response on the incorrect use of waste streams and asked if Internal Audit are following up on this. The Internal Audit Manager confirmed Nigel Murphy is following up on this action with senior nursing staff at their meetings.

OUTCOME: The Committee **APPROVED** the Internal Audit Follow Up Report and Progress Report and **RECEIVED** the significant and high assurance reports and the Insight reports for September, October, November and December 2021.

11/22 LOCAL COUNTER FRAUD PROGRESS REPORT

Local Counter Fraud Progress Report

Shaun Fleming, Local Counter Fraud Specialist presented the Local Counter Fraud progress report. The key points to note were:

- Counter fraud newsletters continue to be released, the newsletter for December has been circulated and the January 2022 issue has been distributed this morning
- Fraud prevention masterclasses continue into next year which focus on different topics covering high fraud risks. 35 members of staff have attended or booked on courses to date
- Update on the National Fraud Initiative
- National benchmarking taking place across clients to review types of fraud
- Counter Fraud Authority has published their annual Strategic Intelligence Assessment and the link to view the full report is included in the paper
- Completed the fraud prevention guidance impact assessment – no issues.
- Counter fraud champions network – trying to set up a network locally of all counter fraud champions and each organisation needs a champion. At present

- there is no clear guidance from Counter Fraud Authority on this role, a meeting with the Counter Fraud Authority is taking place on 26 January 2022
- The Counter Fraud Plan is progressing well and expected to complete as planned by the end of March 2022.

The Chair highlighted it is good to see the masterclasses still running with reasonable attendance from the Trust and asked how this compares with other Trusts. The Local Counter Fraud Specialist responded there is slow progress and they have asked the Trust to keep encouraging staff to attend these masterclasses which are held online for an hour.

The Chair clarified if no further investigations are required then could we see a small budget underspend compared to planned days. The Local Counter Fraud Specialist confirmed this could well happen.

OUTCOME: The Committee **RECEIVED** the Local Counter Fraud Progress Report and Counter Fraud newsletter for December 2021.

12/22 EXTERNAL AUDIT

1. External Audit Plan for 2021/22

The External Audit Partner, KPMG introduced Ric Lee, Engagement Director who is responsible for the Trust audit. Ric Lee presented the External Audit Plan for 2021/22. The key points highlighted were:

- Lots of Covid-19 funding in the system and it is important to understand the funding available in the region for West Yorkshire and Harrogate as there is a different picture in different regions
- Approaching a £500m turnover mark from an audit perspective (Quality Review scope) which is under review of the Financial Reporting Council. This would trigger an increased level of audit response from KPMG, such as a second partner review
- Summary plan on a page is detailed on page 4 which shows a relatively stable risk assessment position as it currently stands
- Page 5 includes detail on materiality, with a proposal to increase the materiality for the Trust compared to prior years due to an increase in revenue from the previous year and a change in the way in which income is received via block contracts
- Value of revenue anticipated to go through statements based on audited accounts are more recurrent than anticipated
- Included a position for the subsidiary audits for CHS (page 17)
- Detail regarding the Covid implications is included in the report, noting the audit has been delivered for two years remotely
- Valuation of land and buildings highlighted on page 11 continues to be a risk area
- Page 15 details the implementation of IFRS16 has been delayed but from 1 April 2022 the Trust will be required to implement the standard in totality and disclose an impact assessment in this year's accounts. KPMG will look at any softer assumptions that have been applied in terms of reaching this assessment
- Page 18 includes an audit cycle and timetable which is consistent with previous years. There is a separate planning conversation taking place around the audit of CHS.
- Value for money is detailed on pages 20 and 21, arrangements are unchanged and will be brought back in due course
- Page 24 details the audit team. Salma Younis and Jenny and Hibbered continue to be core members of the team who provide continuity of knowledge of CHFT which should ensure the audit runs smoothly

- KPMG confirmed there is nothing to report from an independent risk assessment perspective.

The Director of Finance confirmed detailed conversations have taken place with KPMG and the finance team who are happy with the plan. The Chair noted that RH had informed him that he was happy with the plan which is similar to last year.

The Company Secretary asked when the Trust might see the Foundation Trust reporting guidance this year as it has not been issued yet this year and is expected imminently. The External Audit Partner, KPMG confirmed that the guidance is late due to the Department of Health group accounts not yet being signed.

OUTCOME: The Committee **APPROVED** the External Audit Plan for 2021/22.

2. Benchmarking Q3 2021-22 Report

The External Audit Partner, KPMG presented the Q2 benchmarking report for information. She highlighted two key points, the percentage of recurrent vs non-recurrent efficiencies shows quite a high number of non-recurrent efficiencies compared to others and the Trust agency spend is on the low side when compared to others.

The Chair stated it was surprising to see that some other Trusts have significantly more capital spend than CHFT. The External Audit Partner, KPMG stated this is linked to the availability of capital, whereas the forecast at CHFT is higher than plans.

The Director of Finance responded with detail on the capital programme in relation to the timings of the reconfiguration programme and explained it is reliant upon external regulatory approval. He added the Trust will be spending more capital in 2022/23 for the multi-storey car park and HRI developments. At the end of Q2 the Trust has spent £4.3m against a forecast of £6.6m. The Director of Finance explained the Trust is expecting to spend the full capital budget for this financial year.

OUTCOME: The Committee **NOTED** the CHFT Benchmarking Q3 Report 2021-22.

13/22 COMPANY SECRETARY'S BUSINESS

1. Agree Annual Report and Accounts Timetable 2021/22

The Company Secretary presented a draft 2021/22 annual report and accounts timetable, which, in the absence of national guidance, is based on the timetable from previous years and discussions with the finance team. The timetable will be confirmed once the Foundation Trust annual reporting manual for 2021/22 is issued by NHS England / Improvement.

The Annual Governance Statement will be presented at the Audit and Risk Committee meeting on 26 April 2022 for initial consultation and review.

The Company Secretary confirmed the quality accounts are not part of the annual report and there is therefore no requirement for audit of quality indicators by external audit.

The Company Secretary will be seeking delegation of authority from the Board to the Audit and Risk Committee for approval of the 2021/22 annual report and accounts.

The Assistant Director of Quality and Safety stated the Trust will continue to produce the 2021/22 Quality Account. The Chair confirmed a Quality report is received at every Board meeting.

In terms of the annual report and accounts timetable the Chair asked if the extra-ordinary meeting, scheduled for 15 June 2022, could be brought forward to the end of the previous week or moved to early the following week to accommodate attendance of all members.

Action: External Audit to feedback on the dates for the extra-ordinary meeting to sign off the Annual Report and Accounts to the Company Secretary who will consider revision to the proposed 15 June 2022 Committee meeting date

OUTCOME: The Committee **NOTED** the draft annual report and accounts timetable for 2021/22 and key dates and supported the request to the Board of Directors for delegation of authority to approve the 2021/22 Annual Report and Accounts.

2. Review Audit and Risk Committee Meeting Dates for 2022

The Company Secretary confirmed the meeting dates for 2022 are outlined in the paper and the extra-ordinary meeting in June 2022 will be confirmed in due course.

OUTCOME: The Committee **NOTED** the Committee meeting dates for 2022, noting the extra-ordinary meeting in June 2022 to sign off the Annual Report and Accounts will be confirmed in due course.

3. Self-Assessment of Committee Effectiveness

The Company Secretary presented the self-assessment template which will be circulated as a word document for completion by all members and attendees of the Committee by 11 February 2022. The feedback will be reviewed with the Chair and a report and action plan will be brought back to the next meeting on 26 April 2022.

OUTCOME: The Committee **NOTED** the timescale for completion of the Audit and Risk Committee self-assessment for 2021/22 and return this to the Corporate Governance Manager by Friday 11 February 2022.

4. Audit and Risk Committee Workplan 2022

The Company Secretary presented the Committee workplan for 2022.

The Chair confirmed the risk management deep dive will be scheduled for the next meeting on 26 April 2022 and the data quality deep dive will be deferred to the extra-ordinary meeting in June 2022.

OUTCOME: The Committee **APPROVED** the Audit and Risk Committee workplan for 2022 subject to the deep dive schedule confirmed above.

14/22 POLICY ON POLICIES

The Company Secretary presented the updated policy on policies which is a framework for developing policies for staff and covers all policies in the Trust.

This policy previously went straight to Executive Board; however, the Company Secretary feels this Committee is the most appropriate for ratification of this policy. The policy will then go to Executive Board for final approval.

The changes to the policy were highlighted in red and are summarised below:

- Updated quality impact assessment process
- Updated governance structure
- Confirmation strategies go to the Board separately and are not included in this policy
- Further clarity when decommissioning policies to notify the Executive Board
- Policy approval position for urgent policies.

The Chair asked if the sustainability consideration for Board papers should be incorporated into all policies. The Company Secretary agreed to have a conversation with the Managing Director for CHS who was leading on the sustainability training and confirmed that she would make additions to the policy regarding sustainability as appropriate.

The Director of Finance explained the Integrated Care System Capital and Estates Forum have developed sustainability assessment paperwork which has been shared for adoption by all Trusts by the end of March 2022.

Action: Company Secretary to discuss sustainability training with the Managing Director for CHS

Action: Director of Finance to share the sustainability assessment paperwork from the ICS with the Managing Director for CHS, Company Secretary and Chair

OUTCOME: The Committee **APPROVED** the Policy on Policies and **NOTED** that a sustainability consideration may be added later once training has taken place.

15/22 SUMMARY REPORTS

A summary report of work undertaken since October 2021 was provided for the following Audit and Risk sub-committees and these were made available in the review room:

- Risk Group – no questions were raised.
- Information Governance and Records Strategy Group – no questions were raised.
- Health and Safety Committee – no questions were raised.
- Data Quality Board – The Chair highlighted an issue regarding incorrect data causing an impact on the clinical coding team who need to make more corrections. The Managing Director for Digital Health confirmed the team are starting to focus on this more holistically and this was particularly in relation to a new cohort of junior doctors.
- CQC and Compliance Group – no questions were raised.

OUTCOME: The Committee **NOTED** the summary reports for the above groups.

16/22 ANY OTHER BUSINESS

The Director of Finance updated the Committee on an issue in relation to TUPE of staff following the award of a tender where some colleagues were displaced. He explained they are close to reaching a settlement in relation to a potential pay out which should come to a future meeting as a discretionary payment. A decision will need to be made before year end and will be approved by the Chair outside of the Committee. This will then be shared with the Committee at the 26 April 2022 meeting.

17/22 MATTERS TO CASCADE TO BOARD OF DIRECTORS

- **Assurance** – third update on the Board Assurance Framework was approved, the refresh of the Risk Management Strategy and Policy and updated Health and Safety terms of reference were approved, the External Audit Plan was noted and agreed.
- **Awareness** – 44 Internal Audit Recommendations that remain overdue.

The Chair offered to meet with the governors attending the Committee to explain how the Committee works.

18/22 DATE AND TIME OF THE NEXT MEETING

Tuesday 26 April 2022
10:00 – 12:15 pm
Microsoft Teams

19/22 REVIEW OF MEETING

The meeting closed at approximately 11:33 am.

3. Items for the review room:

1. Council of Governors minutes of the meeting held 27.01.22

2. Organ Donation Committee minutes of the meeting held 05.01.22

3. Charitable Funds Committee minutes of the meetings held 22.11.21 and 08.02.22


DRAFT MINUTES OF THE FOUNDATION TRUST COUNCIL OF GOVERNORS MEETING HELD AT 2:00 PM ON THURSDAY 27 JANUARY 2022 VIA MICROSOFT TEAMS
PRESENT:

Philip Lewer Chair

PUBLIC ELECTED GOVERNORS

Christine Mills Public Elected - Huddersfield Central
 Stephen Baines Public Elected - Skircoat and Lower Calder Valley (Lead Governor)
 Alison Schofield Public Elected - North and Central Halifax
 Veronica Woollin Public Elected - North Kirklees
 Gina Choy Public Elected - Calder and Ryburn Valleys
 Brian Moore Public Elected – Lindley and the Valleys
 Robert Markless Public Elected - Huddersfield Central
 John Gledhill Public Elected – Lindley and the Valleys
 Isaac Dziya Public Elected – South Huddersfield

STAFF ELECTED GOVERNORS

Liam Stout Staff Elected – Nurses/Midwives
 Emma Kovaleski Staff Elected – Management/Admin/Clerical

APPOINTED GOVERNORS

Cllr Lesley Warner Kirklees Metropolitan Council
 Prof Joanne Garside University of Huddersfield
 Karen Huntley Healthwatch – Kirklees and Calderdale

IN ATTENDANCE:

Karen Heaton (KH) Non-Executive Director
 Andy Nelson (AN) Non-Executive Director
 Stuart Sugarman Managing Director, CHS
 Gary Boothby Director of Finance
 Brendan Brown Chief Executive
 Peter Keogh Assistant Director of Performance
 Andrea McCourt Company Secretary
 Amber Fox Corporate Governance Manager (minutes)
 Sarah Mackenzie-Cooper Equality and Diversity Manager, Calderdale CCG
 Jason Eddleston Deputy Director of Workforce and OD
 Nicola Seanor Associate Non-Executive Director (Observer)
 Kate Smyth Co-Chair of the Disabled NHS Directors Network / Member of the Trust
 Janette Cockroft Nurse Lead for Transformation
 Ayesha Ali Student Nurse (Observer)
 Jason Eddleston Deputy Director of Workforce and Organisational Development

01/22 APOLOGIES FOR ABSENCE

Salma Yasmeen South West Yorkshire Partnership Foundation Trust
 Jo Kitchen Staff Elected – Ancillary
 Ellen Armistead Director of Nursing
 Jo Fawcus Chief Operating Officer
 Chris Reeve Locala
 Nicola Whitworth Public Elected – Skircoat and Lower Calder Valley
 Peter Bamber Public Elected – Calder and Ryburn Valleys
 Cllr Megan Swift Calderdale Metropolitan Council

02/22 WELCOME & INTRODUCTIONS

The Chair welcomed governors and colleagues from the Trust and Board of Directors to the Council of Governors meeting and in particular Kate Smyth, Co-Chair of the Disabled NHS Directors Network and Nicola Seanor, Associate Non-Executive Director.

Kate Smyth explained she has been a Non-Executive Director (NED) at Lancashire Teaching Hospitals for a period of three years and she is the NED lead for patient experience, health inequalities, anchor institutions and social value. Kate is also a member of the Trust and formally thanked the Chair and Governors for being invited to the meeting. Kate described the work she is involved in nationally, being the co-chair of the Disabled NHS Directors Network, which was formed one year ago. This network is aimed at making a difference at a national level to increase the number of disabled NEDs and Directors. Kate has also been involved with helping staff at the Trust understand how to care for the impaired following her poor experience at Calderdale Royal Hospital.

03/22 DECLARATIONS OF INTEREST

The Chair reminded the Council of Governors and staff colleagues to declare their interest at any point in the agenda.

04/22 MINUTES OF THE LAST MEETINGS HELD 21 OCTOBER, 26 OCTOBER AND 14 DECEMBER 2021

The minutes of the previous meeting held on 21 October and the extra-ordinary meetings held on 26 October and 14 December 2021 were approved as a correct record.

OUTCOME: The minutes of the previous meetings held on 21 October, 26 October and 14 December were **APPROVED** as a correct record.

05/22 MATTERS ARISING / ACTION LOG

There were no outstanding actions on the action log.

Trust Constitution

The Company Secretary provided feedback following the approval at the extra-ordinary meeting on 14 December to broaden the geographical area to include North Yorkshire and South Yorkshire. She explained the Board of Directors discussed this change to the Constitution on 13 January 2022 with a conclusion that a specific geographical area would not be stipulated and would state the applicant must live a reasonable distance from the Trust with a willingness to demonstrate their commitment to the community the Trust serves. The Council of Governors agreed with this change.

Observe and Act Programme

Janette Cockroft, Lead Nurse for the Transformation team and lead for the Observe and Act Programme presented an update on the Programme. Janette is the ward-based facilitator with a team of virtual non-clinical observers. The six key themes covered are:

- Food and drink
- Personalised care
- Safety
- Environment
- Accessibility, inclusion and diversity
- Communication

Janette described the positive themes and areas for improvement. She explained the Divisions have set up monthly meetings to support the progression of ward action plans and share themes and good practice. Due to operational pressures in January 2022, the timetable has been postponed for Observe and Act Journey to Outstanding. The Observe and Act and the Journey to Outstanding framework is being adapted and used in some of our community hubs and Beechwood Road has been identified initially.

An online virtual training session will be taking place on Friday 11 February between 2.15 – 4.30 pm. The governors who have volunteered for the Programme will be contacted separately.

Alison Schofield and Nicola Seanor expressed their interest in being part of the Observe and Act Programme.

Cllr Lesley Warner asked for an update on in patient entertainment systems (e.g. TV), given the Trust no longer have the contract. Janette explained there are currently no facilities on both hospital sites for the entertainment system. The Director of Finance explained the Trust has different providers for the entertainment systems and there have been several challenges replacing these assets. He explained a group are looking at this now to explore different models, recognising a number of patients prefer to use their own electronic devices with Trust wi-fi. AN added that the Observe and Act Programme identified a number of wi-fi black spots in the Trust which he had taken forward to seek to improve.

Cllr Lesley Warner asked if BBC and radio are not readily available for every patient. The Director of Finance responded the entertainment boxes over every patient bed do not work in every instance; therefore, not all patients have access to TV.

AN explained he has suggested to the Health Informatics Service that rather than separate devices, some wards through charitable funds have invested in some radios. He added that the increase in laptops and devices on wards could be exploited for use of radio and BBC. He challenged the different way of delivering these services using devices the Trust already have available.

The Company Secretary formally thanked Janette for leading on this work and her great support on this Programme. The Company Secretary encouraged governors to be involved, explaining once training has been received it is a very valuable experience. The Company Secretary offered to support any governors if they would like to discuss further.

Mandatory Covid Vaccination Requirements

The Deputy Director of Workforce and Organisational Development (OD), who is co-leading the Trust response, updated the Council of Governors on the mandatory Covid vaccination requirement and the arrangements for complying with government legislation for frontline workers and social workers in the NHS. The key updates were:

- Law is in effect from 1 April 2022
- Working with NHE England and Improvement guidance which is evolving
- Participating in local and national discussions that continue to take place
- This affects all colleagues face to face with patients which includes non-clinical roles such as receptionists, porters, cleaners
- In addition, this covers agency workers, volunteers, students and those directly employed by other Trusts (CHS, Pharmacy Provider, Homecare, ISS, Engie)
- The two key dates are 3 February 2022 for first vaccine and 1 April 2022 for second vaccine (booster is not included)
- Exemptions are very limited and only include if an individual is under 18, clinically exempt or has or is currently taking part in a Covid vaccine clinical trial. Religious or other beliefs is not an accepted exemption.
- The Board of Directors have been briefed on the requirement to comply with the law and the risks associated with it
- A neutral approach will be adopted in all communications using 'One Culture of Care', recognising the vaccine is a personal choice
- CHFT are working with staff side colleagues and colleagues across the organisation providing access to the vaccine in-house or where the vaccine is available

Cllr Lesley Warner stated there needs to be a negotiation as this requirement is about making people safer which poses a risk of less staff to make people safe.

Robert Markless stated to lose 50,000 nurses from the NHS takes away all nurses the government promised, and the guidance may change. He asked what the percentage of staff affected is and what the impact would be on the delivery of services. The Deputy Director of Workforce and OD responded the Trust need to plan for the worst-case scenario and would prefer a change in the guidance before 3 February 2022. There is evidence of 85% of colleagues who have been captured by the regulations as having received one or two vaccines and the Trust continue to work with the remaining 15% of colleagues to establish their vaccination status or understand if they wish to secure a vaccine. He added that the impact of this will be across all services, with a number of hot spots in the medical services. The position will be reviewed again on 3 February 2022 alongside the timeline for the first vaccine requirement.

The Deputy Director of Workforce and OD confirmed a flexible approach will be taken to mitigate the risk. He added that a significant number of colleagues have received their first or second vaccine and have not yet produced the evidence via the NHS App or a Covid Travel pass. Robert Markless recognised this was an appeal for staff to come forward.

The Deputy Director of Workforce and OD explained the Trust have asked colleagues to confirm whether they are intending to pursue an exemption which is being run by a national service, so far this has been a limited number of colleagues. Colleagues have also been asked to inform the Trust if they are going to decline the vaccine which has been small numbers.

The Chief Executive highlighted data is not readily accessible across public sector organisations and implementation was not thought through. He provided re-assurance that the Trust will do the right thing for patients and colleagues who will be supported.

Sarah Mackenzie-Cooper asked if there will be any analysis of the demographics of staff with hesitancy / refusal as she stated it is known that some equality groups are more reluctant. The Deputy Director of Workforce and OD confirmed this is being analysed.

OUTCOME: The Council of Governors **NOTED** the items under matters arising (Trust Constitutional change, the Observe and Act Programme and the Covid mandatory vaccine requirement) and **NOTED** that there were no outstanding actions on the action log.

PERFORMANCE AND STRATEGY

06/22 Key Headlines

Peter Keogh, Assistant Director of Performance presented the operational update and recovery plans. The key headlines were:

- Performance position for December was at 66.4%, most improved position since August 2021
- Narrative is only provided for key indicators due to operational pressures
- No red domains for December 2021 and all areas are above national average
- Dementia screening remains a challenge
- Effective domain remains green – issues meeting the fractured neck of femur target; however, this is improving
- Hospital Standardised Mortality Rate (HSMR) is below 100, although it is increasing
- Summary Hospital-level Mortality Indicator (SHMI) has been recently refreshed and has increased again

Underperformance remains in the main planned access indicators in diagnostics and the Emergency Department

- Finance has improved to amber reporting a £2.09m deficit
- 62 day cancer performance continues to be excellent throughout the pandemic at almost 95%
- 6 weeks for diagnostic test, noted this is gradually improving and the expectation is to be back at 99% in the new few months with the Trust comparing well to peers
- Complaints received – closed more complaints in December than in previous months, with complaints closed in timeframe improved to almost 95%; however, more complaints are being received due to the extended waits and restriction on visiting
- Good news stories are included in the presentation for each Division from the end of November 2021

Operational Update and Recovery Plans

- Currently 152 covid positive inpatients
- Two ward areas closed with norovirus
- Percentage of hospital acquired Covid is almost 30%
- The Trust remain at OPEL level 3 due to the hard work and dedication of colleagues, level 4 being the highest and worst position
- Continue to work closely with system partners, staffing remains a challenge throughout the health and care system
- Transfer of care list (TOC) – 110 patients waiting to be discharged

POST MEETING UPDATE AS OF 31.01.22: Below is the breakdown of the TOC patients as requested by Robert Markless at the Finance and Performance Committee:

Row Labels	CRH	HRI	Grand Total
-		1	1
Bradford		3	3
Calderdale		23	33
Kirklees		24	28
Oldham		1	1
Grand Total		51	62

Elective update

- P2 patients (patients to be seen within one month) has seen a small increase during December 2021 (not an ongoing situation), the Trust are still confident to achieve this by the end of March 2022
- P3 patients (waiting over 3 months) – slight increase, plan is to achieve within the first quarter of 2022/23
- P4 patients (less urgent) are still waiting a significant amount of time
- Total number of patients waiting peaked at 38,000 in September 2021 and was 26-27,000 at the start of the pandemic, asked to maintain the September position nationally and these numbers are reducing
- Outpatient appointment slot issues – trying to reduce patients waiting over 22 weeks with plans in place to reduce these
- Endoscopy – back on track by the end of November 2021
- Neurophysiology and echo have had issues in staffing and the trajectory has been extended
- Average wait for all patient's pre-pandemic was 10 weeks, now over 20 weeks on average for every patient
- Reduction in additions over the last 4 weeks

The Assistant Director of Performance offered individual meetings with any governors who would like to discuss this in more detail.

The Chair highlighted Calderdale and Huddersfield NHS Foundation Trust are performing well in comparison for West Yorkshire; however, recognised it was not a good position for those patients who are waiting.

The Chair reminded the governors that the Non-Executive Directors review the performance at various Committees.

07/22 Financial Position and Forecast – Month 8

Sarah Mackenzie Cooper left the meeting.

The Director of Finance summarised the key points in the finance report:

- On plan at month 8 and continue to forecast to deliver the full year financial plan
- Planned for £1.56m deficit and overspent by £1.6m
- Month 9 is slightly better than plan though the year-end forecast position is proving a challenge
- H2 (second half of the year) required £6.7m of efficiencies to be identified which the Trust have been unable to identify, with currently only forecasting delivery of £3.3m efficiencies which is mainly non-recurrent efficiencies against the planned £6.7m for half two (last six months of this financial year), this is adding to the financial challenge for next year
- CHFT are finding it more challenging than some West Yorkshire partners and continue to work through the reasons e.g. configuration of two sites provides additional challenges such as covid and streaming costs in the Emergency Department
- Costs are higher due to dual sites which is a driver of reconfiguration
- Currently underspent on the Capital Programme with high level of expenditure planned in year
- Month 8. £2.4m underspend, forecasting to deliver full capital Programme and more – the timing of the Programme has been challenged
- Agreement from both systems and nationally to spend more than the Capital Programme this year with full approval to commence the Huddersfield Royal Infirmary (HRI) Emergency Department spend of £15m, also secured with the ICS providers funding for the multi-storey car park for CRH £15m (total of £30m)
- Planning is progressing for the multi-storey car park at Calderdale Royal Hospital which will include roughly 400 spaces and include electronic car parking ports, the Managing Director for CHS confirmed this is roughly 383 net extra car parking spaces for the site
- From 1 April 2022 car parking charges for staff will be introduced in line with government policy

The Managing Director for CHS offered individual discussions with any governors who would like to discuss the transport plan.

Robert Markless asked about the break-even position being the only Trust in Yorkshire who are in deficit and asked if the training course on Finance can include the Trusts financial position for governors understanding. The Director of Finance agreed with this as the financial situation is ever changing and important for governors to understand this which he will incorporate in the next training session for governors.

Action: Director of Finance to include the current financial position in the next Finance training for governors

Cllr Lesley Warner highlighted it is important to see the shuttle buses being regular with enough spaces.

Alison Schofield highlighted the outstanding issue of how to use the shuttle bus as a wheelchair or powered wheelchair user.

OUTCOME: The Council of Governors **NOTED** the Month 8 Financial Summary for 2020/21.

08/22 UPDATE FROM COUNCIL OF GOVERNORS SUB-COMMITTEE

Nominations and Remuneration Committee Terms of Reference

The Company Secretary presented the updated Nominations and Remuneration Committee terms of reference. The key updates include coverage relating to the Associate Non-Executive Director role being piloted, the length governors remain Committee members (now three years) and further clarity on the procedure for a 12 month extension of a Non-Executive Director tenure.

Robert Markless highlighted the numbering needs to be corrected in the terms of reference.

The Chair highlighted there were some questions from governors about the consultation of Occupation Road. The Managing Director for CHS has responded to the consultation and offered to take any questions from the governors.

Nominations and Remuneration Committee held on 2 November and 9 December 2021

The minutes of the previous Nominations and Remuneration Committee held on 2 November and 9 December were presented for approval.

OUTCOME: The Council of Governors **APPROVED** the revised Nominations and Remuneration Committee terms of reference and **APPROVED** the minutes of the Nominations and Remuneration Committee (CoG) meetings held on 2 November and 9 December 2021.

09/22 CHAIR'S REPORT Update from Chair

No further update to share.

10/22 GOVERNANCE UPDATE FROM LEAD GOVERNOR/CHAIR

Stephen Baines, Lead Governor had no further update to share.

11/22 COMPANY SECRETARY'S REPORT a) Membership Engagement: Membership Survey

The Company Secretary presented an update on the Membership Engagement Strategy. An online survey of all our members was undertaken last year with the findings included in the paper. The key points that came out of the responses were that people would be interested in attending events; however, they would prefer these to be face to face rather than virtual events.

A Membership and Engagement Working Group is being taken forward which is in line with arrangements at many other Trusts. The terms of reference for the Membership and Engagement Group have been developed and the Trust are keen to include Healthwatch in this. The group will meet on a quarterly basis and will focus on trying to increase membership from areas with less representation. An update will be provided in the Trust Foundation news which is read by members.

b) Review Council of Governors Declarations of Interest Register

The Council of Governors declarations of interest register was shared for information. Any change to current declarations is to be notified to the Corporate Governance Manager.

c) Selection of Quality Account Priorities 2022/23

At a workshop on 14 December 2021, the Acting Director of Nursing presented an update on progress with the current quality priorities and some suggestions for other quality priorities for to choose a shortlist from for 2022/23. It was agreed by governors that they would continue with the current priorities during 2022/23 as these remain key and will enable clinical teams to ensure we progress the improvements required and sustain progress in 2022/23. Consequently, the usual annual process of asking our members to select from a shortlist of quality account priorities will not take place this year. An article will be included in the Foundation News for February 2022 outlining the plan for 2022/23 to inform members. The three current quality priorities are:

1. Effectiveness – Recognition and timely treatment of Sepsis
2. Safety – Reduce the number of Hospital Acquired Infections including Covid-19
3. Experience – Reduce waiting times for individuals in the Emergency Department

The other areas will continue to be followed up through the quality improvement work.

d) Receive Register of Council of Governors

The Register of Council of Governors was circulated for information.

e) Governor Training Dates 2022

The Governor training dates for 2022 was circulated for information. Governors are asked to inform the Company Secretary if they are interested in any other topics.

f) Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic

The Chair asked Stephen Baines to leave the meeting at this point. Stephen Baines left the meeting.

The Chair informed the governors of a letter from NHS England and NHS Improvement (NHS E/I) letter, C1518, Reducing the burden of reporting and releasing capacity to manage the Covid-19 pandemic dated 24 December 2021. This letter asked Trusts to cut back on a number of meetings taking place in future, to be more streamlined, structures and more focused. It was at the discretion of the Trust whether to continue only with a Board meeting and Quality Committee meeting. The letter also stated face to face governor meetings should be stopped. The Trust is continuing with all Committee meetings, albeit in a streamlined way to reduce the impact on Executive Directors and teams.

The guidance also stated Foundation Trusts should feel free to stop governors' elections where necessary. The proposal is to rollover all current, existing governor appointments that would have been affected by elections this Summer 2022 to continue to respond to the pandemic, and recovery. The recommendation is also that Stephen Baines remains as Lead Governor for a further 12 months when his term comes to an end. The Chair asked the Council of Governors if this was an acceptable way forward to keep the skills and expertise of the governors.

The governors unanimously agreed to cease the governor elections for 2022 and rollover the current governors and lead governor for a further year.

Gina Choy stated she agrees with the continuity; however, expressed she is keen to get more involved and that as a new governor she is struggling with no face to face meetings and inability to talk to constituents. The Chair empathised with the same frustration; however, stated that government guidance is being followed.

The Chief Executive stated it is important to remember we are still in a pandemic with winter adding to the pressure and is aware the governors would prefer to be back on site. However, he stated he would be uncomfortable allowing other colleagues in whilst the Trust are not allowing patient relatives on site.

The Chief Executive stated communication is key and confirmed his approach. The Chief Executive stated his main focus is on three P's, people, performance and the public pound and weekly communications now include.

- An operational update in the CHFT News Bulletin every Monday
- CHFT Live Event – Every Wednesday at 1:00 pm (the link is included in the CHFT News Bulletin on a Monday, this is a live conversation with Executives to generate a live debate
- Briefings – provided by the Chief Executive every Friday

The Chief Executive stated they are in the second week of the briefings and will review feedback. The next step is how to engage with stakeholders.

The Chief Executive explained all governors should have access to these briefings and CHFT Live events.

Veronica Woollin raised her concern in losing the high profile as governors given the constraints within which the role is undertaken. She was keen that the public understood that the governor role remains important and high profile in the Trust and does not want this to be diminished. The Chair acknowledged this is key to review how we communicate the message which is part of the government advice.

Alison Schofield stated she is keen to try improving things and has concerns being in a powered wheelchair about the reconfiguration and multi-storey car park. The Chief Executive agreed to test her thinking out with the Managing Director for CHS and Janette Cockroft as Lead Nurse for Transformation to draw on her experience.

Action: Chief Executive, Managing Director for CHS, Lead Nurse for Transformation to meet with Alison Schofield regarding the reconfiguration and multi-storey car park plans

The Director of Finance stated it is valuable to have this input as the Trust need to provide assurance that we are engaging with colleagues from various groups through their lens. The Director of Finance added he recently took a tour with a colleague who uses a motorised wheelchair and spotted lots of things around the car parks. He stated they are trying to engage with colleagues who have disabilities which is important and will continue.

OUTCOME: The Council of Governors **APPROVED** the extension of current governors and lead governor for a further year, pausing the 2022 Governor Elections and **APPROVED** the Council of Governors Declarations of Interest Register.

OUTCOME: The Council of Governors **NOTED** the response to the members' survey and next steps in terms of membership engagement, the Quality Account Priorities for 2022/23 and that these are a continuation of the 2021/22 Quality Account priorities, Register of Governors, training sessions for the Council of Governors and relevant elements of NHS England/ Improvement's letter 'Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic' and the position on governor elections for 2022.

12/22 RECEIPT OF MINUTES FROM SUB-COMMITTEES

The minutes of the following meetings were received:

- Quality Committee held 11.10.21, 08.11.21 and 06.12.21
- Workforce Committee held 08.11.21 and 6.12.21
- Charitable Funds Committee held 22.11.21
- Audit and Risk Committee held on 12.10.21
- Finance & Performance Committee held on 04.10.21, 01.11.21 and 29.11.21

OUTCOME: The Council of Governors **RECEIVED** the minutes from the above sub-committee meetings.

13/22 **INFORMATION TO RECEIVE**

a. **Council of Governors Workplan 2022**

The Council of Governors Workplan for 2022 was circulated for information. National guidance is still awaited which will inform the date of the Annual General Meeting, currently pencilled in for July 2022; however, this could move to September 2022.

b. **Council of Governors Calendar 2022**

The Council of Governors calendar of meetings for 2022 was circulated for information which includes all governor meetings and workshops for 2022.

The Company Secretary explained there is an informal workshop with the governors and Non-Executive Directors scheduled on 10 February 2022 with a proposal to stand down this meeting with governors' approval. The Council of Governors unanimously agreed to stand down this meeting.

OUTCOME: The Council of Governors **RECEIVED** the Council of Governors Workplan for 2022 and the Council of Governors meeting dates for 2022 and **APPROVED** the cancellation of the informal Council of Governors and Non-Executive Directors workshop scheduled on 10 February 2022.

c. **Dates of the Divisional Reference Groups for 2022**

The dates of the Divisional Reference Groups for 2022 was circulated for information.

14/22 **ANY OTHER BUSINESS**

The Chair informed the governors of a recent red border email to deliver and connect two new MRI scanners at Calderdale Royal Hospital to help with diagnostics. The Director of Finance explained one is replacing an 18 year old scanner and the other is a brand new extra scanner.

The Company Secretary explained that following the recruitment for a Chair and Non-Executive Directors, decisions will need to go to the Council of Governors for ratification and an extra-ordinary meeting may be required in March or early April 2022.

15/22 **DATE AND TIME OF NEXT MEETING**

The Chair thanked the Council of Governors, Non-Executive Directors and Executive Directors for attending the meeting and their contribution and formally closed the meeting at approximately 3:57 pm, inviting governors to the next meeting.

Council of Governors Meeting

Date: Thursday 21 April 2022

Time: 2:00 – 4:00 pm (Private meeting 1:00 – 1:45 pm)

Venue: Microsoft Teams

**ORGAN DONATION ENGAGEMENT GROUP MEETING
WEDNESDAY 5 JANUARY, 2022
VIA TEAMS**

MINUTES

Present: Philip Lewer (Chair)
Paul Knight, Clinical Lead, Organ Donation
Jayne Greenhalgh, Specialist nurse, Organ Donation
Sarah Whittingham, Nursing Line Manager, Organ Donation
Gary Boothby, Director of Finance
Jenny Taylor, Finance
Caroline Winkley, Specialist Nurse, Gastroenterology
Karen Piotr, Ambassador
Nicki Schofield, Staff Nurse, ICU
Kim Maloney, ODP, CHFT
Rebecca Johnstone, Admin Team Leader, Operating Services and Critical Care

Apologies: No apologies received.

Minutes of the Last Meeting

The minutes of the last meeting were agreed as a true record.

Matters Arising

Dr Knight reported that we do not yet have an in-house echo service. Sarah Whittingham reported that the clinical leads at Leeds were looking at funding and had an agreement to run an on-call service. However, this is on pause at the moment. Sarah will let us know of any new developments.

Donation Activity

Jayne Greenhalgh reported that we have had 33 referrals cross-site. We had one missed referral at CRH which was discussed at the last meeting. Jayne stated that we have had a quiet six months, but CRH is predominantly Covid, so we have had no activity there. We had 3 consented donors at HRI, which is an excellent consent rate, despite small numbers. We had one occasion where the SNOD, unfortunately, was not approached, but there was an explainable reason and it was found that the patient was unsuitable in any case. Ten organs were transplanted from three donors. We had one patient who was referred to the SIGNET trial. Unfortunately, the patient did not donate any organs as he was found to have a cancer when he was in theatre. Jayne reported that even though it has been generally quiet, everyone is working really hard to refer in a timely manner. Philip Lewer thanked everyone concerned.

Donor Recognition Funding and Finance – Plans for Use of Donor Recognition Funding

Jenny Taylor reported that we have a balance of £31,000, which includes £13,000 brought forward from 2020/2021. The only expenditure put through this year is for the vinyl stickers on glass panels. Jenny reported that so far we have had no more calls on this money, but she has been asking for ideas and encouraged ideas from the group. Paul Knight and Jenny Taylor will ask across critical care. Paul has spoken to Nataalka Drapan to try to get progress in using the money. One suggestion was to use it to pay for some pink chairs next to the donation board at HRI. Sarah Whittingham

suggested asking other CLODs and SNODs for ideas as to how they have spent their money. It was also suggested we could spend it on nurse education, perhaps in the form of an end of life study day.

Karen Piotr asked whether anyone has any photographs of the vinyl stickers. Jayne Greenhalgh confirmed that she has some and she will email them to Rebecca for distribution to the group.

Promotional Activity

Nothing to report.

Operational Matters

Nothing to report.

Policies and Guidelines

Paul Knight stated that once the National Guidelines are uploaded he will incorporate them into our local guidelines.

Governance Structure and Terms of Reference

Dr Knight reported that an email was circulated a few weeks ago which talked about different Terms of Reference. Philip Lewer reported that he takes our reports directly to the Board. He has seen the Terms of Reference on their agenda. He and Gary Boothby always mention the Organ Donation Group at the Board meetings and Paul Knight asked whether there are any concerns. Gary Boothby stated that he is not an official member of the Organ Donation Group and Dr Knight explained that whilst Gary may not be an official member, we are very happy to have him here and Gary is happy with that. Karen Piotr asked whether we should invite additional members who have specific skills, which could include the Ambassadors. Philip Lewer stated that he is happy for the group to invite anyone we think should be invited. Philip will make a minor modification of the Terms of Reference to include this.

Educational Activity Including YODELS

Sarah Whittingham reported no update on YODELS as we cannot run the courses at the moment. She stated that she is working alongside our Trust and other interested trusts to get YODELS up and running again, although this has not been possible up to now. Jayne Greenhalgh reported that we have been running local virtual study days two or three times a year for medical and nursing staff and these have evaluated really well.

Expectations of Link Nurses to Cascade Learning and Updates

Jayne Greenhalgh reported that she has had a chat with Marie Holden regarding changing the way ICU nurses work – they are planning to work in groups and have a link nurse per group. There is nothing else we can be doing at the moment, but there are no particular issues. Jayne will do a couple of sessions with all new starters, but it is very difficult at the moment to arrange time out for nursing staff.

Dr Knight asked Kim Maloney whether anyone had expressed any concerns to her about the donation policy and Kim confirmed she has heard nothing. Kim would like a catch up with Jayne

Greenhalgh as the new starters are asking lots of questions and she would like to put something together for them. Jayne will email Kim to arrange a catch up.

Any Other Business

Paul Knight and Philip Lewer will work on a shorter agenda which flows better.

Karen Piotr asked Jayne Greenhalgh whether we need any more purple blankets at HRI or CRH.

Karen Piotr also reported that there is another community investment scheme starting and wondered whether we would like to apply for funding to support community faith/belief organisations. However, bids need to be in by 9 January, 2022. Karen reported that Bradford College have applied for funding for training for their students. Karen will email details to Rebecca for distribution.

Sarah Whittingham thanked everyone for these very positive meetings. Her team has been severely impacted by staff sickness and the hard work that the committee do is particularly important when they are short staffed, as early notification enables timely attendance of the SNODs.

Dates and Time of Next Meeting

The next meeting will be held on Wednesday 6 July, 2022, at 10.30 am via Teams.

**Minutes of the Charitable Funds Committee meeting held on
Monday 22 November 2021, 9.00am – 10.30am
via Microsoft Teams**

PRESENT

Philip Lewer (PL)	Chair
Gary Boothby (GB)	Director of Finance
Ellen Armistead (EA)	Director of Nursing/Acting Chief Executive
Richard Hopkin (RH)	Non-Executive Director
Peter Wilkinson (PW)	Non-Executive Director
Adele Roach (AR)	BAME Representative

IN ATTENDANCE

Emma Kovalski (EK)	Fundraising Manager/Ops Sub Committee Rep
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Lyn Walsh (LW)	Finance Manager
Katie Booth (KB)	CNS Child Development Service
Christopher Button (CB)	Lead Cancer Nurse

1. DECLARATION OF INDEPENDENCE

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

2. APOLOGIES FOR ABSENCE

Apologies were received from David Birkenhead, Zoe Quarmby and Jo Kitchen.

3. MINUTES OF MEETING HELD ON 23 AUGUST 2021

The minutes of the meeting held on 23 August 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.

EK mentioned that the three actions around a Fundraising Strategy will be covered in a paper to be brought to the next meeting in February 2022.

PW reported that they are developing a few actions linked to the Reconfiguration plans, having had some informal meetings with EK and Anna Basford but that the action to include EK at a Transformation Board meeting is still open and a meeting will be arranged in the new year.

ACTION: EK to bring Fundraising Strategy paper to next meeting. **22.11.21 – 1.**

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. RH felt that some of the risk ratings were slightly low, in particular the ones around income targets (7421) and unrestricted funds (4063) and it was agreed that EK would review and amend for the next meeting in February 2022. The other risks and scores were approved.

ACTION: EK to review risks around income targets and unrestricted funds. – **22.11.21 – 2.**

6. Q2 INCOME & EXPENDITURE SUMMARY and KPI UPDATE

EK gave a comprehensive overview of Q2 activities and it was noted that most KPIs had been achieved.

GB brought to the committee's attention that, despite the KPI success, the increased activity via internal fundraising and, in turn, team building and brand awareness, the donated income forecast was reduced to £237k.

PL was happy that this had been aired and the committee agreed that there were mitigating factors such as the delay in the recruitment of the full fundraising team, plus the public now possibly looking at other charities and also its own finances.

It was felt that once the team was embedded, it can move its focus from internal to external fundraising which was essential in order to develop the income line significantly. With the right strategy and staffing moving forward, this drop in income can hopefully be corrected. This will be looked at again in February as part of the Fundraising Strategy paper – see action 1.

The Winter Wishes Internal Campaign was discussed and it was agreed to amend the maximum bid to £500 and cap the overall spending at £10k.

ACTION: EK to set up and publicise Winter Wishes Campaign - **22.11.21 – 3.**

7. ABRAHAM ORMEROD FUND

PL and CH gave a summary of a recent request for funds from a member of Todmorden BC and our reply. CH also gave an overview of A Ormerod funds and it was agreed that PL and GB would meet to make recommendations to the committee at the February meeting around whether to continue with the Todmorden BC meetings, which individuals to deal with in the future and whether to accept single bids.

ACTION: PL/GB to bring a paper re recommendations to the February meeting. – **22.11.21 – 4.**

8. FRAILTY FUND – REQUEST TO SET UP NEW FUND

EK presented this request and the committee agreed that this new fund could be set up.

ACTION: CH to set up new Frailty Fund and inform the relevant parties – **22.11.21 – 5.**

9. PREHABILITATION CANCER SERVICE PROPOSAL

Christopher Button presented this bid to support one year's funding for two staff members in this service.

The committee was inclined to support this but asked that he bring the bid back to the February meeting after looking at a possible contribution from other Medical charitable funds, links to the health inequalities strategy, CCG/primary care contribution and identifying and quantifying the benefits.

PL said that if CB felt there was a problem re continuity of staff before February, he could come back and discuss with PL/EA/GB/DB.

ACTION: CB to bring bid back to February meeting. – **22.11.21 – 6.**

10. RAINBOW CHILD DEVELOPMENT UNIT

Katie Booth (Nurse Manager) gave a comprehensive presentation to support her bid for items to enhance the Rainbow Child Development Service when it moves to its new location in Elland. After discussion around other FSS funds, it was agreed that the committee would support this bid in full but asked that, for future enhancements, they look at FSS funds. It was also mentioned that the children and their families should be involved in the design work and that this would be beneficial for marketing of the Charity.

ACTION: CH to set up approval and progress this expenditure – **22.11.21 – 7.**

11. MINUTES OF STAFF LOTTERY COMMITTEE MEETING 22 SEPT 2021

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

12. STAFF LOTTERY COMMITTEE MEMBERSHIP – ratification

The contents were noted and ratified by the committee.

13. ANY OTHER BUSINESS

Defibrillator Boothtown – PL to check what stage the requestor is at with their fundraising for the defibrillator. GB and PL to report back in February 22 with recommendations around AO fund and the charity in general.

ACTION: GB/PL to bring a paper re recommendations to the February meeting.
– link to action **22.11.21 – 4 above.**

DATE AND TIME OF NEXT MEETING:

Tuesday, 8 February 2022, 10.30 – 12am, via Microsoft Teams



**Minutes of the Charitable Funds Committee meeting held on
Tuesday 8 February 2022, 10.30am – 12.00am
via Microsoft Teams**

PRESENT

Philip Lewer (PL)	Chair
Gary Boothby (GB)	Director of Finance
David Birkenhead (DB)	Medical Director
Richard Hopkin (RH)	Non-Executive Director
Adele Roach (AR)	BAME Representative

IN ATTENDANCE

Emma Kovalski (EK)	Fundraising Manager/Ops Sub Committee Rep
Carol Harrison (CH)	Charitable Funds Manager (Minutes)
Emily Overend (EO)	Marketing & Comms Assistant
Emma-Leigh Quinn (EQ)	Fundraising & Engagement Coordinator
Christopher Button (CB)	Lead Cancer Nurse

1. DECLARATION OF INDEPENDENCE

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

2. APOLOGIES FOR ABSENCE

Apologies were received from Ellen Armistead, Peter Wilkinson, John Gledhill, Jo Kitchen, Zoe Quarmby and Lyn Walsh.

3. WELCOME AND INTRODUCTION TO NEW MEMBERS OF CHFT CHARITY TEAM

A welcome was given to EO and EQ who introduced themselves to the Committee.

4. MINUTES OF MEETING HELD ON 22 NOVEMBER 2021

The minutes of the meeting held on 22 November 2021 were approved as an accurate record but with two slight amendments These amended minutes were emailed to Amber Fox to take to the next BOD.

5. ACTION LOG AND MATTERS ARISING

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

CH mentioned PW's comments re action 24.05.21-7 that he'd had some conversations and that he would put an item on the agenda in the coming months.

6. 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. EK had made the recommended changes to the risks as requested by RH at the last meeting and also downgraded a risk.

7. Q3 INCOME & EXPENDITURE SUMMARY and KPI UPDATE

EK gave a comprehensive overview of Q3 activities and its contents were NOTED.

8. FUNDRAISING PLANS for 22/23

EK gave an overview and asked that the Committee approve the request for £23,340 for future fundraising campaign costs. GB assured the Committee that he had challenged the numbers and he was confident that this level of investment will generate the proposed level of return. The Committee approved the Fundraising Plans for 22/23 and also the fundraising campaign costs of £23,340.

9. RESERVES POLICY - REVIEW

GB presented the Reserves Policy for its annual review. It had been updated with the position at December 2021. RH commented about the current high level of reserves and EK mentioned that she would be looking at this over the next two years and at how we successfully reduce this amount. DB suggested asking again for bids against both the General Purpose and A Ormerod funds, the former having an impact on our level of reserves. This would also generate interest in the Charity and fresh ideas around how to use these funds. EK agreed to discuss with GB/DB/RH and bring a paper to either the May or August meeting.

The Committee approved the Reserves Policy.

ACTION: EK/GB to bring a paper re our level of reserves and how to reduce them to a future meeting. – **08.02.22 – 1.**

10. PREHABILITATION CANCER SERVICE AMENDED PROPOSAL

CB presented this amended bid to support one year's funding for two staff members in this service.

The Committee was satisfied that all questions had been answered and was now happy to approve funding for one year for two staff members.

ACTION: CH to set up approval and liaise with CB re the next steps– **08.02.22 – 2.**

11. GENERAL PURPOSE FUNDING BIDS

EK presented three bids.

Bid 1 Hydration stations – the Committee had questions around how these stations would operate (washing of bottles, infection control, etc.). DB had concerns about this proposal. His preference is for water coolers where each

person is responsible for their own water. GB offered to speak to EA as this was known to be a concern amongst nursing colleagues.

ACTION: GB/DB/EA will discuss and make a decision outside of this meeting.
– **08.02.22 – 3.**

Bid 2 – Stimulator and screen to enhance current Espion equipment – Neurophysiology - £27.5k

Bid 3 – Electro-myography machine with integrated ultrasound capability – Neurophysiology - £45k

It was agreed that the Committee tentatively would be happy to approve both these bids subject to ongoing revenue costs being picked up by the division, measurable KPIs to be attached to Bid 3, and CMG approval.

ACTION: GB will discuss with C Roberts how to take this forward and bring an update back to the next meeting – **08.02.22 – 4.**

12. MINUTES OF STAFF LOTTERY COMMITTEE MEETING 14 DEC 2021

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

13. ANY OTHER BUSINESS

GB discussed a request from C Button for £83k to support the Bereavement Support Service for one year. After discussion, the Committee agreed to support this request with the proviso that the Business Case Approvals Group approves it at their meeting next week, subject to it understanding the recurrent issues; after one year it is either revenue funded or the service ceases. The Charity is not responsible for decisions made at that point.

ACTION: GB to inform us of BCAG decision and whether the approval is to be set up for £83k for 12 months - **08.02.22 – 5**

DATE AND TIME OF NEXT MEETING:

Wednesday, 11 May 2022, 10.30 – 12am, via Microsoft Teams