

Public Board of Directors 5 May 2022 - Items for Board Assurance

Organiser Amber Fox

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



Calderdale & Huddersfield Solutions Limited (CHS)

MANAGING DIRECTOR'S SHAREHOLDERS REPORT

April 2022

1.0 Company Update

Verbal Update

2.0 Service updates

2.1. Estates

2.1.1 Capital Development / Backlog

Construction works are well underway on the new Learning Centre on sub-basement corridor at HRI. We anticipate completion early May. Delays are down to supply chain issues with the glazing and access to the courtyard.

The demolition of the old Learning Centre and Nurses Residence is now complete, the green space area has been top soiled and will be grass seeded week commencing 18th April. An application for charitable funds has been approved and the capital team are working with stakeholders and looking to appoint a landscape architect to design the future space.

2.1.2 Community

Our property manager is working with community colleagues and scoping a potential new premise in central Halifax. Capital works are also ongoing with the NHS Property Services owned Brighthouse Health centre.

2.1.3 LED Scheme

The LED scheme continues to progress at HRI albeit with challenges around timescales and delivery. We currently have 606 fittings left to install. The majority of fittings are in patient areas with restricted access, such as patient bed head lights.

2.1.4 Fire Safety

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. Fire compartmentation works are still awaiting completed architects' plans, the prototype has been approved by capital and Trust Fire Officer.

2.1.5 Portland Stone

The latest 6 monthly inspection was carried out in January with 11 panels requiring remedial action. These are in areas with restricted access and we are working closely with a contractor to scope access to the area. We have also met with BWB structural engineers to address concerns with water ingress and scope required works to rake out and re-seal mortar joints. The engineers are also addressing concerns with condition C rated panels as previously discussed at CHS Board in March. A report will be provided in the next 2 weeks.

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

We are working closely with our Appointed Person (AP) & Appointed Engineer (AE) to finalise the 22-23 capital plan spend on ventilation and prepare a schedule of work.

2.1.8 ED Development

The construction partner (IHP) are making good progress with drainage and ground works. The steel frame is due for delivery and installation June/July. The programme indicates a completion date of July 2023. (Saville Court demolition pictured below)



2.1.9 Learning & Development Centre CRH

Darwin Group have been appointed as our modular build construction partner and we are now working with key stakeholders to prepare the works information and schedule of accommodation. We are working to a completion date of Quarter 1 2023 which is challenging. The demolition of Dryclough Close requires a bat survey which is booked for May, the scheme

is also subject to planning. The scheme has potential delays due to the requirement for Equans to use Dryclough Close for access to enable completion of the new patient garden at the Dales which is adjacent. Below artist impression of the proposed development.



2.1.10 Child Development Centre CRH (Clock House, Elland)

The tender process has now been completed and a construction partner appointed. The team are working to value engineer the scheme within budget.

2.1.11 Project Consultancy

We have tendered for a new project consultancy partner and the successful partner is Turner and Townsend who replace Lendlease Consulting in mid-April. Turner Townsend will provide project consultancy in the form of project managers, quantity surveyors/Cost Advisors and Site Supervisors.

2.2. Medical Engineering & Decontamination Service

2.2.1 Decontamination Contract Manager Position

The current incumbent has expressed his intention to retire this August, due to the need to begin the recruitment process, the partners have met and agreed that the position will be advertised as a WTE continuing with the current split. The post will shortly be advertised as a Band 8a with the post being under Bradford Teaching Hospital Foundation Trust (BTHFT) the job description and person specification have been agreed.

2.2.2 Decontamination Contract BBraun

Procurement leading on negotiations with Partners & BBraun, but plan to expect around 10 - 12% identified cost pressure but could be up to 18%.

2.2.3 Patient Monitor replacement program

A&E CRH have started roll out of GE monitors, NICU/Paeds have completed. A&E HRI still need to reach 70% compliance for training in order to roll out monitors. ICU HRI networking for central station due to commence once agreed, ICU CRH awaiting agreement with Division for networking for central station.

2.2.4 Philips V60 Ventilator

During the last month the [NatPSA 2022 002](#) was issued by MHRA,

All actions to be completed by 31 May 2022

1. Urgently identify and locate affected devices in your organisation. **Action completed.**
2. Identify alternative ventilators available on site. **Action completed, Breas Medical Nippy 4/4+ or Hamilton C3, however these are only temporary options.**
 - a. If no alternatives are available, use local procurement procedures to acquire suitable alternative devices.
 - b. If no suitable alternative is available, and capacity is an issue currently (or expected imminently), additional devices are available for NHS organisations. Details for how to access these devices can be found in the 'Additional information' section of this alert. **In conjunction with Clinical colleagues the Vyair Bellvista 1000 ventilator has been identified as a replacement and 7 have been acquired from DoHSC.**
3. Train all relevant staff on alternative ventilators and ensure training records are up to date. **Ongoing engaging with Vyair clinical trainers.**
4. If continued use of the device is required while actions 1–3 are implemented, extra patient monitoring should be enacted as detailed in the 'Additional information' section. A backup form of ventilation must be available at all times. **Not required as removed from use.**
5. When actions 1–3 are complete, remove affected ventilators from use and quarantine. **Not applicable.**
6. Place the alternative devices into service in place of the affected ventilators. **Planned to roll out once training is complete, expected time scale 1 – 2 months.**
7. You may continue to use affected ventilators if there is a risk of severe patient harm due to lack of ventilator availability. A thorough risk assessment must be completed, and additional monitoring must be used (see action 4). **Not required as alternative ventilator can support up to 15Lpm and early escalation to ICU is preferred Clinical pathway.**

2.2.5 Medical Engineering CRH new location

Medical Engineering have begun delivering services from new location at CRH

2.2.6 Training Compliance

CHS training compliance for Medical Devices for CHS is now at 100% with rounding, this is demonstrating the ability to maintain compliance over extended period. However, Trust compliance has only marginally increased, all areas below 50% compliance areas are to present their action plans to the CHFT Health & Safety Committee, in the hope that this will push compliance to increase with time.

Division	February	March
Surgical	59%	65%
Medicine	65%	58%
FSS	75%	78%
Community	71%	71%
Corporate	62%	70%
CHS	98%	100%
Trust	72%	74%

2.2.7 Resignations/Recruitment/Vacancies

Resignations

- Medical Engineer – Iqra Ahmed 14/04/22, resigned. Offered Band 6 equivalent at Harrogate with Avensys.

- Apprentice Medical Engineer – Aleena Ahmed, resigned. Offered Band 5 at another NHS Trust.

Recruitment

- Medical Engineer Bank - Hasnain Mir
- Medical Engineer Bank - Safa Falaq Hussain
- Medical Engineer Bank - Renee Lujilibana
- Medical Engineer Bank - Libin Balakrishnan

Vacancies

- Medical Engineer Grade E Gapped
- Medical Engineer Grade E
- Medical Engineer Apprentice Grade D schedule 21

Interviews for Grade E

Have been readvertised as the applicants did not meet our requirements, as we have already got a post gapped and will shortly have another vacancy we have increased the number of interviews to speed up the recruitment process.

2.2.8 Current market assessment Medical Engineering Jobs

The current market for Medical Engineers is very active with large scale recruitment across the country there are more vacancies than suitable people to fill them and this is only set to continue over the coming years. As a member of the National Performance Advisory Group (NPAG) for Medical Engineering and the Northern Region EBME Group, I am aware that regionally over 20% of the current workforce is over 60 years old and within the next 5 years that figure will rise to 40%. I am therefore looking to partner with Bradford University and expand the work experience that we currently offer their students, to preselect and cherry pick from those that work with us on placement. Also plan to move the placements onto the staff Bank on completion of the placement to speed up the recruitment process.

2.2.9 KPI compliance

CHS Risk 7438 & CHFT Risk 7474 Rating 20 relating to Medical Device Maintenance, we have asked for a 6-month extension to the Risk mitigation, this has been impacted by Covid isolation, retirements, recruitment & training. However, over the past 2 months we have reduced the volume of outstanding work by about ¼.

Division	March
Surgical	69.70%
Medicine	66.28%
FSS	72.60%
Community	97.17%

2.3. Facilities

2.3.1 Enhanced shuttle service

The Broad Street Plaza – CRH, Park and Ride service has been put on hold until at least January 2023. Transport has everything in place for when a decision is made to proceed with the service.

2.3.2 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. The Domestic services manager is working with the job centres and communications team to get adverts out onto social media.

2.3.3 National Cleaning Standards

The National Cleaning standards are due to “Go Live” on the 3 May, with the last-minute tweaks taking place in April. Lorina and Claire attended a QIA panel in April to present the workbook, however further information was required for return to the following panel.

2.3.4 BICS (British Institute of Cleaning Science)

Training has improved whilst still slow, due to staffing difficulties. 90 staff now have their BICS Licence to practice and training will continue each week until all domestics have been captured.

2.3.5 - Eco Bot

Horice (Hospital overnight robotic independent cleaning expert) has now arrived on site and is being prepared for his maiden voyage around the hospital.

2.3.6 - Transport external audit

The Transport department has recently been audited by an external auditor who was brought in to assess whether our processes / protocols were in place and whether or not we were legal in all of our operations. The outcome was really positive with only 3 x actions, 2 of which were for our vehicle provider rather than CHS. The next audit is planned for July 2022.

2.3.7 - Facilities Duty Manager

There is a piece of work currently being undertaken to look at the introduction of a Facilities Duty Manager for out of hours, following questions raised by the Trust as to why CHS don't already have one. This will lead to some organisational change for some members of staff (Janitors) therefore a paper has been prepared which will go to the Joint consultation Committee at the end of April for discussion with Unions, with the intention to start consultation in May.

2.4. Procurement

2.4.1 Materials Management

The three new members in the Materials Management team (2 for CRH and 1 for HRI) have progressed well in the last two months with ED at HRI being managed by the new staff member by himself. Covid infections rose during February and March and all teams have been affected by colleagues being absent from work for extended periods of time alongside pre-booked annual leave. In total four staff contracted Covid including the CRH Supply Chain Lead and one member of staff has spent a month off following a leg infection. Three members of the team rescheduled their work in order to backfill for multiple staff roles over a two-week period.

We have arranged for the levels of PPE to increase over the last couple of weeks to ensure we have enough stock to last over the Easter holidays. A skeleton team will be working on Easter Sunday at both sites counting and replenishing PPE in all clinical areas. Since March, the teams have been involved with delivering lateral flow tests to certain areas on a weekly basis and we are waiting for further guidance for the rest of the trust.

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

- The last quarter has been challenging for the team due to ongoing national supply issues and disruptions on basic medical and surgical consumables purchased NHS Supply Chain. A number of high usage items have been unavailable however the dry patient wipes issue resolved at the end of March. The latest supply disruptions are affecting the NIV masks, 3M barrier film dressings and patient wash which we use

extensively across the trust in most clinical areas. We have been working with the respective clinical leads to obtain the best alternatives.

- Several framework launches occurred during March and the cost pressures have been minimal across general wound care. There have been savings identified of £12k which have been shared with Cleaning Services following an evaluation of hand towel in Feb. The team can order from the end of April. A small saving has been made by standardising to 1 litre community sharps bins – ordering to commence at the end of April.
- A small evaluation is taking place in each ICU of an alternative faecal collector which will deliver approx. £5k depending on the system they choose.
- A new specification of epidural pack for LDRP and spinal pack for theatres has been submitted to Tower 2 for pricing which will include the new NRFit needles and syringes.
- The first ICS meeting took place on the 6th April to start to review and standardise on walking sticks, crutches and frames. Initial choices have been made with an evaluation day planned for May. The Supply Chain Lead has recruited two clinical staff from within the CHFT Inpatient and Community Rehab Teams to join this programme to ensure the best products are chosen for the region to standardise.
- WYAAT Clinical Subgroup has a new programme of work identified for the year including opportunities to pursue from Tower 5 – rehab and Tower 2 – procedure packs.
- An opportunity has arisen to access a multi trust price banding for sutures for WYAAT which the Supply Chain Lead is instigating and leading on.

Scan4Safety:

- Great progress has been made with regards to the interfaces between SupplyX, Bluespier, and NEP (North East Patches). Orders now flow through into the NEP procurement system when stock is scanned against test patients in SupplyX. This is a big step towards going live in our first area.
- The concerns that clinical staff were not engaging enough due to time constraints have reduced greatly. We now have regular meetings set up to discuss the set of standard operating procedures we are creating, and we have been engaging with staff on theatre areas during the course of testing the handheld devices.
- We are working on a comprehensive list of standard operating procedures (SOP) for the new system. We have 22 identified, and currently have 7 written in draft. These SOPs will clearly lay out how all staff should use the SupplyX system.
- The testing on android Zebra devices is progressing well, we are likely to roll the system out on these rather than the initial Apple devices as we have android devices used very widely in the Trust. This will mean clinical staff can easily switch between SupplyX, BloodTrack, and any other currently used applications. The only sticking point for this is the question of how staff will log in securely. The plan is to use an encrypted system called LDAPS (Lightweight Directory Access Protocol – Secure) in combination with a VPN (Virtual private network) tunnel. THIS are working on setting this up.

2.4.2 Category Management

The team have been working with stakeholders to process year end orders and contracts. A procurement training day was held in the HRI Lecture Theatre and was delivered by PASS (the Procurement Advice and Support Service) to the Category Team, representatives from the Buying Team and key stakeholders from Estates and THIS. The feedback from the session is extremely positive and will drive the future working between procurement and the divisions to procure effectively, compliantly and evidence best value for money for CHS/CHFT.

A Procurement Mentorship Structure has been set up across the Category Team and Buying Team to support, advise and guide the team to help them achieve personal and career goals, introducing new ways of thinking, challenging limiting assumptions and sharing valuable information. Plans have also been put in place to develop the team through internal and external training courses, conferences, apprenticeships and professional qualifications (CIPS).

The major projects programme is moving at pace with a number of procurements at contract award stage ready to handover to CHS/CHFT project managers and contract managers:

- Major Projects Programme Update:
 - Pharmacy Robot - Contract Award
 - CRH Children's Development Unit – Contract Awarded
 - Management Consultancy Partner – Contract Awarded
 - Tele dermatology – Tender out to Open Market
 - Laundry – Tender due to market end of April
 - CRH Carpark – Tender due to market end of April
 - CHR Construction Partner – Tender due to market end of May
 - Trust-wide Courier Services – Tender due to market end of May
 - Reconfiguration – ongoing engagement

The Single Source process is under review to bring into line with the Public Contract Regulations (PCR2015) thresholds as of 1st January 2022. Once implemented, this will see the reduction in non-compliant single sources that cannot exceed the PCR2015 thresholds.

Atamis

The E-Commercial and Contracts Officer has been working with the procurement teams and stakeholders across CHS/CHFT to develop the Contract Register, there are 509 contracts so far. The contract register will then populate the Procurement Pipeline module and become the end-to-end sourcing tool enabling us to resource and manage future procurements in a timely and compliant manner.

In line with the Government Commercial Pipeline requirement, from 1st April Atamis reports our Commercial Pipeline to Cabinet Office for procurements/contracts with a value over £10m. As an organisation we are also required to publish quarterly our Procurement Pipeline for procurements/contracts with a value over £2m.

2.4.3 Operational Procurement

We have had a high volume of work relating to year end spend and the team have worked extremely hard to manage this and complete as many orders and projects as possible in short time frames, so thank you to all the team for their hard work.

The team have been working to re-instate the various catering call off orders for both retail and patient feed for the coming financial year and have been loading these onto the Atamis contract management tool. The team are also working on two WYAAT catering projects relating to milk and patient feed. We are also still investigating the hot and cold storage lockers for out of hours food provisions for staff in conjunction with the catering team.

We have placed urgent orders to Standard Fuel Oils as a contingency due to current uncertainties in the fuel market.

In conjunction with the materials management team we have had a push on dealing with theatre loan kit invoice queries and have also began a review of the process with a view to a new SOP being implemented.

A new contract is now in place for both adult/paediatric diabetes consumables and we have raised the new orders for our patients to cover the next financial year. Moving forward we are investigating the possibility of consolidating suppliers to reduce the number of POs needed each year.

We have successfully trialled 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. The two new portals are 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 £8k from December-March by using this method. Training is now being performed to roll this out to the rest of the team.

We are still investigating the procurement of Lymphoedema garments through the NHSSC framework, this may lead to a mini-competition of framework suppliers to achieve best pricing.

The team have found frameworks for both our Hempsons and PCSO legal services suppliers to ensure the orders are made compliant.

We have supported the new ARCU in conjunction with EBME by ordering £35k+ of chairs and also laryngoscopes for the new unit via NHSSC frameworks.

As agreed with finance colleagues we have implemented a 3-day SLA for the team to turn round finance requests, this includes the changing of budget holders and hierarchies. During the period we have dealt with 174 requests and had 0 breaches. We have also successfully facilitated 2 i-Proc training sessions via MS Teams with 38 attendees across the sessions. These were positively received by attendees.

The Scan4Safety project continues, Catalogue data for wave 1 suppliers has been loaded into the Inventory Management System (IMS) system, we have finished an initial review of this data to ensure any price changes taken place 1st January 2022 are reflected in the data and are currently updating pricing related to changes from 1st April 2022. We have successfully interfaced between the IMS System, SupplyX, and the ERP system, NEP Oracle Cloud, which allows requisitions to be automatically generated as products are issued by the department. We are currently in the process of replicating these interfaces in the live environment to allow us to test an NHS Supply Chain order to ensure it works successfully in the live system. We are also undertaking the task of creating/amending SOPs to prepare for go live.

We have successfully appointed two new starters and an internal promotion to the position of Buyer with start dates of the 25th April 2022. Two of our existing buyers have been internally promoted to the position of Assistant Category Manager and the two new external buyers

have been recruited to backfill these posts. We are interviewing for an Assistant Buyer 19th April 2022, this position is to backfill the internal promotion to Buyer of our existing Assistant Buyer. We hope for a start date to this position late May 2022, which will conclude the recruitment process for Operational Procurement.

3.0 CHS

3.1. Spotlight Awards

March



Café 1831 Team were awarded the GOLD Spotlight Award for March 2022. Lorraine Racchi nominated the team because since transferring over to CHS from being a Costa run by Compass everyone in the team has excelled in everything they do and brought the Café 1831 up to standards they had never achieved before. Lorraine said the contribution and effort they have all put in has seen them being awarded 100% on all the Costa checks. This is a first for the team and is very difficult to achieve.

February



Tony Farrand was awarded the GOLD Spotlight award for February 2022. Tony and his manager Jaqui Yuen attended March CHS Board to explain that a member of the public had written into PALS to pay a personal compliment for Tony, which had been logged by the Trust: “My dad, Frank Lister had an appointment at the vascular clinic on Monday 14th February. Due to a road accident near to the main entrance of HRI, we were unable to enter the main car park and subsequently unable to park in a disabled bay (dad is a blue badge holder) There was nowhere near to any entrance that I could park to enable my dad to attend his appointment. In desperation, I drove near to the Stores department and an employee named Tony was extremely helpful in assisting me to find a safe parking space. He then offered to help my dad into a wheelchair and escorted us to the outpatients’ vascular clinic. This was over and above his regular duties and he showed compassion and empathy to an elderly man and his very stressed daughter! The Trust has always encouraged a patient centred approach, and Tony did exactly that.”

3.2. Finance

In Month Period 12

The in month position shows a £0.28m deficit against a plan of £0.06m with a £0.34m adverse variance. This position results from the over recovery of income (£8.75m) due to an increase in the goods and services being transacted through the company offset by an overspend on pay (£0.04m) (adverse to plan). Pay is overspent by £0.04m due to additional staffing resources required to deliver services in response to COVID 19 and the inclusion of a pay

accrual for annual leave carried forward into 2021/22 for bank staff this is offset by vacancies in Senior Positions. Non pay is overspent by £9.04m due to an increase in goods and services being transacted through the company the majority of which relates to capital. The charitable donation of £0.30m from non-pay to CHFT approved by CHS Board further deteriorates the surplus in month. Total income is above plan by £8.75m which reflects the increase in income invoiced for goods and services requested by CHFT.

Year End 2021/22

The yearend position is £0.41m surplus against a plan of £0.81m with a £0.39m adverse variance. The adverse variance of £0.39m results from the over recovery of income (£27.41m) due to additional goods and services being transacted through the company offset by additional expenditure on pay (£0.02m favourable to plan) and non-pay (£27.81m adverse to plan).

Pay is underspent by £0.02m due to additional staffing resources required to deliver services in response to COVID 19 this is offset by vacancies in Senior Positions. Non pay is overspent by £27.81m due to additional goods and services being transacted through the company the majority of which relates to capital. The £0.39m adverse to plan is a result of the £0.3m charitable donation to CHFT approved by CHS Board in March and under recovery of CIP (£0.06m)

Capital Plan Year End 2021/22

CHS delivered the capital plan of approx.£3.151m

CIP 2021/22 Estates and Facilities

CIP of £733k was delivered against a plan of £795k with an adverse variance to plan of £62k mainly due to slippage in schemes.

CIP 2021/22 Procurement

CIP of £516k was delivered against a plan of £750k with an adverse variance to plan of £234k mainly due to slippage in schemes. Cost avoidance of £452k was also delivered by the Team.

3.3. Workforce

3.3.1 Attendance

CHS Sickness rate for March is 4.71% comprising STS 3.00% and LTS 1.71%. This is a slight increase on February's figures but remains lower than the Trust.

Absences relating to stress and anxiety continue to be an improving picture and is currently the 8th reason for non-attendance at work. This is the first time that stress related illness has not appeared in the top 5 absence reasons.

3.3.2 Appraisal and Essential Skills Training

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

There are specific teams where compliance has dropped and these are being highlighted to Managers and Heads of Service

Outstanding return to work interviews have been followed up with Managers in order to conduct these and to update ESR accordingly.

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

An action plan following the 2021 staff survey has been developed and will be presented to April Board of Directors.

3.3.4 Recruitment

Several initiatives are being developed in order to enhance our recruitment process and attract a wider pool of candidates.

We are working with the Local Authority to be more responsive to the needs of our local communities in removing barriers in accessing our entry level roles.

This includes a member of the Trust's employability team being based one day per week in the Job Centre to signpost to CHS vacancies - the aim is to have a pipeline of applicants who are 'job ready'

Some of the schemes appear to have real potential and joint meetings are taking place to better understand how these can fit with our needs.

4.0 KPIs

CHS provide 65 KPIs to CHFT (HRI site) of which just **4 did not** achieve Green Target.

- **Medical Engineering** - High Risk PPMS – **AMBER – 77.33%** against target of >80%.
- **Medical Engineering** - Low Risk PPMS – **AMBER – 59.39%** against a target of >60%
- **Porters** – Urgent Job Request – **AMBER – 82.60%** against a target of >85%
- **Estates** – Statutory PPMs – **RED – 90.57%** against target of 100%

CHS also provide 7 KPIs to CHFT Acre Mill site of which **ALL achieved Green Target**

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)

6.0 Recommendation

Shareholders are asked to note the contents of the report.

APPENDIX 1

Risk Register C H Solutions –March 2022						
C H Solutions			Number of Risks	Change in Month		
Burgundy Very Hi Risks			4	0		
Red Risks High			2	0		
Amber Risks Moderate			29	0		
Green Risks Low			9	0		
Total			44	0		

Risk ref + score	Strategic Objective	Risk	Executive Lead						
				Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22
CHS Risk 6003 (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 7492 (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 5800	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 (18))	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=5356) of High-Risk devices (n=437), Medium and Low Risk devices which are out of service date and have not been seen for extended periods of time.	Managing 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)	=15	=15	=15	=15	=15	=15
CHS Risk 5511 (CHFT 7413 (16))	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. Health and Safety Strategy

Health and Safety Strategy

2021-2026

Key Activities
over next 5 years

Ref	Priorities	1	2	3	4	5
1	Development and Implementation of the NHS Workplace Health and Safety Standards across all departments which include reference to risk assessment review. Outcome is a reliable and measurable management systems in place, providing a safe environment for everyone. Update: Good progress being made on the development of these across each relevant department/area	X	X	X		
2	COVID-19 Compliance Review and Monitoring Standards. Outcome = a safe environment for everyone entering and using CHFT services. Update: Covid compliance random checks of wards and community hubs continue and findings shared with IPC	X	X	X	X	X
3	Community Division Compliance Project Improvement Plan and Collaborative Working with subject matter experts. Outcome is safer environment and stronger oversight of standards for colleagues and service users. Update: community compliance set-up, reference prevention and management of violence and aggression	X	X			
4	Accident Reduction Planning/Initiatives. Outcome is a firmer grip and ability to identify upward trends and early intervention. Update: sharps management group, collaboration taking place with EQUANS/ISS/CHS Ltd reference floorplate conditions.	X	X	X	X	X
5	Developing Health and Safety Training and Collaborative Working with Training Lead. Outcome is an improvement in the content quality which is relevant to CHFT. Update: Update: gap-analysis completed and new material produced	X	X			
6	Collaborative working with CHS Ltd and ENGIE/ISS Ltd on building compliance matters, including floorplate safety. Outcome is direct oversight of the compliance data produced by our partners, including risk assessments and inspections. Update: relaunch of floor inspections started and new floorplate risk assessments completed	X	X			
7	Networking across NHS Trusts to benchmark and share best practice. Outcome is to learn from the experiences of other Trusts and use that knowledge to help develop and improve within CHFT. Update: Membership and attendance at the NHS 3 monthly networking meetings continues with 48 other NHS members		X			
8	RIDDOR reporting awareness campaigns. Outcome is to develop the culture of reporting so that the Board has a true picture and reduction plans can be developed and mobilised. Update: Plans are in place for May/June 2022 to relaunch awareness upon RIDDOR reporting requirements with a target audience of Band 7/8's. This follows last years awareness piece that was shared Trust-wide	X	X	X		X
9	Engagement with the reconfiguration building plan meetings for CRH and HRI. Outcome is to monitor risk and provide relevant input when necessary. Update: Meeting invitations reserved for the future planned meetings	X	X	X	X	X

Introduction

- We have more than 6,000 brilliant colleagues who deliver compassionate care across multiple sites including two hospital sites, community sites, health centres and of course in patients' homes.
- We want everyone who works for us or with us, receives care from us or visits us to be safe
- Providing an environment that protects the health and safety of those colleagues as well as our patients, their families and visitors, contractors, and partner organisations is everyone's responsibility under the Health and Safety at Work etc. Act 1974
- But this strategy isn't just about law – its about who we are as a Trust, and the values and behaviours we hold dear to our hearts – the very behaviours that make us unique
- One culture of care is all about caring for ourselves and each other in the same way we care for our patients. There is no better way to demonstrate how we care than to keep each other safe.

What's in our Health and Safety Strategy?

1. The aim of our Health and Safety Strategy, alongside our Health and Safety Policy
2. The 6 key elements of our Health and Safety Strategy
3. How our Health and Safety Strategy aligns with our 4 pillars and One Culture of Care
4. Inclusion and Health Inequalities
5. Continuous improvement and learning from COVID
6. The NHS workplace Safety Standards
7. The key activities that will be undertaken in the next 5 years
8. How our governance structure will be used to assure the Board of progress against our objectives

What is the aim of our Health and Safety Strategy?

- The aim of our Health and Safety strategy is to identify, communicate and embed the overarching principles and activities that will create a safe environment in which to work, receive care and visit
- The strategy does not replace our Health and safety policy or associated action plan - our Health and Safety policy is a more formal detailed document that sets out how we will respond to known risks and issues and identifies national legislation by which we must abide

Health and Safety Strategy – 6 key elements

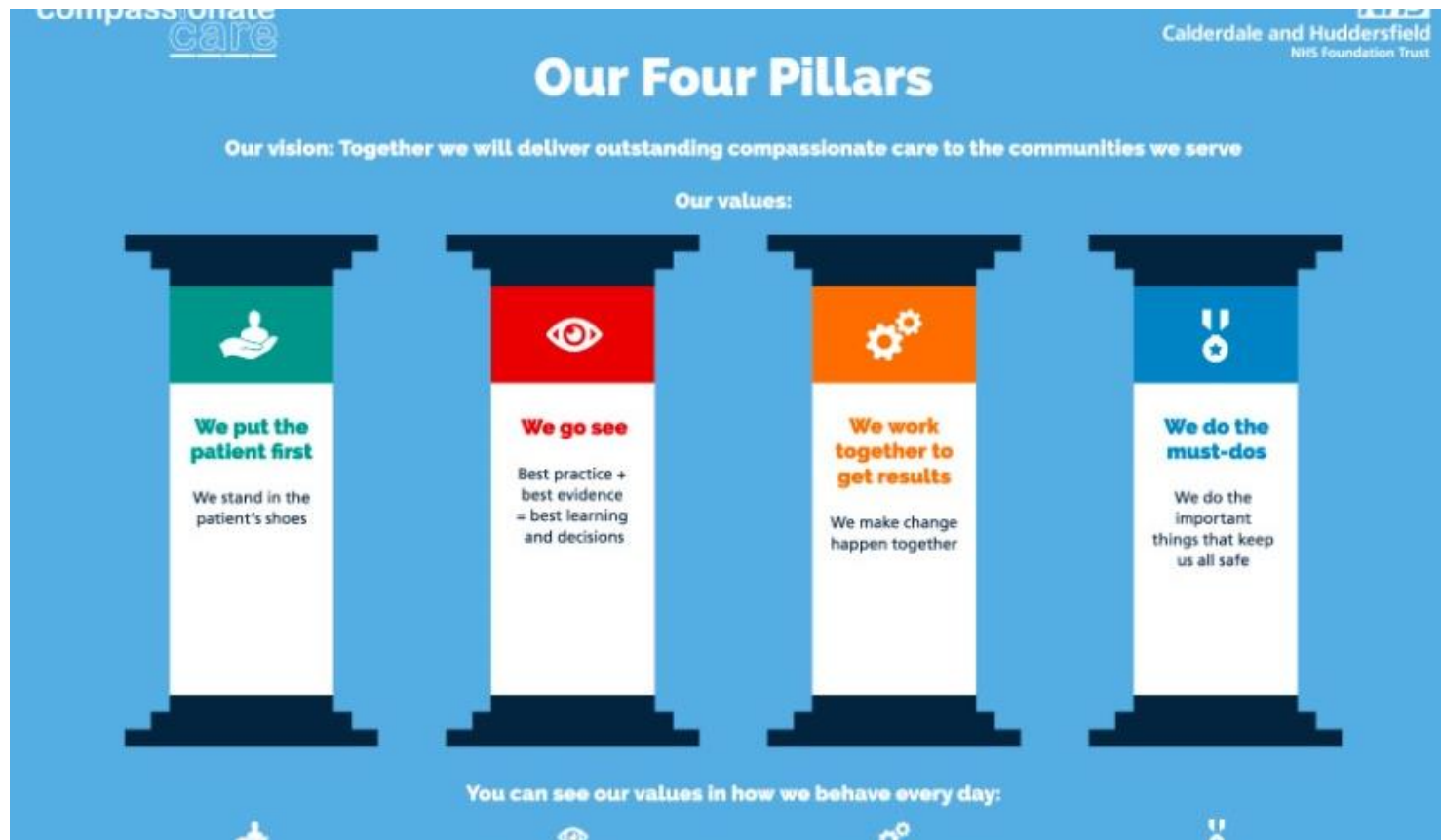
- We will champion the rules and legislation that keep us, our colleagues patients visitors and partner safe, making Health and Safety everyone's business
- Health and Safety actions and priorities will be planned, delivered and monitored in line with our 4 pillars and One Culture of Care
- We will assess any Health Inequalities in our approach and ensure that plans, activities and communications are
- We will adopt a strong lessons learned and continuous improvement approach, with particular emphasis on our learning through COVID We will use the NHS Workplace Safety Standards as a framework for our activity
- We will use our internal governance processes to provide assurance to the Board



Championing
the rules and
legislation
that keeps us
safe

- Our training, communications and 'must dos' will be delivered through accessible, innovative, fun and effective channels and platforms
- We will relaunch our Health and Safety Training and continually refresh our Must Dos
- We will develop and communicate patient and colleagues stories about the importance of health and safety Must dos

Implementing our Health and Safety Strategy in line with Our 4 Pillars and One Culture of Care



The Health and Safety Strategy is integral to our 4-pillars and one culture of care

- **Put the Patient First**– the environmental conditions for patients and colleagues alike will continue to be a significant part of future discussion. We will appoint a patient advocate and Staff Governor who will work with us to champion health and safety
- **Go See**– During the next 5 years we will benchmark best practice with other NHS organisations, taking part in and establishing helpful networks
- **Work together to get results** – we will work closely with ISS, Engie and CHS Ltd and all our partners on shared matters.
- **Must dos**– we will develop a series of safety Must Dos which include regular audits and inspections and regular lessons learned.

We will also ensure that we work as one team working towards the same goal, looking after each other along the way. We will all work together to create a compliance dashboard results/exception reports etc which focus on compliance, encouraging challenge improvement and reflection through open and honest conversations.

Inclusion and Health Inequalities

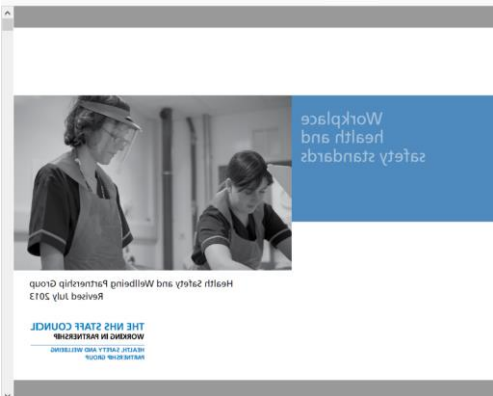
- We will assess and review all Health and safety data by protected characteristic. All RIDDOR reportable incidents, slips trips and falls, sharps injuries and training data will be presented with a full breakdown of data
- We will also review patient and colleague Health and Safety data by IMD, identifying patterns and rectifying inequality
- A full EQIA of Health and Safety policy, activity and progress will be completed annually

Continuous improvement and learning from COVID

- The impact of the COVID-19 pandemic has changed the way colleagues deliver care to patients, with new and innovative ways of working to protect both colleagues and patients, including a closer focus on PPE, social distancing, and hygiene
- We will ensure that Health and Safety activity adapts to our new ways of working, beginning with new requirements for working from home/more flexible working and virtual clinics

NHS Workplace Safety Standards

- The Standards are written by the NHS and Health and Safety Executive to help provide every Trust develop a health and safety management system. There are 30 standards which are straight forward and simple to understand. The Trust has adopted each standard and work is being carried out now and over the next couple of years to develop and implement them into CHFT.
- We will achieve self-certification to provide assurances to outside bodies including the Health and Safety Executive and the Trust insurance provider. The achievement of the certification will send a positive message that the Trust continues to do everything possible to keep colleagues, partners patients and visitors safe, and therefore look after their wellbeing



How we will monitor our progress



3. Board Sub-Committee Minutes in the Review Room

- Finance and Performance Committee – 28.02.22 & 04.04.22
- Quality Committee – 21.02.22 & 21.03.22
- Workforce Committee – 15.02.22

**Minutes of the Finance & Performance Committee held on
Monday 28th February 2022, 11.00am – 13.00pm
Via Microsoft Teams**

PRESENT

Richard Hopkin	Non-Executive Director (Chair)
Gary Boothby	Executive Director of Finance
Peter Wilkinson	Non-Executive Director
Jo Fawcus	Chief Operating Officer

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
Nicola Seanor	Associate Non-Executive Director (Observing)
Jonathan Hammond	Director of Operations - Service Planning (Stroke update only)
Christopher Roberts	General Manager – Service Planning (Stroke update only)

ITEM**033/22 WELCOME AND INTRODUCTIONS**

The Chair welcomed attendees to the meeting. Welcome to Nicola Seanor, new Associate Non-Executive Director who is observing.

034/22 APOLOGIES FOR ABSENCE

Apologies were received from Anna Basford

035/22 DECLARATIONS OF INTEREST

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

036/22 MINUTES OF THE MEETING HELD 31 JANUARY 2022

The Minutes of the meeting held 31 January 2022 were APPROVED as an accurate record.

037/22 MATTERS ARISING

138/20 Stroke Deep Dive – Jonathan Hammond and Christopher Roberts attended to give an update on the Stroke indicators. The last update was October 2021.

The pertinent points from the October presentation were the key challenges around timeliness to scans, direct admission to the stroke ward and amount of time spent on the specialist stroke ward. Growing workforce challenges around therapies in particular speech and language and occupational therapy.

The SSNAP chart performance reported in October was a quarterly score of A, the highest available, which covered the period April to June 2021. There were some specific

challenges in October but overall we had seen an increase in the demand at the acute front end and an increased complexity of patients. The key action from October was producing a business case around a four bedded stroke assessment hub and looking at a further 6 stroke beds.

The most recent stroke performance data available is for January 2022. The challenges remain the same as those noted in the October presentation.

In terms of the quarterly SSNAP position the latest quarter available is July to September 2021 and the quarterly score has reduced from an A to B. The significant factors that have impacted on this are, access to beds (access within 4 hours / 90% stay on a stroke specific ward) which has reduced from D to E. The standards by discharge have gone from A to C which links back to the access to therapies.

A closer look at the breach breakdown took place. The four-hour breach data is an area of concern. January data was reviewed in detail and the breach is linked to not having a bed when required but there is also a significant number of late referrals from the ED department for a stroke assessment. January was a particularly challenging month with Omicron and high levels of staff absence. There has been an increase in demand in people attending the ED with a possible stroke. Comparing September- December 2019 with the same period for 2021, we have seen an overall 21% increase in the number of stroke patients presenting. From 2020 to 2021 there has been a significant increase year on year of patients graded at level 2 which is the more complex stroke patients. Other Trusts are experiencing the same increases.

A change has been made around the original business case discussed in October. Instead of increasing the bed base, the plan is to still look towards having a stroke assessment hub but link that to the discharge process which will create a fluid pathway for the patient. This business case is expected to be ready for proposal in April 2022.

RM questioned the stroke mortality rate and how it compared to other Trusts.

ACTION: CR to look at how the CHFT mortality rate compares regionally and nationally.

The revised action plan was reviewed noting a number of steps to be completed in H1 2022/23.

ACTION: CR/JH to provide further update to Committee in Oct/nov 2022.

038/22 ACTION LOG

The Action Log was reviewed as follows:

131/21 – Neck of Femur Performance: Update originally scheduled for February 2022 now deferred until 4th April meeting..

180/21 – IPR: Review of the performance accountability framework and new format IPR to take place at the end of the first quarter 2022/23.

FINANCE & PERFORMANCE

039/22 INTEGRATED PERFORMANCE REVIEW – JANUARY 2022

The Assistant Director of Performance reported the Trust's overall performance score for January 2022 was 61%, which is a deterioration from a December position of 66%. This is the lowest position in this financial year. This is mainly due to a dip in the Responsive domain which has now back in the red.

Safe domain is now the only one currently in green.

Caring domain remains Amber but improvements have been seen in the friends and family test, where 4 out of the 5 areas are now Green. However, complaints responses have dipped again and has not been able to maintain a high performance throughout the year. Dementia is down to its lowest level for screening at 20%

Effective domain is now Amber from Green due to missed targets. Summary Hospital Mortality indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) values have increased further. Neck of Femur performance is still struggling to improve its position at 60%.

Responsive domain is showing as red for the second month this year with some of the 31-day cancer targets being missed to add to those areas that have been struggling to maintain performance. Stroke indicators alongside the underperformance in the main planned access indicators and ED are the main challenges.

Workforce domain remains Amber but has deteriorated with a significant increase in Covid related absence and as a result we have seen a peak in the 12 month running total for both long-term and short-term sickness. Return to work interviews are still below 60%.

Finance domain remains Amber and has improved a little although the Use of Resource metric is red in month.

National Comparative Performance

Cancer 62-day referral to treatment – for the cumulative 8-month position April to November 2021 CHFT was 2nd best out of 127 Trusts nationally with performance at 91.5% (England 70.9%), an outstanding achievement. This supports decisions made at the beginning of Covid in maintaining and focussing on cancer treatments.

Emergency Care standard 4 hours - for the cumulative 9-month position April to December 2021 CHFT was placed 14th out of 111 Trusts nationally with performance at 80.4% (England 67.9%), best in West Yorkshire and with only 2 smaller Trusts in the North performing better for Type 1 EDs. Again, a fantastic effort.

If these 2 metrics are combined, then CHFT performs better than any other organisation nationally.

Elective Care

Although CHFT is in a good position for P2s and 104 week waits we need to bear in mind the impact of switching on referrals early and not treating electives for longer than other Trusts in Yorkshire during the early stages of the pandemic. Our 18 weeks referral to treatment position stands at 55.3% as at December 2021 (we do not monitor as we are one of the field-test Trusts for the new Elective Care standard) which places us at 99 out of 113 Trusts nationally.

Changes are being made to the governance structure around urgent emergency care, and recovery and cancer. Monthly reports will be brought to the board committees. In relation to the recovery position the actual volume does not just include people who are waiting for an operation. There are a significant number of follow up outpatients that need to be seen. An Access Committee will be put in place to oversee recovery and oversee the governance around the backlogs. The Access Committee will report into this meeting with exceptions being taken to Board.

040/22 RECOVERY UPDATE

The monthly slides will be changing going forward. The Assistant Director of Performance presented a recovery update as follows:

P2's – Following the increase due to Christmas, the numbers have reduced to previous levels, and we are now in a very good position comparatively.

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 – Are following the planned trajectory.

Total Pathways – At peak this was around 39,000 but is now just below 35,000. Around 25-26,000 is normal so the numbers are heading in the right direction.

Average Wait RTT (weeks) – The peak was around 20 weeks which has now reduced slightly. Pre-covid the average was 10 weeks.

52 week waits – Part of the national plans moving forward. A few different options for when we reach zero have been put forward but will be ahead of what is expected nationally so the intention is to stay on our own trajectory internally.

104 week waits – As part of this waits at 78 weeks and over have been reviewed to prevent them becoming 104 week waits. The 104 week waits have been in a steady decline over the last several months from the peak. 104 week waits are expected to be cleared by the end of the financial year.

Diagnostics – Endoscopy was a challenging area but the numbers have now been reduced. Unfortunately, there are now three diagnostic challenges: MRI, Neurophysiology and ECHO.

MRI - There is currently a plan to recover the full position by March 2023 unless further action is taken now. The recommended additional support ensures this breach position can be recovered by the end of May 2022, but this is dependent on the installation of the new scanners at Calderdale by the 1st April which is high risk. CHFT is currently in discussion with Philips around this. Recovery is also dependent on mobile hire from 1st March (now sourced and available.)

ECHO – Issues are staffing related and reliance on the independent sector to treat some patients. There is a plan in place to be back on track in April 2022.

NEUROPHYSIOLOGY – Similarly there have been some staffing issues. There has had to be change to the trajectory but the plan is to be on track by the end of this Financial year.

ASI's and Follow ups – There are currently 25,000 follow ups past their 'see by' date. At the beginning of 2020 the number was 10,000 which gives an idea of the scale of the issue.

ASI's, -the total number has stayed around 13,000 which means there is a gap in terms of the trajectory and specifically those waiting over 22 weeks. The trajectory is going in the right direction but there is still some work to be done.

The Committee **NOTED** and **RECEIVED** the Recovery update for January 2022.

041/22 OPERATIONAL AND FINANCIAL PLAN 2022/23

Operational

- There are some key things to achieve:
- Zero waits over 104 weeks by the end of March
- Reduction to zero waits of over 78 weeks by the end of 2022/23 – There are currently 3000 over 52 week waits and 8000 over 32 weeks.
- Improvement in waits of over 52 weeks by the end of 2022/23
- Delivery of 104% of 2019/20 elective day case inpatient levels – a theatre improvement programme is due to start to improve productivity and further opportunity through changes to IPC guidelines.

There is a need to increase the internal capacity and we will have to keep using the independent sector, from both an insourcing and outsourcing point of view alongside more weekend waiting list initiatives. There will be a significant cost to this.

We also need to discharge 5% of outpatient attendances to Patient Initiated Follow Up (PIFU) and deliver more specialist advice requests by the end of March 2023.

Financial

Some of the assumptions within the plan are directly linked to the operational position and others link to national guidance. The income assumptions follow the national assumptions: block funding is uplifted by 3.8%, made up of 1.7% Tariff uplift (2.8% inflation less 1.1% efficiency requirement) and 2.1% allowance for growth.

Also planning for a convergence adjustment of 0.6%. Driven by the ICS overall position having a distance from target funding and a requirement to get back on track with national expectations.

A further local convergence adjustment is being applied to Calderdale CCG. Our plans do not assume that that local convergence adjustment passes on to us, a risk of the scale of just under £1m. Another reduction comes in the form of Covid funding which is a £13m (57%) withdrawal of such funding as the expectation is that we exit from those costs.

However, there will be new funding to support elective recovery. The current assumption is that all of the elective funding flows into our Place on a fair share basis via CCGs will come to CHFT as the main provider of the elective work (£14.1m assumed). The current assumption is that the allocation will be spent in full to achieve the 104% activity. Further work is required to determine actual costs.

Covid costs reflect the national assumption on Covid levels, this being a return to Summer 2021 levels. There is also an assumption that there will be a requirement to have some IPC measures in place and that will present an ongoing cost. Pay inflation is assumed at 3% as per the national guidance. Against non-pay there are some significant pressures obviously as a result of items like the increase in utilities costs and RPI is also very high generally at circa 7%. Some of our services uplift is annually linked to RPI.

The pressures are offset to some degree in our inflationary assumptions by the fact that we are seeing a lower than national average increase in our clinical negligence costs for

2022/23 for the third year running. We were an outlier in terms of Clinical Negligence Scheme for Trusts (CNST) but that is now starting to come down year on year.

The final assumption is a CIP of £20m which works out at 4.35% and compares with the national tariff requirement of 1.1%. The percentage is a lot higher reflecting the significant financial challenge.

Pressures and Developments

An initial review has been undertaken to prioritise the pressures and developments put forward by Divisions for additional funding. Within the plan £2.8m is assumed for developments with a further £1m contingency which is lower than the average for the last few years. Another £2.7m has been assumed for other pressures including Health Informatics contracts ending and costs previously funded non recurrently through Cancer Alliance or Trust Charitable Funds.

The total recovery costs are noted as being almost £22m which is an extra £8m on top of the £14m to return to 2019/20 levels. This includes in insourcing, outsourcing and some of the internal waiting list work. There is significant cost included for recovery and potentially where some productivity opportunity lies.

The resultant financial gap is £43m which is partially offset by a planned £20m CIP efficiency target to leave a residual £23m deficit at the draft plan stage.

Against this position there are a number of risks and opportunities including but not limited to the following:

Risks

Calderdale CCG convergence adjustment circa £1m.
 Full receipt of Elective Recovery Funding
 Inflationary pressures above the assumed level
 Ceasing of current enhanced pay arrangements from 1 April.
 Scale of CIP

Opportunities

Improved productivity and staff availability could deliver Recovery at a lower cost.
 Further reduction in Covid costs subject to IPC guidance
 Greater share of Capacity funding (£3m assumed against £4.6m funding)
 Other funding streams, e.g. System Development Funding (SDF)

The ICS Early Draft Position was shown. This is still being worked on so is subject to some change. The planned position is a deficit of £150m. As it currently stands CHFT has the highest planned deficit of any of the Trusts.

Capital and Cash

The capital plan, which totalled £17m, was outlined based upon the anticipated ICS CDEL allocations which remain subject to final confirmation.

The forecast shows an opening cash balance of £45.8m. The planned £23m deficit would reduce the cash balance significantly. Access to PDC revenue support is only possible once the cash reserves are exhausted and would attract scrutiny.

The Committee **APPROVED** the Draft Operational and Financial Plan for 2022/23.

042/22 MONTH 10 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

The full month 10 report was included in the meeting pack but due to the Operational and Financial plan being covered in depth in this meeting only a brief overview was given in the meeting by the Director of Finance.

Year to date the Trust is reporting a £2.38m deficit which is a favourable £0.18m variance from plan. An additional cost of £0.82m in month was spent on the enhanced pay and we are also not delivering the CIP in line with plan. We are however forecasting to deliver the plan and that has largely been achieved by support from some of our partners. The high level risks were noted to be unchanged.

RH queried the further increase in overdue debt reported in the pack.

ACTION: Aged Debt Position to be reviewed at the next meeting. KA.

The Committee **NOTED** the Month 10 Finance Report

043/22 ICS FINANCIAL POSITION

The ICS position will start to be included in the reporting to this meeting. We will succeed or fail as an ICS rather than as an individual organisation. The papers included within the pack show the Month 9 position.

Income and Expenditure

- Month 9 year to date position is a £12.2m favourable variance to plan
- Forecast out turn likely case a £25.5m surplus, best case £43m surplus and worst case £11m surplus.
- Range from best case to worst case linked to potential additional Elective Recovery Fund income (best case) and risks around unidentified efficiencies and allocations not received (worst case).

Capital

- Against the ICS capital envelope forecast spend of £161.4m, currently £2m over plan. £5m expected support for RAAC (Reinforced Autoclaved Aerated Concrete) issue at Airedale and £2m support for CHFT from inter ICS transfer.
- 2022/23 allocation methodology to be agreed.
- Nationally awarded capital forecast spend of £66.6m which is £7.5m under plan – this includes additional TIF forecast of c.£29m. Not included in 'plan' figures until MOUs agreed. Variance without TIF of c.£36.5m

The Committee **NOTED** the Month 9 ICS Report

044/22 CAPITAL PLANNING FEEDBACK

The proposed Capital Plan for 2022-23 was included in the meeting pack. A brief overview was given by the Director of Finance and approval was sought from the committee.

Initial proposals submitted at the Capital Planning day in February were valued at around £14.5m. The Capital Planning Panel sought to prioritise the available resource against the applications made. The overall capital resource for 2022/23 after considering prior capital commitments is £8.3m.

There will be a secondary Capital Planning day in September.

The Committee **APPROVED** the proposed Capital Plan.

045/22 RECEIVE TREASURY MANAGEMENT ANNUAL REPORT / REVIEW

A full Treasury Management update was including with the meeting papers. The Deputy Director of Finance covered some of the highlights. There has been a change to the capital guidance around the ability of Foundation Trusts (FT's) to spend their own cash. A change in legislation is being sought which will not allow FT's the same freedom and will be restrained by CDEL limits which will come at ICS level. This is a very similar position to the situation that has in practice been in operation over the last few years.

CHFT have consistently been close to 95% on the better payment practice code.

The Committee **RECEIVED** the Treasury Management Update.

046/22 EFFECTIVE USE OF RESOURCES / EFFICIENCY TARGETS at CHFT

A planning day has been scheduled for the 1st March with around 100 colleagues expected to attend.

ACTION: GB to Feedback at the next meeting.

047/22 BUSINESS BETTER THAN USUAL

The Business Better Than Usual (BBTU) programme will now be closed out and incorporated into the Effective Use of Resources work. A paper providing an update on all the twelve themes identified in the BBTU since September 2021 was submitted as part of the meeting papers.

This will be the last report relating to this programme.

048/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- CHFT-CHS Joint Liaison Committee 06th January 2022
- HPS Board 7th February 2022
- Cash Committee Minutes 25th January 2022

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

049/22 WORKPLAN – 2022/23

Draft workplan for 2022/23 presented.

050/22 MATTERS TO CASCADE TO BOARD

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

051/22 REVIEW OF MEETING

No specific review carried out.

DATE AND TIME OF NEXT MEETING:

Monday 4th April 2022, 11:00 – 13:00, MS Teams

**Minutes of the Finance & Performance Committee held on
Monday 04th April 2022, 11.00am – 13.00pm
Via Microsoft Teams**

PRESENT

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

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

ITEM**052/22 WELCOME AND INTRODUCTIONS**

The Chair welcomed attendees to the meeting.

053/22 APOLOGIES FOR ABSENCE

Apologies were received from Peter Wilkinson

054/22 DECLARATIONS OF INTEREST

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

055/22 MINUTES OF THE MEETING HELD 28th FEBRUARY 2022

The Minutes of the last meeting were APPROVED as an accurate record.

056/22 MATTERS ARISING

039/22 – New Access Committee TOR and reports to be presented to Committee - JF

057/22 ACTION LOG

The Action Log was reviewed as follows:

138/20 – Stroke Deep Dive: comparison of CHFT mortality rates to regional and national rates still to be circulated – JF/PK

131/21 – Neck of Femur Performance: Update originally scheduled for February 2022 now deferred until 3rd May meeting.

025/22 – Capital Profile: The ICS is currently trying to agree the capital plan across the area. The ICS capital plan is oversubscribed by approximately £40m as it currently stands, with ICS capital funds at £160m available. A capital planning session took place on Tuesday 29th March where a number of actions were agreed. It was agreed that the CHFT capital plan would be reduced by approximately £1m leaving £16.5m. A second capital planning day with the ICS has been arranged for the 13th April where it is hoped the plan will be finalised. The capital planning funding allocation remains higher than plans in previous years. Some items have been brought forward which will create more resource. Once agreed with the ICS, the plan will come back to this committee.

ACTION: Leave on action log until process is complete and agreed.

FINANCE & PERFORMANCE

058/22 INTEGRATED PERFORMANCE REVIEW – FEBRUARY 2022

The Assistant Director of Performance reported the Trust's overall performance score for February 2022 was 62%, which is a small improvement on January's position. The RESPONSIVE domain has returned to Amber from Red which accounts for the difference.

Safe domain is still the only one currently in green and has been green year to date.

Caring domain remains Amber but two of the friends and family areas are close to Green. Complaints responses have dipped again and Dementia screening is down to its lowest level at just below 20%.

Effective domain remains Amber. Summary Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) continue to increase. A lot of work is ongoing by the mortality group and there has been some improvement in fraction atrophy but still some distance from the 85% target.

Responsive domain is showing as Amber after dropping into Red last month. Stroke, which continues to have issues around trying to achieve the indicators including access, and ED (see below) have been the main challenges for this year.

Workforce domain remains Amber and a peak in both long and short term sickness is being seen in the 12 month running total. Return to work interviews are at 60% of completion. Discussion is planned at the next Executive Board around the sickness targets.

Finance domain remains Amber.

At the FSS meeting on the 30th March a decision was made to remove Caesarean section from the IPR and reporting against the indicators as it is not considered a sign of quality performance. It will continue to be reported as part of the maternity dashboard.

There has been a dip in overall performance since September 2021 and the main areas behind this have been the Friends and Family test, Sickness, Finance and Stroke.

There is continuing good performance around Cancer targets. ED are still dealing with winter pressures in terms of demand levels. Last week saw the biggest numbers ever. Gaps in rotas for ED are providing significant challenges.

Surgery have lost 21 whole time equivalents during Covid that were experienced staff, and a cohort of staff were moved into ICU. They have just completed two successful recruitment rounds, and the first cohort of staff has arrived. It is worth noting that these staff are new and it will take time for them to get up to speed. There are two new team leaders within

Surgery which will bring the momentum needed to make the changes. This will be discussed at the next governor meeting.

ACTION: Deep dive in Surgery to be planned for this meeting in October.

The following observations were noted:

When the SWOT analysis comparing P1, P2, P3 and P4 was completed it made sure that health inequalities was applied to it. This is still done and is reported periodically.

Issue retaining Community Pharmacists in Quest due to conflicting demands with PCN Pharmacies.

Have introduced a locally developed acuity and complexity score for District Nursing caseloads this is adding value in weighting caseload management but also evidencing increased activity in demand.

ACTION: PK to discuss certain of these issues (including health inequalities) with PL outside of meeting.

059/22 RECOVERY UPDATE An updated graph will be sent out post meeting that gives the target date of February 23 and not March 23.

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

P2's – Despite challenges presented by staffing etc. the team are very proud that P2's and 104 week waits are still on track to reduce to forecast levels.

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 – Any available capacity is being used to treat P4's. Consequently, these have met the target level.

Total Pathways – These have continued to decrease since the peak 12 months ago.

Inpatients / Day Cases – Targets have been set for 2022/23 and there will be a significant reduction, with ENT being the only area with 52 week waits.

104 week waits – All of the patients have been identified and there will be a very small number remaining at the end of March. These are patients who have chosen to defer their treatment but have been given the opportunity for treatment by CHFT.

Diagnostics – Endoscopy was a challenge earlier in the year but those numbers were down by the end of November as planned. There are two areas that have higher numbers than desired, Neurophysiology and ECHO. These have a target date of May for reaching lower numbers.

MRI – The numbers have been increasing over the last financial year. Plans and funding have been put in place to use external sources. There have been delays on equipment delivery and the build works at HRI have impacted the scanners there. The aim is to return to previous levels by the end of June.

ASI's and Follow ups – The number of first attenders has increased over the last two years. The aim is to return to pre-Covid levels by March 2023 with the exception of ENT, which has a plan to reduce their numbers by 50%.

Follow up Trends – There are 86,186 patients on the follow-up waiting list, 26,117 of which have exceeded their appointment due date. Plans are in place to develop trajectories at a speciality level over the next few weeks to reduce these numbers during 2022/23.

Congratulations to all the teams involved in reducing the numbers and their ongoing work.

The Committee **NOTED** and **RECEIVED** the Recovery update for February 2022.

060/22 MONTH 11 FINANCE REPORT (Including High Level Risks and Efficiency Performance)

Year to date the Trust is reporting a £2.53m deficit, a £0.13m favourable variance from plan. 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. Capital spend was behind plan at Month 11. SB has been man marking all of the schemes and we are forecasting to deliver the plan for this year.

Aged Debt: Aged debt reduced by 1.3m in February. A target was set at the beginning of the year to reduce the aged debt from £4m to £3m. As of the end of March the position was £2.919m meaning that the target was achieved. KA thanked all staff involved in debt recovery. A new trajectory for the 2022/23 year is being looked at, but learning from experience the Christmas peak will be built in. Payments seem to be affected by the Christmas period.

Cash is currently in a good position with nearly £55m in the bank. The future Cash Committee meetings will be focussing more on stock management as well as aged debt, as stock levels can have an effect on the cash position and it will improve the governance.

The Committee **NOTED** and **RECEIVED** the Month 11 Finance report.

061/22 EFFECTIVE USE OF RESOURCES GROUP (ERG) / EFFICIENCY TARGETS

Throughout March a significant amount of work has taken place to identify efficiency opportunities for 22/23. A workshop took place on 1st March 2022 and from that date on the scale of ideas and opportunities has increased with a further significant push in the week commencing 21st March. A number of other meetings were stood down to create capacity to focus on this financial challenge.

An ambitious target of £20m efficiency savings has been set plus a £5m Covid exit costs challenge. When reported externally this is reported as a £25m efficiency challenge to compare with other ICS partners' reports.

The report presented to the committee shows that the £5m Covid exit costs have been identified, but against the £20m CIP target the report shows that £16.6m worth of opportunities have been identified to date. Over the last week further work has taken place regarding how the Trust can become more productive and how the activity levels are recovered. This could provide a further efficiency saving of £2m. Further opportunities have been identified to bridge the gap to £20m. The support and leadership to enable the work on these efficiencies to be completed has been welcomed.

The majority of the schemes are 'good to go' subject to the quality impact assessment process. The presented report also shows the position across the ICS as we fail or succeed as an ICS.

Weekly Effective Use of Resources Group meetings take place every Tuesday at 12noon.

The Committee **RECEIVED** the ERG update.

062/22 OPERATIONAL AND FINANCIAL PLAN 2022/23

The plan was covered in detail at the last meeting. The key changes were covered at this meeting. The timetable shows submissions due within the next couple of weeks but the next Board meeting is not scheduled until the 5th May 2022. The date for the contract signature has already passed. Contracts remain pending final agreement from the Commissioners and CHFT is not an outlier in this.

The key changes and issues relating to the Plan were as follows:

Operational

- Not planning to achieve the 25% reduction in follow ups by the end of 2022/23 due to current backlogs.
- The MRI back log has been amended to clear the backlog by June 22.

Financial

- The share of the local Convergence Adjustment has been factored in to assumptions. The CCG has an adjustment of c.£1m and CHFT have agreed to take 50% of that £440,000.
- The £1m contingency currently has bids of £2m sitting against which will have to be prioritised in order to stay within the £1m.
- £20m has been allocated to recovery costs in order to reach the 104% target. This assumes further recovery costs to support the increased activity can be contained within the £11.7m which is a lower assumption due to Kirklees CCG looking to retain an element of their recovery funding to commit to directly commissioned Independent Sector work.
- A slide showing the ICS broken down by Places has been added. As a Place the Calderdale/Kirklees draft plan has moved adversely by £36m from 21/22 and because of this level of movement a deep dive has been arranged for Thursday 7th April. CHFT have already participated in a deep dive but his one will focus on the whole Kirklees and Calderdale Place.
- Overall, in terms of the draft plan the ICS was showing a deficit plan of £122m which has since been reduced to £80m as plans are amended.
- Risks: Assumed achievement of 104% activity target to secure full allocation of Elective Recovery Funding and to provide the service patients expect. Delayed transfers of care - the bed base must be reduced to allow for elective work instead of patients awaiting discharge. Exiting Gazprom contract early could result in additional unplanned costs of £3m but reputational risk of retaining also noted.
- Opportunities – improved productivity and staff availability could deliver recovery at a lower cost and close the CIP gap.
- Cash position to be reduced as accruals take effect eg annual leave that staff were unable to take over the last two years. The potential deficit of £23m would also inevitably eat into the £55m cash balance carried into 22/23.

The Committee is asked to approve the proposed operational and financial plans but with a note to support an improved financial plan submission should the funding allocations be amended in our favour.

The Committee **APPROVED** the Draft Operational and Financial Plan for 2022/23 for presenting to the Board.

The plan must be submitted to the ICS on the 19th April and then the final plan to NHSEI on the 28th April but the next Board meeting is not planned until the 5th May. A 'Chairs action' including Richard Hopkin and Peter Wilkinson is likely to be taken to approve the final plan which will then reported into Board on the 5th May.

063/22 DRAFT MINUTES FROM SUB-COMMITTEES

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

- THIS Executive Board – February 2022
- Capital Management Group – February 2022

The Urgent Emergency Care Board has been stood down and is to be replaced with the Urgent and Emergency Care Delivery Group from April.

ACTION: Brief overview / Terms of reference for the Urgent and Emergency Care Delivery Group to be provided at the next meeting. Minutes to be sent to Rochelle

ACTION: RLS to chase summaries for next meeting.

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

064/22 WORKPLAN – 2022/23

The workplan for 2022/23 was reviewed.

ACTIONS:

Urgent Emergency Care Board to be replaced with the Urgent and Emergency Care Delivery Group

Access Committee TOR and Minutes to be added

Surgery / Theatre deep dive to be added for October.

065/22 ANY OTHER BUSINESS

It was noted that the proposed NED successor to Richard is currently going through final due diligence checks. Once these are completed Richard will arrange a full handover and the new appointee to the Committee will be invited to attend these committee meetings.

066/22 MATTERS TO CASCADE TO BOARD

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

067/22 REVIEW OF MEETING

No specific review carried out.

DATE AND TIME OF NEXT MEETING:

Monday 3rd May 2022, 11:00 – 13:00, MS Teams

DRAFT

QUALITY COMMITTEE

Monday, 21 February 2022

STANDING ITEMS**17/22 WELCOME AND INTRODUCTIONS**Present

Karen Heaton (KH)	Non-Executive Director (Chair)
Ellen Armistead (EA)	Executive Director of Nursing
Gina Choy (GC)	Public Elected Governor
Jason Eddleston (JE)	Deputy Director of Workforce & Organisational Development
Nicola Seanor (NS)	Associate Non-Executive Director
Kim Smith (KS)	Assistant Director for Quality and Safety
Elisabeth Street (ES)	Clinical Director of Pharmacy
Laura Bailey (LB)	Governance Support Administrator (Facilitating)

In attendance

Carol Gregson (CG)	Corporate Matron (item 24/22)
Alison Edwards (AE)	Safeguarding Lead (item 25/22)
Philip Lewer (PL)	Chairman (observing)
Meinir Smith (MS)	Quality Manager, Kirklees and Calderdale CCG (observing)
Shajenur Rahman (SR)	Risk Manager (for Lisa Cook)
Debbie Winder (DW)	Head of Quality at Kirklees and Calderdale CCG (observing)

18/22 APOLOGIES

Michelle Augustine (MA)	Governance Administrator
Dr David Birkenhead (DB)	Medical Director
Lisa Cook (LC)	Head of Risk and Compliance
Jo Fawcus (JF)	Chief Operational Officer
Jo Kitchen (JK)	Staff Elected Governor
Dr Cornelle Parker (CP)	Deputy Medical Director
Lindsay Rudge (LR)	Deputy Director of Nursing
Denise Sterling (DS)	Non-Executive Director
Lucy Walker (LW)	Quality Manager for CCGs

19/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

20/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Wednesday; 5 January 2022 were approved as a correct record. The action log can be found at the end of these minutes.

21/22 MATTER ARISING: GETTING IT RIGHT FIRST TIME (GIRFT) UPDATE

The Chair highlighted the report circulated at appendix C and asked for any comments from the Committee.

EA noted discussion at the Efficient use of Resources Group regarding the financial benefits of Getting It Right First Time and asked that feedback is relayed to CP of a potential request from that Group in relation to inefficiencies.

KH noted that within the report, several reviews which were due in December and January from the medical division, will be expected to be reported on in the subsequent report.

OUTCOME: The Quality Committee noted the report, and no further comments were made.

22/22 MATTER ARISING: CENTRAL ALERT SYSTEM (CAS) PROCESS UPDATE

Kim Smith presented the update at appendix D, regarding a revised process on safety alerts coming into the organisation, disseminated, and acted upon. Attention was brought to the validation section of the flowchart where a further process has been added to ensure evidence is available regarding compliance. A further piece of work regarding audit will also take place to ensure ongoing monitoring and implementation going forward. **KS** noted that since this process was implemented, some safety alerts have been closed before their deadline.

EA noted the importance of the process and requested that this is monitored by the Quality Committee. Thanks were conveyed to those involved in the work, and the anticipated performance as a result.

PL reiterated **EAs** comments and felt assured with the new process.

OUTCOME: The Quality Committee noted the thorough update.

AD HOC REPORTS**23/22 UPDATE ON SERIOUS INCIDENTS' POSITION AND PROCESS**

Shajenur Rahman presented the serious incident report at appendix E1, which provided an update on the current position on serious incidents, associated investigations and action plans.

The incident management policy (see item 30/22) has been reviewed and taken through the Risk group for approval, with an added serious incident investigation flow chart.

It was noted that during a Clinical Commissioning Group meeting last month, it was acknowledged that CHFT, compared to other Trusts, are in a better place in terms of submitting reports in a timely manner and allocating serious incidents to investigators.

EA mentioned the issue around the deteriorating patients and asked for a formal report into Quality Committee in April 2022.

ACTION: Report to be requested for Quality Committee in April 2022.

In terms of investigators for serious incidents, **EA** also commented that this has been quite a challenge, and a proposal on whether the process for allocating investigators remains as it is currently, or whether the process needs to be amended needs to be agreed. A conclusion for this will be followed-up outside of this meeting. In relation to assurance around the allocation of investigators, **KS** stated that as part of the investigation training, colleagues make a commitment to carry out a number of investigations throughout the year, and going forward, the training will be revised to support a 'buddy system', to ensure there is a real commitment to investigating leads regarding serious incidents.

KH provided an update from **DS**, who stated that following discussions with **LC**, this update to the Committee was welcomed, and is a much improved position, and anticipates the update on the outcomes from the extra focus on sharing learning.

SR also highlighted the Serious Incident terms of reference at appendix E2, which has been through various stages, and now at the Quality Committee for approval.

In terms of progressing investigation planning and training, **DW** stated that the new Patient Safety Incident Response Framework (PSIRF) will make a significant impact to the management of serious incidents. **DW** also asked whether the Clinical Commissioning Groups could attend the CHFT serious incident panel, to which **EA** agreed that an invitation to the meeting will be extended for attendance.

KS noted that the duties within the terms of reference have been strengthened around the assurance process for immediate actions and mitigating risks when an incident takes place,

and that the new direction on action plans has also been strengthened, ensuring they are smart actions which identify themes and trends. It was also noted that the serious incident panel has a responsibility to oversee complex cases and organisation-wide learning.

ES requested attendance to the serious incident panel as a representative for any incidents which are drug-related, or control drug related, which was agreed.

JE queried the size of the membership and asked whether the panel is able carry out its extensive duties in the scheduled two hours. **EA** stated that the panel has never had an issue with attendance, as the meeting is prioritised, and occasionally extended as necessary, to facilitate discussions. It was noted that the Chair of the panel needs to be amended on the terms of reference to state being either the Medical Director, Deputy Medical Director, Director of Nursing or Deputy Director of Nursing.

OUTCOME: The Quality Committee noted the report, and were in support of the terms of reference, with the proviso that changes to the membership are made.

24/22 NATIONAL STANDARDS FOR CLEANING REPORT

Carol Gregson was in attendance to present the above report at appendix F.

The National Standards of Cleaning 2021 replace the National Specifications for Cleanliness in the NHS 2007. The standards have always been part of the Trust; however, the main responsibilities are now with cleaning services.

The report highlights the responsibility between cleaning services, nursing colleagues and other clinical and non-clinical colleagues, on the requirements to comply to the standards. A group has been set up to support the implementation, however, the main impact on the organisation is that healthcare professionals will require training, the process for which has already begun. It was also noted that frequent audits will be taking place, with ratings viewable by the public. The standards are mandated to be completed by May 2022 and are currently on schedule for completion.

KH provided an update from **DS** who asked if the new standards have identified any areas of concern, or a difference in star ratings for different sites. **CG** stated that nothing has been identified as yet, however, high-risk areas have been visited and categorised to receive more frequent audits.

EA asked if there was an element of service-user feedback into the process about people's perception of cleanliness. **CG** stated that this is not included, and **EA** asked if anything could be done internally to ask patients or visitors what they thought of the standard of cleanliness. **CG** agreed to take this back to the working group for discussion.

JE mentioned the training and a discussion which took place at the Executive Board about potentially reducing the elements of essential safety training that colleagues are asked to undertake. **JE** asked if the training would be one-off or regular mandatory training. **CG** stated that training will be a short one-off training session.

OUTCOME: The Committee noted the report and requested an update in the future on the star ratings for each area, and any concerns.

SAFE

25/22 SAFEGUARDING COMMITTEE REPORT

Alison Edwards was in attendance to present the above report at appendix G, which provides assurance on key performance activity in relation to safeguarding children and adults, making reference to Prevent; Safeguarding response during the pandemic; Hidden Harms; Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) / Liberty Protection

Safeguards (LPS); Training; Safeguarding Supervision; Adult Safeguarding; Children's Safeguarding; Mental Health; Children Looked After and Care Leavers Calderdale and Maternity Safeguarding.

KH provided an update from **DS** who commented on the positive report which provides solid assurance to the Committee that safeguarding is appropriately addressed. **DS** asked if there have been any challenges to consistently accessing timely mental health services; and whether the updated service level agreement (SLA) with SWYFT increased capacity. **AE** was not aware that the SLA has increased capacity.

GC mentioned the challenges with training compliance, which will have a direct effect on patient care, and asked if there has been any progress on how training will be addressed. **AE** stated that colleagues now need to be supported with the understanding of online training, with a more targeted approach for colleagues. It is intended to canvas colleagues on what would work for them, rather than presenting a training package where colleagues have to attend. Moving forward, a more individualised package will be considered to increase the quality of training.

KS commented on the learning and training gaps and stated that a review of this has started from a quality and safety view, with an approach to blended learning and different ways of engaging colleagues, with some 'how to' guides which will be available on the intranet, as well as 'take five' posters, and some face-to-face learning around incident reporting, risk management and DATIX. A report will be submitted to the Committee in a few months' time once further work has taken place, to provide assurance on what blended learning will look like.

PL commented on the number of vacancies during the period of the report and asked if this is now up to date. **AE** stated that staffing is now up to date, with the exception of a confirmed start date for a colleague in the children looked after team. **PL** also conveyed thanks to the safeguarding team on progress and improvements made, especially through the pandemic.

OUTCOME: The Committee noted the report, which will also be submitted to the March Board of Directors meeting.

26/22 Q3 TRUST PATIENT SAFETY AND QUALITY BOARD (PSQB) REPORT

Kim Smith presented the report at appendix H, which summarised work undertaken in the Trust Patient Safety and Quality Board meeting during October through to December 2021.

KS noted that divisions continue to report on a monthly basis, with some amendments made to the reporting template, asking divisions to address any outstanding concerns and next steps.

Within the report, there were some issues around training with medical devices, with a slight decrease in compliance in September 2021, however, as mentioned previously, these will be addressed through the blended learning approach.

In relation to items for escalation to Quality Committee, there were some concerns at the time regarding the reporting of quality priorities from divisions, which have now been addressed. The reporting infrastructure for quality priorities has now been reviewed, and within the updated risk management strategy, there is a new governance framework from January 2022, which clearly identifies the new reporting requirements. For the 2022/2023 financial year for quality priorities, Committees are now in place with a revised template.

In relation to clarity on the patient safety specialist, national guidance is still being awaited, and an update will be provided at a future meeting.

KS also mentioned a report on quality indicators for external contracts, and a possible framework for implementation. This came about as a result of reviewing systems and

processes for service level agreements for external contractors and was also part of some work from a serious incident. The proposal is to develop quality indicators for service level agreements with providers, which gives a consistent approach and assurance from providers that they are carrying out expected processes.

Following discussions with the procurement and contracting team, it is noted that some contracts carry out expected processes, but not in a consistent manner, therefore, assurance is not available from all providers. The Committee is asked to support the proposed framework and following further detail about what the indicators will look like, a further report will be brought to the Committee at a later date for assurance.

KH provided an update from **DS** who asked if there were any other issues that the Committee needed to be aware of in terms of medical devices training; and whether the patient safety specialist role would be a member of the Trust PSQB meeting. **KS** stated that divisions are updating their risk registers in terms of assurance for medical device training, therefore an update cannot be provided at this time, however, an update will be provided in the next report; and that the patient safety specialist role would sit on the Trust Patient Safety and Quality Board.

OUTCOME: The Committee noted the report and were in support of and approved with progress for the implementation of indicators for external contracts.

EFFECTIVE

27/22 Q3 LEARNING FROM DEATH REPORT

David Birkenhead presented the report at appendix I, highlighting the key points from the paper, which has an improving position in terms of the number of deaths reviewed.

There are particular challenges at the moment with particularly high rates of deaths amongst acute medicine, respiratory and elderly medicine patients, as expected with COVID and winter, however, work will continue towards improving that compliance through quarter 4.

The Medical Examiner role is also now involved in this process and scrutinises all deaths and flags any areas of concern when identified through case note reviews.

In relation to work on Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR), focus is being placed on alert conditions to ensure these are alerted in the metrics. A large number of patient deaths are being reviewed, and the learning is being disseminated from those.

KH provided an update from **DS** who asked that an update on how aligning the Structured Judgement Review (SJR) themes have impacted on improvement projects, is incorporated into the next report.

OUTCOME: The Committee noted the report.

RESPONSIVE

28/22 QUALITY REPORT

Kim Smith presented the Quality Report at appendix J, providing key points from the detailed report.

Attention was made to the decline in dementia screening, which has been added to the risk register, with the ability to identify some action plans and an explicit process for oversight and scrutiny. Some actions have already been completed to address this, with some educational processes in place for medical colleagues to support them to understand the importance of dementia screening and the impact this has on patient experience.

A review of the complaints team has taken place with an additional interim band 7 role now in place to provide additional oversight and scrutiny. A review of process has also taken place within legal services, with agreement with divisions to ensure they are aware of any new claims or inquests, and where colleagues have been requested to complete statements that they are supported. A review has also taken place with outstanding serious incidents and ensuring that actions have been completed on historic serious incidents.

There has been a reduction in compliance with the mandatory medicines management training, and a deep dive highlighted that not all colleagues who should be completing their training are registered to do so. This requires an urgent review, and the Quality Committee is being asked to provide oversight and scrutiny of this.

In relation to quality priorities, several indicators still have limited assurance, and work has begun on reviewing reporting arrangements and to ensure that divisions are supported in providing the underpinning evidence, which is key to the implementation of quality priorities.

GC had a question in relation to the Medication Safety and Compliance Group meetings and asked whether the difficulties in getting members to attend have been resolved. **ES** stated that this has not quite yet been resolved, however, colleagues who are new in post have been asked to attend, and to also have nominated deputies if they are unable to attend.

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

29/22 INTEGRATED PERFORMANCE REPORT

Ellen Armistead presented the integrated performance report at appendix K, highlighting key points.

The safe domain remains green, although there are still concerns regarding pressure ulcers and falls with serious harm, which may relate to the acuity of the patients over recent weeks and staffing pressures. In relation to complaints, a lot of work has been done to improve the quality of responses, with external support assisting the backlog. There was an increase in complaints in relation to visiting, and following discussion at an Executive Directors meeting, this needs to be addressed, due to the difficulty of separating patients from their family and loved ones. The Responsive domain has been the most volatile, which relates to the increase in the number of patients recently through the emergency department. The workforce domain remains amber, and short-term sickness has been at its highest rate, with a decrease now being seen. There is an extremely challenging financial position going into next year, with an efficient and effective use of resources group set up, with a full day out in a few weeks to look at some of those work streams in order to get back on track financially, and not have any unintended consequences around quality as a result.

PL commented on the SWOT analysis section of the report, which is very useful.

GC had a question on workforce domain and the number of leavers and asked if exit interviews are taking place to understand why colleagues are leaving. **JE** stated that there is no exit interview rate regime, which may be seen in other organisations, however, as seen as we come out of the pandemic, people are making decisions about whether they continue working in the NHS, and work continues with colleagues on whether anything can be done to retain them.

Over the last few years, there has been comparatively low turnover within the Trust, which has increased marginally over the last year. The conclusion is that people are deciding to bring forward their leaving date due to their experience over the last two years. **KH** stated that the Workforce Committee has had deep dives into this area, and also the nursing side of recruitment, which has been really positive, in particular with the international recruitment program which has been really successful in bringing nearly 70 new starters into the workforce. The Workforce Committee is continuing to monitor the leavers. **JE** stated that

engagement is made with colleagues immediately of their intention to leave to try to retain colleagues in the workplace.

OUTCOME: EA was thanked for the update and the Quality Committee noted the report, which has improved and is positive under the circumstances.

ITEMS TO RECEIVE AND NOTE

30/22 INCIDENT MANAGEMENT GROUP POLICY

Kim Smith presented the revised incident management policy at appendix L for approval by the Quality Committee.

Points to note were that the levels of harm guidance have been moved to the appendix for ease of reference, and an update has been made to roles and responsibilities.

OUTCOME: The Committee approved the revised policy.

31/22 DUTY OF CANDOUR POLICY

Kim Smith presented the revised duty of candour policy at appendix M for approval by the Quality Committee.

Points to note were that the Policy has been updated to reflect the CQC guidance which was published in March 2021, and also an update made to roles and responsibilities.

OUTCOME: The Committee approved the revised policy.

32/22 CANCER BOARD MINUTES

A copy of the cancer board minutes was available at appendix N for information.

OUTCOME: The Committee received and noted the minutes.

33/22 MEDICINES MANAGEMENT COMMITTEE MINUTES

A copy of the medicines management committee minutes was available at appendix O for information.

OUTCOME: The Committee received and noted the minutes.

34/22 ANY OTHER BUSINESS

There was no other business.

35/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- The safeguarding report, which will also be submitted to the Board
- Positive assurance through a number of very detailed reports, which give the Committee assurance
- Approval of the incident management group policy
- Approval of the duty of candour policy

36/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix P for information.

POST MEETING REVIEW**37/22 REVIEW OF MEETING**

The following comments were noted:

- *“It was a very positive meeting and well chaired”*
- *“The meeting is starting to fall into a rhythm, with good triangulation and discussion on areas which are not doing well, and some positive assurance as well”*
- *“The meeting feels more in control, with more discussion and focus on certain topics, rather than trying to get a lot done in a very short period of time. Also, considering the past two years, progress being made is remarkable”*

NEXT MEETING

Monday, 21 March 2022

3:00 – 4:30 pm

Microsoft Teams

MEETING DATE AND REF	AGENDA ITEM	LEAD	CURRENT STATUS / ACTION	DUE DATE / CLOSED DATE / RAG RATING
UPCOMING ACTIONS				
21.02.22 (23/22)	Update on Serious Incidents Position	Risk Team	A formal report on the issue of deteriorating patients was asked into Quality Committee for April 2022. ACTION: Report to be requested for Quality Committee in April 2022.	DUE Wed 20 April 2022
CLOSED ACTION				
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. Update Feb 2022: See item 21/22	CLOSED 21 February 2022
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. Update Feb 2022: See item 22/22	CLOSED 21 February 2022

QUALITY COMMITTEE

Monday, 21 March 2022

STANDING ITEMS**38/22 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
Dr Cornelle Parker (CP)	Deputy Medical Director
Nicola Seanor (NS)	Associate Non-Executive Director
Elisabeth Street (ES)	Clinical Director of Pharmacy
Michelle Augustine (MA)	Governance Administrator (Minutes)

In attendance

Anna Basford (AB)	Director of Transformation and Partnerships (item 48/22)
Jennifer Clark (JC)	Associate Director of Therapies (observing)
Lauren Green (LG)	Dementia Lead Practitioner (items 42/22)
Philip Lewer (PL)	Chairman (observing)
Ann Pennell-Johnson (APJ)	Quality & Safety Committee Chair – Lancashire Teaching Hospital (Observing)
Emma Short (ES)	Assistant Human Resources Manager (Observing)
Kate Smyth (KS _m)	Non-Executive Director - Lancashire Teaching Hospital (Observing)
Karen Spencer (KS _p)	Head of Midwifery (items 45/22 and 46/22)

39/22 APOLOGIES

Dr David Birkenhead (DB)	Medical Director
Karen Heaton (KH)	Non-Executive Director
Jo Kitchen (JK)	Staff Elected Governor
Lindsay Rudge (LR)	Deputy Director of Nursing
Kim Smith (KS)	Assistant Director for Quality and Safety
Lucy Walker (LW)	Quality Manager for CCGs

40/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

41/22 MINUTES OF THE LAST MEETING AND ACTION LOG

The minutes of the last meeting held on Monday, 21 February 2022 were approved as a correct record. The action log can be found at the end of these minutes.

42/22 MATTER ARISING: DEMENTIA SCREENING UPDATE

Lauren Green was in attendance to present the above report, as circulated at appendix C.

Compliance with dementia screening has reduced significantly over recent months, and improved compliance has been a challenge across wards. Focus has taken place on the acute assessment areas, which includes the Acute Floors both at Huddersfield and Calderdale, the Surgical Assessment Unit (SAU), Ward 19 HRI and Ward 21 HRI.

Ways to improve compliance have included:

- The circulation of a Standard Operating Procedure (SOP) to new rotational medical colleagues.
- A daily email circulated to consultants / ward managers / ward sisters and matrons of the assessment units, ward 19 and ward 21 of a list of patients with an overdue dementia screen, to prompt medical colleagues to complete.
- A '*Dementia Screening – What is it and why do we do it?*' educational package. This was developed for medical colleagues to support them to understand the importance of dementia screening and impact on patient experience. It has also been presented at the induction for all new rotational medics and is uploaded on the intranet.

LG is also available on wards to demonstrate how and when a dementia screen needs to be done on the electronic patient record (EPR). Feedback from medics has stated that they have no time in which to do a dementia screen. This has been discussed with the Medical Director, who will have further discussion with the Executive and Deputy Directors of Nursing. Other Trusts in the locality have been contacted, who report that their dementia screens are carried out by nursing colleagues, which is a different process to CHFT. New medical colleagues who are rotating from other Trusts are not aware of carrying out dementia screening, therefore they need to be educated of this during their induction. **LG** also raised challenges with getting the Dementia Operational Group embedded across the Trust and asked for support from Executive teams.

Further work taking place includes support for the Enhanced care team, due to high turnover of colleagues. Educational sessions are being reviewed to build morale within the team and support to develop the skills required for the complex role. **LG** is also working with the Dementia Lead at Bradford to develop a more specific dementia and delirium care plan, which will provide specific detail on how to support a patient with dementia and/or delirium whilst in hospital. Work is ongoing with Kirklees Dementia Hub Gateway to Care to develop a hospital admission pack for people with dementia and/or delirium coming into hospital. The pack will be available for patients at their point of diagnosis, which will include information required for a hospital admission, for example, who is involved in their care, if a DNACPR is in place, and if there is advanced care planning, etc. This will initially be trialled in Kirklees in the next few months, with a view to expand to Calderdale.

LG continues to have a clinical caseload with patients reviewed around discharge planning, complex care needs, ensuring Deprivation of Liberty Safeguards (DoLS) are in place, ensuring mental capacity assessments have been carried out, and providing support and guidance to ward staff on how to support patients, family members and carers whilst the patient is in hospital. It was noted that the number of referrals have increased and are becoming more complex.

EA queried whether there was anything which could be done to make the screening process simpler, as medical colleagues have described it as a lengthy process. Due to several options being explored, it may come to a point where a suggestion is that nursing colleagues may need to undertake the screening, however, **LG** would like to avoid this as it would be a challenge. **EA** also asked if it is known whether the dementia screens are not being recorded correctly, or whether the screens are not being carried out. **LG** stated that this is a challenge and has highlighted that EPR is a significant issue. Historically, when done on paper, it was part of the clerking process and was a clear and straightforward process to follow, however, finding it within EPR has been difficult, hence **LG** attending wards and demonstrating this on EPR. Another solution is the use of electronic whiteboards in the next few months, which will be a visual reminder to all colleagues to complete dementia screening.

CP stated that dementia screening needs to remain with medical colleagues, and an easier way is needed for those who are not familiar with the system.

ES asked whether any Physician Associates are involved with dementia screening. **CP** stated that Physician Associates are included, and asked **LG** whether a breakdown of doctors and physician associates could be done for some learning.

DS stated that an enormous amount of work has taken place, and commended **LG** for the collaborative work being done.

Full support from the Executive team was agreed in relation to the Dementia Operational Group.

OUTCOME: The Quality Committee noted the report, and no further comments were made.

43/22 MATTER ARISING: FALLS COLLABORATIVE UPDATE

Lauren Green presented the above report, as circulated at appendix D.

There has not been much of an impact with the reduction of harm falls or falls overall, and a number of initiatives have been put in place to try to mitigate risks as much as possible.

The Falls Collaborative continue to meet every six weeks, with a work ongoing in the electronic patient record (EPR) workstream updating the current falls assessment tool. Work is also ongoing with Bradford Falls Leads to have a more holistic falls assessment tool. There is also a quality improvement project on the Acute Floor at Huddersfield, where it has been identified that lying and standing blood pressure readings are not being carried out to the compliance level expected. If the project is successful at improving compliance, the aim is to roll this out across the Trust. The patient and carers falls leaflet has been updated and will be uploaded onto the intranet, and a specific Falls intranet page is also being developed.

The bed rail risk assessment process has also been updated, and a flow chart developed for colleagues to follow when assessing bed rails. This was recently signed off by the Falls Collaborative and will be uploaded onto the intranet and cascaded across wards. All wards are now compliant with the new Sure Falls devices and stealth mats. This was a large piece of work undertaken with support from the Enhanced care team. All wards are now compliant with the new falls detectors, and the Falls Policy is now being finalised before being uploaded onto the intranet.

A serious investigation was recently completed following a patient who unfortunately passed away following a fall. The learning has been disseminated through the Falls Collaborative and in the process of all actions being put in place.

Following an audit carried out across the Trust on harm falls, themes were identified including a high number of falls which were unwitnessed. Each ward is now being mapped out to identify high-risk areas. Ward 6, as the first trial area, has been reviewed, as well as the Acute Floors at Huddersfield and Calderdale. A risk assessment has also been developed to support nursing colleagues with their decision-making on where to place a patient when they are admitted onto a ward. A falls link practitioner will also be developed in a few weeks' time, to support with disseminating, learning and supporting audits on wards. **LG** stated that a lot of work is being done to try to reduce the number of falls, however, this is not being shown in the data.

EA stated that there is an opportunity with the upcoming changes around visiting, and asked **LG** to liaise with Carol Gregson, as there will be a reduction in the number of restrictions, and an opportunity for visitors to help prevent falls, and share information about their loved ones. It was asked that this is part of the action plan for the Falls Collaborative.

DS asked if there was a similar role to the falls link practitioners for dementia. **LG** stated that this is being looked into to develop as part of the Dementia Operational Group.

LG was thanked for the update.

OUTCOME: The Quality Committee noted the report.

44/22 TERMS OF REFERENCE

An updated copy of the terms of reference were circulated at appendix E.

DS stated that the terms of reference have been updated in response to a review undertaken by NHS England / Improvement regarding Non-Executive Director roles as either champions or leads. In response to guidance, key areas should be delegated to relevant committees, and the highlighted section of the terms of reference showed those for the Quality Committee.

OUTCOME: The Quality Committee approved the amended terms of reference.

SAFE**45/22 MATERNITY REPORT**

Karen Spencer presented the report at appendix F, highlighting that:

- evidence has been submitted to provide assurance of compliance with the seven immediate and essential actions in maternity services, and the action plan shared with both the Trust Board and the Local Maternity System (LMS) in early March. This was available within the report.
- Perinatal quality surveillance meetings continue to be held monthly, and an example of what is included in those meetings was available in the report.
- Continuity of Carer (COC) continues to be provided to 25% of all women and 52% of women from a BAME background were booked for maternity care, despite the ongoing staffing challenges due to vacancies and unavailability. A planned visit by the regional and National COC leads is expected in April 2022.
- Year 4 of the NHS Maternity Resolution Scheme remains suspended at the time of the report, although an update is expected in the near future.
- The service currently has four open and ongoing Healthcare Safety Investigation Branch investigations, and a resume of each case is included within the report.
- The 2021 CQC maternity survey was received into the organisation in late February 2022. Women who received all their pregnancy care and birthed in February 2021 were invited to respond, and CHFT had a response rate of 49% which compares favourably with the national response rate of 52% and is an improvement on the previous survey in 2019 where the response rate was 38%. For 48 out of 50 questions, the Trust were about the same as other trusts, but were worse than expected and much worse than expected in two areas. These related to skin-to-skin contact after birth and partners or someone else being as involved as they wanted in labour and birth. The service is developing an action plan to improve both these areas.

In relation to the Ockenden action plan, **CP** asked where the recommendations have not yet been met, if there were any timelines toward achieving them. **KSp** stated that the action plan is reported every three months into the LMS.

DS mentioned the Chief Midwife visit a few weeks ago, and the useful information provided and asked if there has been any reflection on some of the information shared. **KSp** stated that the maternity services self-assessment tool is partially complete, and a report will be submitted to Board on where the service feels they are at.

KSp was thanked for the update.

OUTCOME: The Committee noted the report.

46/22 CHILDREN AND YOUNG PEOPLE SURVEY AND ACTION PLAN

Karen Spencer presented the survey and action plan at appendix G, stating that the survey was commissioned during the COVID-19 pandemic, and as an organisation, the response rate was low at 24% compared to other Trusts at 30%.

A lot of the issues which were found to be desired within children services, were thought to be directly affected by COVID, for example, the closure of play in the messy play areas and group play in the children's ward, the closure of some parent-only areas, and the way that processes were altered through the emergency department in response to COVID. There were lots of positives from the survey for example, the way that young people felt involved in decision-making about their care, the way they felt involved in discussions about their care, and the way that their pain was managed, which the team were really proud of.

In relation to the action plan, there is a risk on the risk register around play and distraction. In relation to engagement with families, the matron for children services has worked with some of the children on the ward to design a children's passport, to support those families who have young children with repeated admissions to hospital. The passport was co-designed with a child with complex needs, and a child with a learning disability, to ensure that needs are matched with all children who use the services. Another successful area in children's services pre-COVID was the Youth Forum, and the sister for children's outpatients is working with the Youth Forum members to reinvigorate and reactivate that group. In terms of children's menus, the matron is working with ISS to carry out a children's ward food and menu survey.

The findings of the action plan were available within the report.

GC asked whether the service is where it needs to be in order to get the actions addressed. **KSp** stated that the service is where it needs to be in planning for some actions being reintroduced, however, the recruitment to the play team may be more of a challenge in terms of whether there are specially trained play therapists and play specialists to recruit. The children's passport is underway and is vital for children who are frequent attenders to the service, and the work with ISS is also underway.

PL stated that this is a pleasing piece of work which shows how teams have worked together and can be evidenced as being brought to the Board's attention, assurance sought, reassurance continuing to be provided, and being a good system of leadership.

DS stated that the submitted action plan is at a very early stage of work, and that the next report will be able to show the progress made.

KS was thanked for the update.

OUTCOME: The Committee noted the report.

WELL LED

47/22 RESEARCH AND INNOVATION REPORT

Dr Cornelle Parker presented the report at appendix H highlighting key points, including:

- notification received in March 2021 for the National Institute for Health and Care Research (NIHR) Local Clinical Research Network annual funding allocation for 2021-2022 of £753,968 with a recruitment target of 1,473. There was an internal target of 10% higher, which was also exceeded by recruiting 2,335 patients into clinical trials.
- Throughout the pandemic, nearly 4,000 patients have been recruited into COVID clinical trials, and CHFT have been in the top ten recruiting sites for the biggest randomised controlled trial of COVID around the world – RECOVERY – and at the time of writing, CHFT was the 13th highest, and also the highest recruiting site in Yorkshire and Humber. The teams have worked incredibly hard to achieve this on behalf of our patients and had excellent support from pathology and pharmacy throughout.
- In terms of funding, there is a stable allocation of £753,968, as well as an additional £142,156 from additional bids.
- Due to the small research team, several colleagues were deployed throughout the year, both to the vaccination programme and in support of occupational health in recognition of

the pressures facing the whole organisation. The team have been looking to expand the number of people involved in research at CHFT, and as a result of the trials, 40 doctors are undertaking training in recruiting patients, and now have seven nurse principal investigators and three allied health professional (AHP) principal investigators.

- In October 2021, a very successful and well-received virtual COVID research event took place, with some excellent guest speakers including Professor Sir Martin Landry, Principal Investigator for the RECOVERY trial; Professor Susan Hopkins, Chief Investigator of the SIREN study, and Professor, Kenneth Baillie, Chief Investigator of the GeNOMICC study.
- Next steps include moving to restart other studies and expand the portfolio, particularly in respect of the commercial aspects, to ensure the sustainment of income, and to also offer new therapies to patients.
- A new three year research strategy is being finalised.
- Work continue with the University of Huddersfield around a research hub

ES also thanked the pharmacy team on the work done and commented that the drugs used in the RECOVERY trial for reducing either admission to hospital, mortality, seriousness of disease, have then become clinical policies, which have been implemented at great speed, and have clinical teams who are then confident and competent at describing and using those drugs. It has been a fantastic journey to watch and observe.

GC commented that despite the exceptional circumstances and pressures that the Trust has been under, the patient is still central, and congratulated the team on that.

DS also commented on the excellent work and asked how the business case is developing on the research hub. **CP** stated that this is at a standstill, due to the requirement of considerable capital and revenue investment.

DS noted in the report, feedback from patients who were part of the trials, who suggested two areas for improvement - the dissemination of study results and better representation from underserved communities. **DS** asked if there has been an opportunity for any thought about how those two areas can be addressed. **CP** stated that a brief conversation about the disseminating of results will be incorporated in the research strategy, and in relation to the second suggestion, NHS England / Improvement are doing some work with the NIHR around under-served communities and representation and doing some focus groups. Unfortunately, CHFT do not have any patient groups which could be put forward to contribute into that work, and further work is to be done.

CP was thanked for the report.

OUTCOME: The Committee noted the report.

AD HOC REPORTS

48/22 BUSINESS BETTER THAN USUAL UPDATE

The report was available at appendix I.

DS asked that any questions or issues are raised with Anna Basford, however, there is a very clear description of which Committees and Boards will continue the work.

OUTCOME: The Quality Committee noted the report.

RESPONSIVE

49/22 QUALITY ACCOUNT TIMELINE

Lisa Cook presented the Quality Account timeline at appendix J for approval.

DS stated that last year, the Board of Directors agreed to delegate authority for the sign-off of the Quality Accounts to the Quality Committee, and it is anticipated that the Board will agree this again this year at the next Board meeting on 5 May 2022. The final version of the Quality Account will then be due at the Quality Committee meeting on 20 June 2022.

The Chair conveyed thanks for the clear timeline to ensure the Trust meets the required deadlines.

OUTCOME: The Committee approved the report and **LC** was thanked for the update.

50/22 INTEGRATED PERFORMANCE REPORT

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

Trust performance for January 2022 was 61% which is at its lowest position in this financial year, with the Responsive domain now red, and the Workforce domain impacting most on this overall deterioration. The Safe domain is now the Trust's only green domain. The Caring domain remains amber with four of the five Friends and Family Test (FFT) areas now green, but performance in complaints has dipped again following improvement last month. Dementia screening is now at its lowest level this financial year at 20%. The Effective domain has become amber as a further couple of targets have been missed, and Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) values have increased further. Fractured Neck of Femur is still struggling to improve its position at 60%. The Responsive domain is showing as red for the second month this year with a couple of 31-day cancer targets being missed to add to those areas that have been struggling to maintain performance. Stroke indicators alongside the underperformance in the main planned access indicators and Emergency Department are the main challenges. Workforce remains amber but has deteriorated with a significant increase in COVID-related absence, and as a result there has been a peak in the 12-month running total for both long-term and short-term sickness. Return to Work Interviews are still below 60%. The Finance domain is still amber and has improved a little, although the Use of Resource Metric is now red.

In relation to the national comparative performance, the cancer 62-day referral to treatment remains in a strong position and maintained performance through December and January. The Emergency care standard performance was in a cumulative position, with CHFT placed 14th out of 111 Trusts. In terms of elective care, CHFT continue to be in a good position around P2 patients and should have eliminated the 104-week waits by April 2022. An increase in the emergency department attendances was noted, with significant issues around hospital-acquired COVID and issues around 12-hour length of stay waits in the emergency department. The staffing position through January was very challenged with Omicron, with colleagues isolating and having a significant impact on the pay position with agency cover ensuring wards were safely staffed.

DS commented on the new elective care standard and asked if there was a concern with where CHFT were in the national ratings (99 out of 113). **JF** stated that if we were being measured against the old 18-week standard, we would be at 55.3%, which is not a good position to be in. Some of that is around the decisions made as an organisation to treat our patients, particularly with learning disabilities and the health inequality piece. If the pilot standard is looked at, where CHFT is at an average of 22 weeks for an average wait, and before the pandemic, were at eight or nine weeks, this is a significant jump, however, this would have been expected, due to not operating for a certain amount of time and being slower to restart once restrictions were lifted last year. As a result, there is a large backlog to clear, with around 3,000 patients over 52 weeks currently and around 8,000 which are over 37 weeks currently. The position will not dramatically improve within the next five to six months, however, there are planning targets this year to eliminate the 104 week waits which are currently on trajectory to do, and to also eliminate patients waiting over 78 weeks by the end of 22/23, and significantly reduce the number of patients that are waiting 52 weeks. All of this is significant and will rely on having capacity; physical capacity is in place; however, it will depend on having colleagues to maintain the level of operating required internally. We will continue to use

internal and external outsourcing and insourcing; however, this is dependent on COVID. There has been another spike with inpatients, and also another spike with colleagues being off.

DS commented on maintaining the increased capacity and increasing the focus of work with colleagues in the system and asked if there has been any opportunity to progress any of those discussions. **JF** stated that the biggest area of progress has been around moving some of our patients to pathway one and pathway zero. Pathway one being that patients can successfully go home with a small package of care, and pathway zero patients can go home with other types of support such as Age UK, Red Cross, etc. Some progress is being made on those pathways, and reviews are being done on patients that have had no reason to reside, which is bringing about discussion around treatments that patients are getting in hospital, such as physiotherapy. There is progress, but not at the speed expected. It is also being seen that there is more capacity in the Community, due to not as many colleagues isolating with COVID.

EA commented on the inspection of the system, which will focus on transfers of care delays, stating that the CQC will be undertaking one of their urgent care whole system inspections, which will not be rated, but will be helpful for CHFT to engage in the process as there may be some opportunities that the review identifies. This will be starting sometime in April 2022.

DS also asked what the biggest area of concern is at the moment. **JF** stated that elective recovery is a challenge, as patients wait longer, they become more complex and they stay in hospital longer, and recovery is complex.

OUTCOME: **JF** was thanked for the update and the Quality Committee noted the report.

ITEMS TO RECEIVE AND NOTE

51/22 CLINICAL OUTCOMES GROUP MINUTES

A copy of the Clinical Outcomes Group minutes was available at appendix L for information, and the Committee were asked to direct any comments to Dr David Birkenhead.

OUTCOME: The Committee received and noted the minutes.

52/22 ANY OTHER BUSINESS

There was no other business.

53/22 MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS

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

- Dementia screening update
- Falls Collaborative update
- Maternity Report
- Children and Young People's Survey and Action plan
- Excellent Research and Innovation Report
- Metrics which are performing above national average from the integrated performance report

54/22 QUALITY COMMITTEE ANNUAL WORK PLAN

The workplan was available at appendix M for information.

POST MEETING REVIEW

55/22 REVIEW OF MEETING

The following comments were noted:

“how open the organisation is by having different people attend the meeting, which is a testament to the way the Board works”

“A nice balance of being able to show consistency with our quality priorities as well as accepting specific issues, such as the children and young people survey”

NEXT MEETING

Wednesday, 20 April 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				
21.02.22 (23/22)	Update on Serious Incidents Position	Risk Team	A formal report on the issue of deteriorating patients was asked into Quality Committee for April 2022. ACTION: Report to be requested for Quality Committee in April 2022.	See agenda item 60/22

There were no new actions or actions closed in March 2022

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST**Minutes of the WORKFORCE COMMITTEE****Held on Tuesday 15 February 2022, 3.00pm – 5.00pm
VIA TEAMS****PRESENT:**

Ellen Armistead	(EA)	Chief Nurse
Peter Bamber	(PB)	Governor
David Birkenhead	(DB)	Medical Director
Mark Bushby	(MB)	Workforce Business Intelligence Manager
Suzanne Dunkley	(SD)	Director of Workforce and Organisational Development
Karen Heaton	(KH)	Non-Executive Director (Chair)
Jason Eddleston	(JE)	Deputy Director of Workforce and Organisational Development
Andrea McCourt	(AM)	Company Secretary
Helen Senior	(HS)	Staff Side Chair

IN ATTENDANCE:

Anna Basford	(AB)	Director of Transformation and Partnerships (for item 09/22)
Leigh-Anne Hardwick	(LAH)	HR Business Partner (for item 08/22)
Nikki Hosty	(NH)	Assistant Director of HR (for item 12/22)
Lindsay Rudge	(LR)	Deputy Chief Nurse (for item 11/22)

01/22 WELCOME AND INTRODUCTIONS

The Chair welcomed members to the meeting.

02/22 APOLOGIES FOR ABSENCE

Denise Sterling, Non-Executive Director

03/22 DECLARATION OF INTERESTS

There were no declarations of interest.

04/22 MINUTES OF MEETING HELD ON 6 DECEMBER 2022

The minutes of the Workforce Committee held on 6 December 2021 were approved as a correct record.

05/22 ACTION LOG – December 2021

The action log, as at 15 February 2022, was received.

06/22 MATTERS ARISING**Deep Dive Admin & Clerical Turnover**

MB presented the turnover position during January 2020 to December 2021 for all substantive admin and clerical staff. The key points to note were:-

- Rolling turnover increased from 7.85% in January 2021 to 10.31% in December 2021.
- In 2021, 120 colleagues left the Trust compared to 80 colleagues the previous year.
- In month turnover peaked in July 2021 with January, February and June 2021 also seeing higher rates of turnover

- In the 21-25 age group the top 3 reasons for leaving were promotion, end of fixed term contract and better reward package
- In the 56-65 age group the top 3 reasons were retirement, work life balance and leaving due to adult dependants
- Reasons for leaving are not attributed to any specific departments/areas
- Leavers were from a wide range of departments/areas across the Trust
- In 2020, 23 colleagues retired with 5 returning to an admin role at the Trust
- In 2021, 41 colleagues retired with 10 returning to an admin role at the Trust

HS has a view the work life balance reason is around flexibility of hours. SD felt the position was predicted particularly the levels of retirement and added there is an incidence of colleagues choosing employment that is closer to home or offers flexibility to work from home. SD added that all trusts are seeing the same kind of change and CHFT is not an outlier. SD expects the retirement numbers will continue to grow as will colleagues who wish to continue to work from home or travel less. KH noted that succession planning work has recommenced.

EA asked if there are any trends on destination for better terms and conditions. MB will examine the data and report to the Committee.

ACTION: Provide an analysis of leaver destination (MB)
Provide a six-month update on Admin and Clerical turnover (MB)

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

07/22

QUALITY AND PERFORMANCE REPORT (WORKFORCE) – JANUARY 2022

MB presented the report.

Summary

Performance on workforce metrics is now amber and the Workforce domain remains at 60.9% in December 2021. This has remained in the amber position for a sixth month. 5 of the 15 current metrics that make up the Workforce domain score are not achieving target – ‘Return to Work interviews recorded’, short Term Sickness Absence rate (rolling 12 months) and ‘Sickness Absence Rate (rolling 12 month)’ and ‘Long term sickness absence rate (rolling 12 month)’, and Data Security Awareness EST compliance. Medical appraisals are currently not included in the overall Domain score due to the current Covid-19 pandemic, and Non-medical are not included as the appraisal season is extended to March 2022.

Workforce – December 2021

The Staff in Post remained the same, which, is due, in part to 36.90 FTE leavers in December 2021. FTE in the Establishment figure decreased by 0.53, along with student nurses leaving.

Turnover increased to 7.94% for the rolling 12-month period January 2021 to December 2021. This is a slight increase on the figure of 7.91% for November 2021.

Sickness absence – December 2021

The in-month sickness absence increased to 6.35% in December 2021. The rolling 12 month rate also increased marginally for the twenty seventh consecutive time in 37 months, to 5.121%. Anxiety/Stress/Depression remains the highest reason for sickness absence, accounting for 28.51% of sickness absence in December 2021, decreasing from 31.69% in November 2021.

The RTW completion rate decreased to 51.79% in December, down from 63.76% in November 2021. This is the fifth consecutive month under 65% and the first below 60% and is below target.

Essential Safety Training – December 2021

Performance has decreased in 7 of the core suite of essential safety training. With 9 out of 10 above the 90% target however only 1 achieving the 95% 'stretch' target. Data security awareness target has been amended to fall in line with national guidelines and is now 95%. Overall compliance increased to 93.28% and is the first increase following 5 months of consecutive decreases. It is however no longer above the stretch target of 95.00%.

Workforce Spend – December 2021

Agency spend decreased to £0.66M, whilst bank spend decreased by £0.07M to £3.37M.

Recruitment – December 2021

4 of the 5 recruitment metrics reported (Shortlisting to interview, Vacancy approval to advert placement, Interview to conditional offer, and Pre employment to unconditional offer) decreased in December 2021. The time for Unconditional offer to Acceptance in December 2021 improved and was just over 1 day.

KH noted the further increase in sickness absence and hopes to see improvement in short-term absence in the coming months. KH highlighted the drop in RTW interview rates. JE gave assurance that the operational HR team maintain focus on this matter with deep dives enabling direct action.

KH asked what action was being taken to address data security awareness training. JE advised there is strong focus on both core and role specific essential training across the Trust and work is progressing with subject matter experts to better understand the position. The Committee noted that CHFT compliance targets are higher than other Trusts.

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

08/22

VACANCY DEEP DIVE (QUARTER 3)

LAH presented the Vacancy Deep Dive.

Workforce planning for 2022-2023 has recently been announced with submission dates for draft plans due in March 2022 and final submissions during April 2022.

Medical and Dental

January 2022 figures show a year-on-year net increase of staff in post (67 new starters against 23 leavers). As at December 2021 there were 22 consultant vacancies. Four substantive posts are being appointed in addition to 6 locum appointments. Recruitment challenges are seen in Stroke medicine despite repeat adverts. Workforce models are under review to maximise opportunity to appoint to gaps. The roll out of new specialty and associate specialist (SAS) contracts and the introduction of the Specialist role provided flexibility to look at how medical posts can be filled where Consultants are not available. In January 2022 3 new Specialist posts were offered within Anaesthetics.

Nursing and Midwifery

Rolling adverts are out for medicine and surgical staff nurses, return to practice nurse; and nursing associates. Our 2021 target of 70 international recruitment (IR) nurses is nearing completion. IR continues into Q4 of 2022 with a successful bid to secure a further 80 nurses. Targeted recruitment for respiratory continues in Medicine as we move to an Acute Respiratory Care Unit model for long covid patients. Midwifery remains a national challenge. Discussions are underway regarding IR recruitment in paediatrics.

Support to Clinical Staff

Nursing Associate recruitment activity will commence in Q4 for a planned cohort of 20 to commence training in Q1 and a further cohort planned for later in 2022. The Medical Division

continue to review the staffing in Cardio-Respiratory and have progressed a training structure to 'grow our' own physiologists. Phlebotomy team structure is being recruited to in order to enhance leadership and support team development and dynamics. Healthcare assistant vacancies in outpatients are being reviewed to establish future need based on service demand.

Admin and Clerical

THIS continues to maintain some flexible workforce in order to flex up and down in line with customer consumption and contact changes. In order to do this low cost agency (at A4C rates) cover some substantive positions that will show as vacancies even though they are not. THIS has a number of posts aligned to customer contracts (external funding) that are out to advert with limited success in a competitive market.

Allied Health Professionals

Over recruitment to Radiographer roles continues in line with attrition. Advanced Practitioner roles are in place at Band 4 to support development into Radiographer training which should help close the vacancy gap over time as monies are used differently to support a grow your own model. There has been some recent success with overseas recruitment into Radiographer roles with our first appointment starting this month.

Vacancy shortages were noted particularly in stroke medicine. KH was aware there had been a cautious approach to managing vacancies in terms of the mandatory vaccinations work and asked if this had impacted on the situation. SD confirmed that some vacancies have been released whilst some are being looked at in terms of different models of working and also CIP targets. The position is monitored by the weekly vacancy control panel.

KH thanked LAH for a comprehensive report and looks forward to seeing further progress in filling vacancies.

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

09/22

BUSINESS BETTER THAN USUAL (BBTU)

AB presented the report to update on progress made against the twelve themes of BBTU since the last update in September 2021.

This report highlights that of the 12 themes:

- 0 are rated red
- 5 are rated amber
- 6 are rated green
- 1 has been fully completed

In January 2022 Audit Yorkshire reviewed the BBTU programme and their report concluded that there was a high level of assurance regarding the processes that have been put in place to ensure that positive learning from the pandemic is being embedded within the Trust. The Trust Board agreed in February that going forward it was now appropriate for the BBTU programme of work to transition and in future be sustained/ embedded in the Trust's main annual planning and longer-term strategic planning processes. This will integrate and ensure learning from the pandemic is not a stand-alone initiative and is an integral part of the Trust's drivers for strategic planning and transformation.

KH agreed this was a streamlined and sensible approach and thanked AB for the progress reports.

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

10/22 **BOARD ASSURANCE FRAMEWORK
RISK 10A/19 – MEDICAL STAFFING**

DB presented the deep dive into the medical staffing risk. Recruitment and retention presented a positive picture noting 67 new starters against 23 leavers. Medical vacancy rate remains low at 3.3% however there had been significant pressures due to high service demand and sickness absence rates. Recruitment challenges exist in stroke medicine, radiology, haematology and emergency medicine. Of particular concern is the small sub-specialist Neurology service which is soon to lose 2 consultants (one retiree and one resignation). There are several national Neurology vacancies with very few trainees in the pipeline. DB reported the introduction of the specialist role, the CESR programme and alternative workforce models have been successful in maximising opportunities to fill gaps in many specialties. The deep dive provided a comprehensive update on progress of key workstreams. The risk score has been reviewed and given the impact of managing the current phase of the pandemic the current score has been increased to 16.

KH believed the thorough report provided assurance and thanked DB. DB thanked Sree Tumula and Pauline North for compiling the report and their continued support.

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

11/22 **NURSING AND MIDWIFERY SAFER STAFFING REPORT**

LR presented a report that provided an overview for Nursing and Midwifery staffing capacity and compliance within the Trust in line with the National Institute for Excellence (NICE) Safe Staffing, National Quality Board (NQB) and the NHS Improvement Workforce Safeguards guidance. This is supported by an overview of staffing availability over the reporting period and progress with assessing acuity and dependency of patients on ward areas. This data collection has been used to inform the Nursing and Midwifery establishment reviews for 2021-2022. The report provided an overview and measures being taken to address risk in nursing and midwifery staffing. The key points to note were:-

- The current reality, in the context of the ongoing pandemic response and the recovery agenda.
- The Nursing and Midwifery workforce recruitment and retention strategy which in its proactive and innovative approach is having a positive impact on the vacancy position
- The continued focused leadership to support this agenda
- The actual and planned CHPPD position, in particular the gap in the Registered Nurse (RN) staffing group.
- The impact upon patient experience and the quality agenda if the Trust fails to provide safe staffing numbers across all clinical areas.
- CHFT compliance against the Appraisal of the *Winter 2021 preparedness: Nursing and midwifery safer staffing* (NHS Nov 2021). (compliance against 3 out of the 4 domains providing assurance that the approaches within CHFT are reflective of the recommended processes to safer nursing and midwifery staffing
- The summarised identified next steps

SD highlighted the amazing work leading to the reduction in qualified nurse vacancies. In terms of the Leadership Development Programme, SD asked if this is now the opportunity to involve the matron cohort in a review of the nursing model. LR agreed and added that key themes identified against the competency self-assessments will also give a view of what needs to be built in along with input from aspiring band 6 and 7 colleagues to develop a bespoke development offer.

JE noted the paper referenced NHSE/I workforce safeguards and asked if other staff groups are to be captured, for example doctors and AHPs. LR confirmed that work is progressing with the Associate Medical Director and Assistant Director of Therapies for total oversight.

KH also praised the recruitment success. KH asked if there were any specific actions to mitigate the skill mix red flags. LR explained that deployment is discussed in operational tactical meetings and wherever possible colleagues are deployed to a like for like ward, i.e. a 'ward buddy' approach. EA acknowledged the number of on-day swaps are a concern and this is now KPI monitored via the nursing roster. JE advised that staff side colleagues have been attending staffing meetings and this has provided an insight into current staffing availability and the approach adopted by the Trust. EA stated that following a walkabout this morning a ward sister had flagged issues around skill mix that highlighted the need for further work on the OD wrap around for senior staff supporting junior staff.

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

12/22 **STAFF SURVEY RESULTS / ACTION PLAN**

NH advised the results are embargoed until early March and presented on screen only the high-level results.

NH confirmed the overarching response will be to work with local teams to improve colleague experience in the organisation. KH was pleased to see the results recognised the wellbeing work. SD advised that during the walkarounds colleagues often say how much they value the wellbeing hour. EA agreed improving staff experience has to be key priority coming out of the pandemic.

PB expressed concern that some clinical colleagues accrue their wellbeing hour translating into a whole day off and asked how this can be addressed. SD advised the original intention was for colleagues to have regular decompression time. The second intention was to give back some autonomy. SD stated there are great examples of what works best for teams confirming the wellbeing hour will continue and added the Executive team are to re-visit the original intention without taking away the flexible and autonomy of teams and managers.

Highlight results will be presented to the March Board of Directors.

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

13/22 **MANDATORY COVID VACCINATIONS**

JE advised the government consultation announced on 31 January 2022 to remove the Regulations requiring mandatory health and social care worker Covid vaccination closes on 16 February 2022. JE confirmed to the Committee associated activity across the Trust has been suspended. KH felt the approach adopted was exactly right and praised the Workforce and OD team on their handling of a difficult and sensitive piece of work.

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

14/22 **UPDATE FROM EDUCATION COMMITTEE (EC)**

JE provided an update on the first formal meeting of the EC which took place on 3 February 2022. The terms of reference were agreed and the principles of the EC were established. The EC identified 12 priority work areas and agreed to rank the top 6 for focus over the next 12 months. The next meeting is scheduled for 30 March 2022. KH thanked JE for the update and looks forward to receiving details of the 6 priorities.

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

15/22 **WORKFORCE COMMITTEE WORKPLAN**

The workplan was received and reviewed.

16/22 **ANY OTHER BUSINESS**

No other business was discussed.

17/22 **EVALUATION OF MEETING**

KH felt the presentations highlighted a lot of good work.

18/22 **MATTERS FOR ESCALATION TO THE BOARD OF DIRECTORS**

Vacancy Deep Dive
BAF
Nursing and Midwifery Safer Staffing

19/22 **DATE AND TIME OF NEXT MEETING:**

Hot House: 16 March, 2pm-4pm
Committee Meeting: 12 April 2022, 3pm – 5pm

DRAFT